

## 4.6

### Policy for Arts, Health and Wellbeing

Despite recognition of the interrelationship between physical and mental health and the underlying social determinants, there is a blind spot in many of the recent health policy documents referenced above: **the role that engagement in the arts can play in improving health and wellbeing is consistently overlooked.**

Among scant exceptions, the 2010 DH framework for developing wellbeing, mentioned in the previous section, noted that Participation in the arts and creativity can enhance engagement in both individuals and communities, increase positive emotions and a sense of purpose'.<sup>258</sup>

In 2011, a cross-governmental implementation framework called *No Health Without Mental Health* heralded a fundamental shift towards **accountable, locally led health provision and expressed a desire to engage all organisations with an impact upon mental health, including independent and third-sector providers.**<sup>259</sup>

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

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

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

DH heeded the findings of the review, collaborating with ACE on a *Prospectus for Arts and Health*. **The prospectus reiterated that 'The arts make a significant contribution to improving the lives, health and wellbeing of patients, service users and carers, as well as those who work in health and the arts'.**<sup>261</sup>

It outlined many examples of practice and research and a strategy for embracing the contribution of the arts to health and wellbeing.<sup>262</sup>

In 2008, the Secretary of State for Health, Alan Johnson, made a speech at the Wallace Collection which firmly acknowledged the therapeutic value of the arts, from art and design in hospitals to the participatory arts. He pointed to a role for the arts in building self-esteem and overcoming isolation, in seeing us through hard times and helping us to express ourselves when words fail.

He articulated a wish to see the ‘benefits of participation in the arts recognised more widely by health and social care professionals, particularly those involved in commissioning services for people with mental health problems’, arguing that ‘This is not some kind of eccentric add-on - it should be part of the mainstream in both health and social care’.<sup>263</sup>

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

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

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

In England, various national-level initiatives are beginning to address the relationship between the arts and health. In addition to the Cultural Commissioning Programme, several of the vanguard sites - such as Calderdale, East Kent and **Salford**, to name just three - are home to health orientated arts activities.

Other countries are in advance of England in recognising the value of the arts in the field of health and wellbeing.

In 1991, the Permanent Secretary for Health in Northern Ireland initiated Arts Care, initially with direct funding from health budgets and more recently in conjunction with national arts and health partners.<sup>267</sup>

The Scottish Government has a core commitment to tackling inequalities in living standards, health and education. In this endeavour, it acknowledges **arts engagement to be life affirming in its own right** while also having an impact upon health, wellbeing and quality of life.

The 2017-18 remit letter from the Welsh Government to Arts Council of Wales makes arts, health and wellbeing a key priority.

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

The Swedish Government has acknowledged the relationship between culture and public health since 2000. In 2007, the Swedish Parliament established a cross-party Society for Culture and Health, which has brought MPs and civil servants together with experts from the scientific and arts communities and healthcare.<sup>269</sup> The Centre for Culture and Health at the University of Gothenburg has, to date, helped the Society to coordinate fifteen seminars which depart from biomedical approaches to consider health from a humanities perspective.

**Seminars take account of innovations in Swedish healthcare, such as a regional arts-on prescription scheme, resulting from a joint initiative between the Ministry of Culture and the Ministry of Health and Social Affairs, which has dramatically reduced sickness absence and highlighted the importance of cross governmental collaboration and the need for longterm planning.**<sup>270</sup>

In Finland in 2008, a collaboration between the Ministry of Social Affairs and Health and the Ministry of Education and Culture began to explore the health and wellbeing benefits of the arts. For 2010-14, an action programme was developed which gave rise to 18 crosscutting proposals aimed at integrating the health and wellbeing benefits of the arts into future legislative reform.<sup>271</sup>

**Anchoring the arts and culture in the health and social care system has become one of the Finnish Government's key projects for 2014-18, with the aim of making the arts and culture a part of everyday life. In furthering this objective, Arts Promotion Centre Finland has been given a budget of €2m to fund arts projects with the health and social care sector, with the aim of increasing use of the arts in preventative and healing processes.**<sup>272</sup>

Recognition of the health and wellbeing benefits of the arts at a political level has also inspired a major new research initiative, coordinated by the University of the Arts Helsinki, which frames the arts as a public service and explores how they can meet the social challenges of the 2020s.

