



**Museums and Health
Round Table**

Monday February 29th 2016 4.00 – 5.30pm
Committee Room 1 House of Lords
MINUTES

Lord Howarth of Newport welcomed everyone to the round table and introduced **Lord Lupton** to chair the discussion.

Participants were asked to focus on two questions:
What are the benefits of museums for health and wellbeing?
What are the challenges to making good work happen?

Helen Chatterjee, Professor of Biology and Head of Research and Teaching UCL Public and Cultural Engagement at University College London: Here representing the National Alliance for Museums, Health and Wellbeing, funded by Arts Council England. Recent survey found that there are over 500 different programmes and initiatives in museums that target specific health and wellbeing outcomes. The largest area of activity is with older adults, particularly people with dementia. Also mental health and work in care homes and hospitals. Positive outcomes include: reducing social isolation; learning and skills; increased positive emotions; self-esteem, increased communication.

Esmé Ward, Head of Learning and Engagement at the Whitworth and Manchester Museum, part of Manchester University: Whitworth and Manchester Museum has had a dedicated arts and health post for seven years. Every year museums in Manchester take over Manchester's hospitals for Culture Shots. Last year over 2000 NHS staff participated. Now have six staff dedicated to health, social care and wellbeing programmes. Perhaps uniquely, Public Health fund one of the team at the museum. Partnerships and collaborations are key. Collaboration at a strategic level informs the work at a local level. Evaluation is critical and we are involved in a 3 year research programme with University College London and Tyne and Wear museums. We believe we need to influence and embed culture more widely. An opportunity with the current changes to health and social care provision in Manchester.

Anne Kearnton, Occupational Therapist on the Stroke Unit at Trafford General. Working with the Whitworth has had a very positive effect on achieving individual patient goals. Stroke patients present with a variety of symptoms: psychological, cognitive, physical and social. The art group addresses quite a lot of these problems. One lady with speech problems could only say a few words and was extremely anxious and frustrated, pacing up and down the unit all day. The art group was very beneficial to her because it was a non-verbal form of communication, and it enabled her to engage with the group. She said it helped her self-esteem and confidence. It can also help with physical problems, with sensory loss.

Jason Spruce: I'm a stroke survivor and I attended the art group for about ten sessions following a stroke that affected my mobility on the left side. Realising what I had lost, I was at a very low ebb. The art group provided me with an opportunity to socialize and do activities in which I could practice my mobility goals. It provided me with a focus and an interest other than myself, something normal and that I could explore with others, a safe space. I developed new skills and boosted my confidence and helped me slowly regain my physical skills. It gave me a sense of achievement and made me feel better about myself. It was very beneficial to my recovery and I now volunteer with the Group.

Jane Grimshaw, Director of Nursing, Trafford Hospital: Central Manchester University Hospital has had a five year collaboration with Manchester Museum and the Whitworth Art Gallery. A key strategic aim is to become an age-friendly hospital, providing a centre of excellence for rehabilitation and care of frail older patients. We recognise the therapeutic benefits of arts and culture, both for patients and for staff and carers. It can have a demonstrable and measurable impact on mental health, physical health and wellbeing. We've heard about Culture Shots. The programme raised awareness amongst staff about the benefits of culture to their own emotional resilience and wellbeing. I focus more of the health and wellbeing of staff now. It has provided us with training opportunities, particularly dementia training, and we have developed Montessori based resources for people with dementia based on arts and crafts memory boxes. This has led me to create a Therapeutic Activity Coordinator role, someone who can support other staff to use these resources effectively. One of the key challenges to the sustainability of such collaborative relationships is ongoing funding.

Helen Chatterjee: On research, there clearly is a way to think about therapeutic outcomes outside the RCT model and having a mixed approach is the way forward. In the museum sector a lot of the activities are similar to wider arts and health initiatives, but what is the added value of museums? We have fantastic collections. We tend to use a pre-test, post-test model, looking at the process of change that a participant goes through. We have some very good studies that do show what the benefits are. We are attempting to convince research councils that this is a good thing to fund.

