



## All Party Parliamentary Group on Arts, Health and Wellbeing

### Meeting to discuss *Creative Health* Recommendation 5 Monday 25<sup>th</sup> June 2018 House of Lords Committee Room 3 4-5.30pm

#### Notes

This meeting is one in a series on the ten recommendations in the [Creative Health](#) report. The subject of this meeting is Recommendation 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.*

**Chair:** Ed Vaizey MP, Co-Chair of the All-Party Group on Arts, Health and Wellbeing  
Lord Howarth of Newport, Co-Chair of the All-Party Group on Arts, Health and Wellbeing

#### **Participants:**

Jillian Barker, Director of Learning and Participation, Royal Opera House  
Zoe Brown, Outreach Officer, Tyne and Wear Archives & Museums  
Michael Crilly, Director of Social Inclusion and Participation at Mersey Care NHS Foundation Trust  
Zannah Doan, CEO, Pavilion Dance South West  
Clare Hankinson, Audience Development Manager, Fabrica, Brighton  
Sharon Heal, Director, Museums Association  
Richard Ings, Senior Manager, Special Projects, Arts Council England  
Kwame Kwei-Armah, Artistic Director, Young Vic  
John McMahon, Senior Manager, Policy & Research, Arts Council England  
Celia Makin-Bell, Head of Learning, Royal Liverpool Philharmonic  
Liz Moran, Director of Arts and Culture, University of Kent  
Phillipa Reive, Director Creative Campus, Snape Maltings  
Jane Sillis, Director, Engage  
Iain Watson, Director, Tyne and Wear Archives & Museums  
Liz Whitehead, Director, Fabrica, Brighton  
Roger Wright, Chief Executive, Snape Maltings

#### **Questions**

1. *What will be the best ways to gain acceptance of this recommendation?*
2. *What are the structural and cultural barriers to this recommendation being fully implemented?*
3. *What practical steps can the APPG and its partners take to support its implementation?*
4. *What should we be asking others to do?*

#### **Snape Maltings**

The questions provoke more questions: What is the buy-in from the Arts Council on this? How are we defining arts, health and wellbeing? It is a very broad field and perhaps we need focus. Some of the key issues for us: the importance of cross-sector working; starting locally and expanding regionally and then nationally is a good model; training and continual support for staff of some sort is vital. How are we celebrating this work on arts and health? We need a platform in which to do this. We are very interested in the advocacy that comes from participant led work and lived experience.

### **Tyne and Wear Archives & Museums**

We've been working in socially engaged practice since the 1990s, including in arts and health. We run 9 museums and galleries. We start with the need and the social issues in the North East, such as poverty, which is very much linked to exclusion and life chances. Museums need to be seen as part of the plan for prevention, not the cure. A lot of the work we do is about identity, and the arts and heritage is a fantastic way to explore this. Most of the work is collaborative. More transparency between the arts and health sector is vital to understand the systems/ languages that are being used – we can do this through knowing the people who work in the systems. It's the personal relationships that are key.

### **Young Vic**

It's important to have a good relationship with the community. At the Young Vic we have identified prisons, refugee centres and mental health settings as the places where we will work. We have raised money privately to do this work. It's about taking art to them, everyone deserves quality art. I also worry about the mental health of my staff. It's important that we are having conversations about their mental wellbeing. Our culture lags behind other societies in talking about our pain.

### **Royal Liverpool Philharmonic and Mersey Care NHS Foundation Trust**

We have had a 10 year partnership, which has developed from taking musicians into care settings to a whole organisation partnership. It developed out of Liverpool City of Culture. Successful partnership working is about knowing the people in the system, co-design, and quality. We need to ditch the words 'arts, health and wellbeing' to use a more holistic language that's for all – ie life. The Life Room service has had nearly 40,000 people walk through the door. We don't use the language of health, but people come in and get an experience. It's all about health, but some of it will be through self care management, or education, some of it is about arts, but what we are doing is meeting people in the heart of the community with what matters to them. We need to stop tagging things onto the healthcare system year on year, and instead make it core to the way we deliver healthcare. We need to break down the silos.