In 2014, Arts, Health and Care: a Norwegian Resource Centre was established in response to a governmental White Paper entitled *Tomorrow's Care*.<sup>273</sup> The centre involves a partnership of five organisations; it is based in and administered by Nord University and publicly funded via the Norwegian Directorate of Health.

Bringing together arts and health practice, education and research, it seeks to ensure good use of arts resources in the health and care sectors and encourages arts-based strategies in the training of care professionals. Its target groups include children, people with mental health problems, older adults and people with dementia. One of the five partner organisations is the HUNT Research Centre, a department of the Faculty of Medicine and Health Sciences at the Norwegian University of Science and Technology, which serves as a repository of biomedical and cultural data for large proportions of the regional population and regularly undertakes large-scale analyses of the relationship between arts engagement and various aspects of health.<sup>274</sup>

The Australian Government has consistently included mention of the arts in its health policy documents, particularly in relation to mental health. The Australian National Rural Health Alliance, the Institute for Creative Health in Australia and Arts and Health Australia have been energetic advocates of the arts and culture being recognised in health and wellbeing as a route to addressing the social determinants of health. In 2013, the Standing Council on Health and the Meeting of Cultural Ministers endorsed a national arts and health framework.

Through the framework, Australia's Health and Culture Ministers seek 'to enhance the profile of arts and health in Australia and to promote greater integration of arts and health practice and approaches into health promotion, services, settings and facilities'.<sup>275</sup> The national framework is envisaged as a living document that will regularly be revisited by those concerned. The Australian Centre for Arts and Health has assumed a mission to develop national arts and health activity, foster cooperation, information- and resource-sharing and provide a link between governmental and non-governmental organisations in the field.<sup>276</sup>

### Recommendation

Mindful of these international precedents, we advocate the creation of a national strategic centre for the advancement of arts, health and wellbeing.

We advocate a different model from those mentioned above, however, established and led by people who are leaders in the arts, health and social care sectors, joined by academics and involving patients and service users to reflect the principles of co-production. We hope that such a centre would be supported by philanthropic funders. We would also seek the endorsement of ACE, NHS England and PHE and appropriate involvement from relevant bodies such as Health Education England (HEE), the LGA, Healthwatch, the Patients Association, National Council for Voluntary Organisations (NCVO) and many others.

This centre would not be a physical building but rather a gathering point of networks. Its remit would span practice, research, funding, communication, policy and international liaison.

The terms of reference of the centre might include:

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

We believe that such a centre would be more strongly rooted and more fit for purpose if it was not installed top-down, but led by practitioners.

The National Alliance for Arts, Health and Wellbeing, which provides the secretariat to the APPGAHW, is in the process of merging with the National Alliance for Museums, Health and Wellbeing 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.

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## Pg 70 5.4 Place-Based Commissioning

In recent years, the Government has moved in certain respects towards permitting greater exercise of powers at local level in England, particularly through the Localism Act of 2011. It has spoken of 'devolution of powers to citizens and grass roots organisations'.<sup>375</sup>

City and Growth Deals are seeing power and discretion over extensive areas of public service spending passed down from Whitehall. At the same time, the devolution of responsibility for public health to local authorities opens the way to a bigger role for the participatory arts,

which are delivered locally and often regarded as a means of individual and community empowerment.