Paul Camic, Professor of Psychology and Public Health, Canterbury Christ Church University: There are some difficulties in deciding on outcome measures, and whether they are more health related or wellbeing related. Health outcome measures are challenging to measure over a long period. There have been definite advances, particularly in quantitative research, some with controlled groups, not randomised but matched controlled groups. There have been some good projects outside the UK, not with museums per se, but with arts and health that we can draw from, in Finland, Canada and Australia.

Dr Mark O'Neill, Director of Research and Policy, Glasgow Life: There are existing large scale population studies that have been carried out by medical epidemiologists, not by arts practitioners. Since 1996 there have been almost twenty studies of large population groups. They have been controlled for age, gender, chronic illness, smoking, income and education. They show a very strong association between attendance at museums, galleries, live music and the cinema, and prolonged life. These studies have been replicated in Canada, America, Finland, Japan. A Scottish Government study using existing data from the household survey found the same strong association between cultural attendance and improved health. A 2001 study of nearly four thousand people over a twelve-year period found that those who stopped attending culture lost the health benefit and those who started re-achieved the health benefit. Other studies have shown that cultural activity is like physical activity, it needs to be maintained, and if you stop you lose the benefit. I think the Government and society should be seeing the whole of the cultural infrastructure as preventive spend for population level wellbeing. Then the key is accessibility for priority groups. There's a museum, a library or an art gallery accessible to everyone in the country, physically, if we can make them psychologically and socially accessible.

Paul Camic: Public health is concerned with populations rather than individuals. Museums, arguably, are interested in populations not individual people. Health services and social care are interested in individual people, service users, patients. According to the Museums Association, there are over 2,500 museums and art galleries across the UK. They offer a tremendous national and public resource of opportunities for people from different socio-economic backgrounds, ethnicity, age and cultural backgrounds. They are an opportunity for people to come together in non-judgemental, non-clinical and non-stigmatising environments to learn, to practice risk-taking, to have conversations and to reflect on themselves by offering the key ingredients of trust, integrity, possibilities and openness. Those museums we are hearing from today are doing quite a lot of work, but they are still a minority. I would argue that further planning in Public Health programmes, including funding for museums, should be taken into consideration. Through social prescribing schemes, some galleries and museums have been able to develop programmes for targeted at risk and under-served groups. Helen and I have written about a culture and health framework for museum and gallery involvement in public health, where local

authorities, health and social care and local museums join together to form a social prescribing partnership. Innovative, non-clinical, community based programmes that require a lot of partnership thinking and planning, but not necessarily initially a great deal of expenditure.

Helen Shearn, Head of Arts Strategy, South London and Maudsley NHS Foundation Trust: We have a partnership with the Dulwich Picture Gallery with our Journeys of Appreciation programme, for older adult inpatients with mental health problems and dementia. Our partner museums and galleries are Tate Modern, Tate Britain, Cinema Museum, Horniman Museum and Gardens and Dulwich Picture Gallery. It's about relationship building and a multi-disciplinary steering group. Recent feedback from a trip to Tate Modern was that you couldn't tell who was a service user and who was a member of staff. It is about mutual learning and sharing. We have to allay the fears of staff about taking patients into public spaces, so it is about healthy risk taking, the more trips we have the more normalized it becomes.

Baroness Andrews: We're hearing a great deal about art, but what is special and distinctive about the museum. We need to move from the occasional experience to permanent partnerships and experiences, which create the artist for a life time or the curator for a life time. How are learning across disciplines such as the work and research that has been done with museums and education?

Gillian Wolfe, Learning, Arts and Heritage Consultant: It takes time to develop a sustainable programme, but once the reputation is there, you can't stop people coming. There's a waterfall of need, you can't service the number of people and organisations that want to be involved in these sorts of programmes. Long term relationships bring incalculable value to the museum because those participants are loyal for ever afterwards. Funding is a key issue. In Dulwich, which is completely independent, they have found how to do it the hard way. This is an Artmobile, a present to Dulwich Picture Gallery from a philanthropist, and designed by Humphrey Ocean RA. It was driven by a team of volunteer drivers and a paid teacher, artist, goes round to one hundred and twenty five centres in London. Community centres, schools, hospitals, to follow up on the work that happens within the gallery. This is a very economic way of getting to people. It's also a fabulous marketing tool.