### **Royal Opera House**

As well as taking work out, we need to think about taking work in. Taking work in can have a fantastic impact on the individual's wellbeing, but it can also shake up and impact the organization itself. Working in partnership with charities brought 10,000 new families through the doors for the first time. We allow them to tell their own stories and move away from programmes for the elites to having more diverse audiences because it can have a real impact.

### **Pavilion Dance South West**

The arts have a real duty to know that's happening in society and within the arts we can offer a way to express and respond to those issues. For example an individual came to us with a personality disorder and we are trying to give her the support to be creative in a safe space. I agree with Snape Maltings about training for those artists and continual support. The artform needs to be the driver. We need to have a status change in the hierarchy of the arts for this kind of work. We had the most impact on dance and health when we had someone in a 3-year post in the South West government office – we need that partnership working again.

### **Fabrica, Brighton**

We are a small organization and we have several projects that look at social isolation and suicide prevention for men over 35. We also provide nourishment for young families – both spiritual and food. It's really important for me to bring young people into the programme. We have just finished a 5-year cycle around death and dying. This directly involved clinicians, nursing and care staff in the selection of the artists. Brighton festival ran a scheme where you could buy a ticket for someone who couldn't afford it – we need to have more opportunities for people to access the arts in this way. It would be useful to have a tool kit like the 5 ways to wellbeing so that cultural organizations know how to help and so it's easily accessible for members of the public.

### **Museums Association**

ACE needs to make health and wellbeing part of their core funding. In terms of barriers, there are skills gaps – you can't go straight from a Masters into this work. We need core skills on Master's courses to help students learn how to deliver this work. There is more to be done to link museums with third sector organizations. We need to move away from short term funding. Finally, we need to talk about this at government level. We know there is an epidemic of mental health, and we also know that object based learning broadens horizons for children. So, making the case to DCMS is really critical. Professional bodies need to embed this in professional development. Advocacy is key.

### **Engage**

We need to *convince* key people within the arts about the difference the arts can make and this is where the Arts Council and Heritage Lottery Fund can really help in convincing others. Training is key. Sharing good practice is key as is partnership working. Not just about gathering good evidence, but about making that evidence understandable to everyone.

### **Arts and Culture, University of Kent**

The big opportunity for us, is that we are going to have a medical school in Kent in partnership with Canterbury Christ Church and we will make arts and health one of our key research areas. We have now signed an MOU with Arts Council to get some long term research in place. We can't talk about prevention in isolation. I want to look at the impact of creativity from when the child is born to older age, within a low socio-economic context. We need to look at the anxiety and mental health that's on the rise among young people and we can't do this in isolation.

### **Arts Council**

Scoping project to look at what the Arts Council has done in the past, is doing now and could do in the future. We are mapping the evidence, which is useful for advocacy but also for informing practice. We need to develop the theoretical framework as well and making a stronger case. A lot of work is about translation, shared partnerships and language. Mainstream organisations could work with those specialising in the area, to work in equal partnerships. Shake things up by putting young people on boards, or having a health and wellbeing board member who can dedicate time and focus to this issue. Everyone should submit to the Arts Council's call outs to feed into the 10 year strategy.

Arts Council is committed to this work, they are supporting the APPG, funding the Culture, Health and Wellbeing Alliance. We have identified regional leads in each of the Arts Council offices. It would be good to have more joined up working between this area and the arts and criminal justice. It will be interesting to see how we can connect with severe and multiple disadvantage, beyond the arts. It would be good to carry these messages forward via other APPGs.

### **General points**

- Evaluation and gathering more evidence will require additional funding
- Consider the health and wellbeing of the arts workforce as well
- Define what we mean by health and wellbeing so we are all having the same conversations
- Use the platform to show the importance of arts and wellbeing.
- See excellence in audiences and socially engaged practice, as well as the collections, in the case of museums. Consider how we can define quality in the work.
- It would be helpful to support health commissioners to see the evidence.
- Not So Grim Up North research needs to be followed up – a large evidence base that's not yet been published.