Along with the movement towards integration of primary and secondary health and social care is a focus on place-based health and care.<sup>376</sup>

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’.<sup>377</sup> 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.<sup>378</sup>

In 2016, the Place-Based Health Commission, chaired by Lord Adebowale, hailed the NHS and local government focus on place as the best hope for the future sustainability of the health system.<sup>379</sup> 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’.<sup>380</sup> 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 organizational form and called for the targeting of resources at those experiencing the worst health outcomes and the genuine involvement of patients and communities.<sup>381</sup>

This strategy of being ‘local by default’ challenges the standardisation and the presumption of economies of scale that have prevailed over many years.<sup>382</sup> It potentially enables the resources of a community to be harnessed more effectively to health and wellbeing. In this chapter, we see that Greater Manchester is developing its own commissioning arrangements, intended to encourage innovation by placing responsibility with those who have access to knowledge about patients, advances in health and care and the latest clinical evidence.

The 2016 Culture White Paper stated a desire for ‘more local leaders to grasp the potential of culture to achieve their vision for their community, and to put culture at the forefront of their strategies’.<sup>383</sup>

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’.<sup>384</sup>

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.<sup>385</sup> More specifically, the project urged greater attention to health, wellbeing and quality of life, through a long-term perspective and integrated planning responsive to local need. <sup>386</sup>

This led to 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’.<sup>389</sup>

In the same publication, Professor Ruth Finnegan evoked ways in which the power of place is captured in music, poetry and colour.<sup>390</sup> Increasingly organisations within and beyond health and social care are working together to serve whole communities.<sup>391</sup> 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.<sup>392</sup> Studio-based organisations in Runcorn and Widnes have become strategic partners.

Halton CCG has issued a Cultural Manifesto for Wellbeing, which recognised the context in which people live to be the most important determinant of life expectancy. The manifesto embraced a community-wide approach, aimed at addressing the root causes of health, and it acknowledged the importance and interdependence of the arts and heritage, environment and sport in this socially valuable endeavour.<sup>393</sup>

Equally, strategies responding to place enhance wellbeing. Poems on the Underground, which has received substantial funding over three decades from ACE, Transport for London and the British Council, displays 18 poems over the course of a year in underground train carriages.<sup>394</sup> Estimated to reach 3.5m passengers every day, published versions of the collected poems have sold 250,000 copies as evidence of their popularity.

Creator of Poems on the Underground, Judith Chernaik, said ‘What we’ve been told repeatedly is that people love the poems because they offer a moment of quiet reflection, they are pleasurable, consoling, illuminating ‘.

## 5.5

### Arts on Prescription

In October 2013, the Prime Minister announced a new £50m Challenge Fund to improve access to general practice and stimulate innovative ways of providing primary care services; in September 2014, further funding of £100m was announced.<sup>395</sup>

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. <sup>396</sup>

An estimated one in five GP visits is made for psychosocial, rather than medical, reasons,<sup>397</sup>

which equates to the cost of 3,750 GPs' salaries.<sup>398</sup>

Professor Stephen Pattison, Honorary Fellow of the Royal College of General Practitioners (RCGP), posits that the 'job, the skill and the satisfaction of GPs [is] to mediate between data and facts of various kinds and the subjectivity of patients, learning from both and arriving at a satisfactory outcome in which in some sense patients feel better able to engage with their lives'.<sup>399</sup>

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.<sup>400</sup>

This might initially involve a GP, nurse, mental health professional or charity staff member referring someone to a voluntary, community or faith organisation offering access to advice, education, exercise, gardening, self-help, volunteering or arts activities. A range of community-based creative activity is also accessed without any kind of referral from a health professional. Despite the terminology of prescription,<sup>401</sup> 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.<sup>402</sup>

The Social Prescribing Network has identified the potential of social prescribing to 'catalyse health-creating communities that strengthen their ability to care for themselves and each other'.<sup>403</sup> As a consequence, areas in which social prescribing is in operation report reductions in GP visits.