David Anderson, Director General, Amgueddfa Cymru - National Museum Wales: One can't look at health and wellbeing in isolation from poverty and from issues of learning and education. Fundamentally culture is a social justice issue as much as it's a health issue. Sometimes you can have arts organisations and museums that do fantastic projects but the generic experience for the much wider group of people may be one of exclusion. I'm really glad that Kay is here today, because her report on cultural poverty, harnessing the power of arts, culture and heritage to provide social justice in Wales, is a seminal report. In Wales we have a fusion programme that looks at healthier communities, learning communities and prosperous communities. It is as much about the culture within organisations. We need to make sure that museums are good museums for all people, that they look at the whole person, as learners, as healthy or unhealthy, as people who live in poverty. Is the content accessible to people who don't have a good education, who are different from the traditional visitors? We should work with partners like Age Concern or youth groups to provide the social support.

Sharon Heal, Director, Museums Association: The new Museums Association Code of Ethic has as its first principle, Public Engagement and Public Benefit. Our first ethical responsibility as a sector is to the public, working in partnership with them, and that's about treating people equally with honesty and respect. Project funding leads to work not being embedded but we also need leadership from the top. There are some very supportive museum directors but that needs to go across the piece. There's a lack of experience amongst museum staff in working with the health sector and the third sector. There's no clear funding stream, none of the core investment in museums has gone to this work. Obvious opportunity is to share good practice so that nobody reinvents the wheel. Partnerships take time and resources and there has to be an organisational or Government policy commitment to supporting partnerships and funding them. Think from Government, there could be more cross departmental funding and working, and more targeted UK wide funding streams in this area.

Joanna Jones, Director, Canterbury Museums and Galleries: At the Beaney House of Art and

Knowledge, we've embedded a health and wellbeing programme, working with people so that they help us shape the programme. We have a weekly Knit and Natter in our café where people do a creative activity in the heart of the museum, other visitors can see them; we have a choir and people find that singing is good for them and people enjoy listening to that within the gallery space. We've worked in partnership with Canterbury Christ Church University and the NHS on a project for people with dementia and their carers. We discovered that after the workshops using the collections, people felt much better and said they'd got a lot more out of it than just the social activity. In terms of the challenges, resources and funding and the new commissioning models. It's about museums being commissioning ready to work with partners.

Hilary Jennings, Director of the Happy Museum Project: The Happy Museum looks at the linkage between wellbeing and sustainability. For a fuller picture of how countries are doing, we need to look at wider measures of economic and social progress and health and wellbeing. The UK, led by the ONS, has a commitment to developing wider measures of wellbeing, so that Government policy can be more tailored to things that matter. Happy Museum looks at really focusing wellbeing at a population level. We build action research on the Five Ways to Wellbeing from the New Economics Foundation and on the ONS national data sets. We're about encouraging active citizenship and subjective wellbeing. Museums provide safe trusted public space at a time when public space is being eroded, where public institutions are often not trusted. They provide places where people can learn together in an open and diverse way and particularly provide a place where we see that we can change. We've been working with museums over the last four years and developed resources around Measuring what Matters. One thing that matters is encouraging active citizenship, in the participants in the community around the museum but also in the staff of the museum itself.

Laura Phillips, Head of Community Partnerships, British Museum: Museums are places of learning where people of all ages and cultures can make connections with the world, better understand their place within the world, and interactions with each other. Museums can support people to construct their identities and they can be forums for debate. This person centred approach I think mirrors the shift in health and social care towards a more holistic and less medical model. I also agree that the New Economic Foundation's Five Ways to Wellbeing can be covered in a single museum interaction, whether that's connecting, being active, taking notice, keeping learning or giving. Individuals can engage in activities that strengthen their health and wellbeing without that being their motivation. It could be part of social prescribing or personal budget models. People can work within museums in a way that reduces the stigma, so they don't need to be identified by their medical condition. Working with objects means that anyone can have a say, anyone can talk about that object, anyone can say something interesting. We are a national museum and an international museum, but we struggle sometimes to be a local museum. I think museums need to do more to involve the community, to embed themselves into their localities to be good neighbours and build relationships with diverse underrepresented communities. They need to better understand their local health and wellbeing priorities in order to do this kind of work.