While social prescribing tends not to be cost neutral at the start because of set-up expenses, it provides a cost-effective strategy in the medium to longer term. Rotherham CGG projects a return on investment of £3.38 for every £1 spent after five years.<sup>404</sup>

At the same time, such initiatives require continued investment if they are to remain effective.

Social prescribing is fast becoming a national priority in NHS England. Over 400 general practices in England regularly refer their patients to take part in activities in the community, often with a focus on prevention, early intervention and the management of long-term conditions.<sup>405</sup> Dr Michael Dixon, Co-Chair of the Social Prescribing Network, has been appointed as National Clinical Champion for Social Prescribing by NHS England.



Dr Dixon told us that every GP should have access to social prescribing by 2019. Training courses are being offered to public sector commissioners, and the RCGP offers an online course to clinical staff.<sup>406</sup>

London Voluntary Service Council and the Healthy London Partnership maintain a map of social prescribing in London.<sup>412</sup>

A Local Information System for Scotland signposts people to health and wellbeing services in the community, including those which might be described as social prescribing. Responding to the prevalence of chronic conditions and an ageing population, the LGA has produced a useful guide for local authorities, linking social prescribing with services being offered by councils and via their public health work.<sup>413</sup>

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.<sup>414</sup> 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.<sup>415</sup> In 1984, the incoming minister of the church at Bromley by Bow, Andrew (now Lord) Mawson, and his wife Susan founded a community-based centre.<sup>416</sup>

The centre quickly came to include a dance school and various art studios and workshops and eventually led to the creation of the UK's first Healthy Living Centre, incorporating a GP surgery, in 1997. Nowadays, the centre is committed to overcoming deprivation in the area by focusing on vulnerable young people, adults and families.

A decade later, an arts-on-prescription service was set up in Stockport, offering visual art and music projects to women with postnatal depression and those at risk of developing it. Evaluation showed that all of the mothers taking part in arts activity experienced improvements in their general health (using the General Health Questionnaire 28) and all but one a reduction in their levels of depression (using the Edinburgh Postnatal Depression Scale).<sup>417</sup> This was later substantiated with evidence of diminishing GP visits and increasing social participation. One of the conclusions drawn from this pilot was that arts engagement might be considered as a preventative measure during the antenatal period. While funding for the Stockport service was lost, access to participatory arts activity has since been prescribed around the UK.

Many organisations exist to offer arts activities, whether explicitly termed arts on prescription or not, to people experiencing psychological and physical distress. Such activities generally comprise non-clinical, group-based art programmes-such as drawing, painting, sculpture, printmaking and pottery - which aim to improve the health and wellbeing of participants.<sup>418</sup>

Consistent with the approach advocated by the Mental Health Taskforce, they tend to treat the person and not the diagnosis; they are personcentred, rather than illness-centred, and encourage a multidimensional approach. As part of the Cultural Commissioning Programme, NCVO has produced a useful overview of landmark artson-prescription schemes and their methods of evaluation.<sup>419</sup>

At the round table on Arts on Prescription, Director of Arts and Minds, Gavin Clayton, emphasised that such activity was active, rather than passive, requiring the involvement of the referring GP and the patient. Andrew Marr notes that 'Perhaps it's partly that painting, like gardening, like making music, is a physical activity as well as a mental one. You have to stand and mix and grind and stab'.<sup>420</sup>

Arts participation has been made integral to some healthcare facilities, such as the GP practices in Gloucestershire and Wiltshire mentioned in the case study provided in this chapter.

At the round table on Place, Environment, Community, we heard from the Director of Kentish Town Improvement Fund, Melissa Hardwick, about the efforts being made to engage the community in flexible creative spaces housed inside Kentish Town Health Centre.

Another Greater Manchester-based exemplar of this way of working is Inspiring Minds, funded by Salford CCG and run by Start in Salford, an organisation shaped by local service users.