Victoria Northwood, Head of Archives and Museum, Museum of the Mind: Rather than bring groups into the museum, you put your museum where the people in need of access are. So our museum is based within a working psychiatric hospital site. The Bethlem Royal Hospital is part of the South London and Maudsley. We have everything from mothers and their babies on the mother and baby unit, right through children, young people, adults, older adults. We also have a forensic unit, a medium secure unit, on site. The issue for us is to get the general public to come and share what we have. The Bethlem Museum creates a space where you do not have a clue who is next to you looking at a picture. It might be a service user from our forensic unit or someone who's travelled down from central London, a member of the local community or it could be the parent of someone in hospital, or hospital staff. Financial challenge is an obvious one. We rely on the goodwill of clinicians and the pressures on staff are growing. My challenge is evaluation because if you are asking people for data about who they are you are destroying that lovely level playing field that you've just created in your museum.

Gillian Wolfe: We mustn't forget how valuable these programmes are to the museum itself. It's not

just one way. Motivation has to be true and real otherwise it's not an authentic experience. The public are soon aware if it's something that's stuck on, not core. They can tell if it is a caring institution. I'd like to draw attention to Michael Sandel's Reith lectures 2014, where he recommended museums making a new contract with society for the benefit of our democratic good, for making society better.

Esmé Ward: In our experience starting at the very earliest age is important. We find young families are our most diverse audience and reflect our local population. It is important to build the next generation and embed visiting museums in family and daily life.

David Anderson: This is a matter of ethics as well as evidence. The Museums Association's new Code of Ethics underpins this. The commitment of leaders of organisations is crucial. The Paul Hamlyn Foundation's Our Museum project is about the role of volunteers in museums. Being part of that project has been transformatory. From having a very narrow social group of volunteers we now have hundreds of volunteers and forty percent identify themselves as being unemployed. We're redeveloping the St Fagan's Museum, using a co-production methodology in almost every aspect, from the exhibits to the collections, to the programmes. Engaged with over two hundred community organisations across Wales in the development process of this project. We've created what we think is probably the first dedicated research post to culture and poverty, to support Kay's report, in our organisation.

Daniel Glaser, the Science Gallery: As many people know there is a requirement for all researchers to engage the public with their research, it is a condition of the funding. This presents an enormous opportunity because academic researchers are not expert in how to engage, but museums are. In fact, all research funding now comes with a percentage which can be spent, and in some cases must be spent on engagement. The second point is that our programme is driven by the audience. We work with fifteen to twenty five year olds in Southwark and Lambeth who set the curatorial agenda for everything that we do. I think that answers part of the question about how we can engage with people who would not normally go to a museum. We should go out into their space.

Jessica Harris from the Cultural Commissioning Programme. The importance of the word prevention here, and the significance of the universal offer, which will underpin the way in which the museum sector delivers and supports wellbeing across our communities. So I just wanted to remind us of the impending white paper on culture, and to use whatever powers we have to ensure that it sits across Government and positions culture very strongly.

Shirley Cramer, the CEO of the Royal Society for Public Health. I would encourage everybody to look at their Joint Strategic Needs Assessments. That's where the local authorities are saying what we need to do in our area to improve health and wellbeing. Often that's about the health inequalities and the gaps. You've got these extraordinarily wonderful buildings and people are looking for place based interventions. It's something that Public Health England is talking about.

John Stevenson, Trustee and Chief Executive at GEM, the Group for Education in Museums. I think we have enough evidence of the benefits. I would like us to devise a model in which we can deliver what we are delivering at the moment through all of these wonderful projects, on a continuous basis.