People experiencing mild, moderate or more severe and enduring mental health problems are referred to the programme through primary or secondary mental health services. Inspiring Minds offers members two-hour weekly studio-based creative workshops for between six and 18 months, combined with a personalised support and recovery package designed to build confidence, resilience and self-esteem. Professional artists lead each group, and participants are encouraged to consider themselves aspiring artists, rather than mental health service users.

In addition to various validated wellbeing scales, Start subscribes to a theory of change model, which uses self-evaluation to gauge the impact of activities from participants' perspectives. This is captured in a short film exploring the relationship between Start's approach and the 'five ways to wellbeing'.<sup>421</sup>

The example of Start in Salford shows that some people who discover an aptitude for art through health and wellbeing routes go on to excel at art school. This was identified as an area for development by a service user at our Young People, Mental Health and the Arts round table, who distinguished between art as an activity and art as a practice and called for viable career paths for people discovering the arts through health and wellbeing. In this regard, Arts Award - a nationally recognised series of qualifications that support people up to the age of 25 to develop as artists and arts leaders - may be relevant.<sup>422</sup>

In 2012, the Mental Health Policy Group, chaired by Professor Lord Layard at LSE, established the cost-effectiveness of psychological interventions for people with physical symptoms.<sup>423</sup> The year before, NHS England had invested £400m in **Improving Access to Psychological Therapies (IAPT)**, extending for a further four years a programme that had been provided by the NHS since 2007.

**Arts-on-prescription activities have been found to enhance the results of IAPT.**<sup>424</sup>

NICE advises low-intensity psychosocial interventions for mild to moderate depression, including mindfulness-based cognitive therapy, but, surprisingly, no recognition is made of the arts as a form of psychosocial intervention.<sup>425</sup> We hope that NICE will look afresh at arts-on prescription programmes for psychological and physical pain. We believe there are good reasons for NICE to review its guidance in relation to the arts.

Dr Theo Stickley at the University of Nottingham has conducted qualitative **research into arts on prescription**, holding numerous interviews with service users and referrers. This **shows that people first need to feel safe and accepted for who they are in a non-judgmental environment.**

At the round table on Arts on Prescription, Dr Stickley described how, once this condition has been met, **what emerges is a 'very natural peer support that we cannot prescribe'; in turn, this produces a sense of belonging and social identity.** As he put it, 'We need to trust in humanity' for the value of this work to be realised.

**An evidence dossier, published by Arts and Minds in 2015, stated that 'Looking forward, one of the long-term aspirations of the movement is that care packages for people with chronic conditions include payments for arts interventions, as they currently do for medication and other clinical interventions'.<sup>426</sup> To achieve this, more needs to be done to improve understanding and take-up of arts-on-prescription programmes.**

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

**At the round table, Programme Manager at Arts for Health Milton Keynes, David Hilliard, noted that social prescribing sits in a 'grey area between clinical provision and social activities'. While the non-medical atmosphere is attractive to participants, it is less so for health professionals with a duty of care to their patients.**

Several strategies for overcoming this were discussed. They included establishing a better standing for arts-on-prescription activities outside the category of ‘self help’, and offering courses not only to GPs but also to arts professionals working with vulnerable people. At the Social Prescribing Network launch, City and Guilds health training was mentioned; at the round table, accreditation was mooted.

Once clinicians have been persuaded to prescribe the arts, clear and trackable pathways need to be in place, including the option of people being referred back to their GP if necessary.

At the round table, a representative from HEE, Gaye Jackson, suggested that arts on prescription might be made part of the Making Every Contact Count agenda for all clinicians and support staff.<sup>427</sup> Just as is happening in the health and social care sectors, infrastructure and leadership will need to be developed in the community sector. As in the wider arts and health landscape, gaps in provision will have to be filled. Some local authorities, such as Hackney Council, are working with the health service to co-create much-needed services.<sup>428</sup>

In Rotherham, representatives of VCSE organisations to which patients are referred, attend case conferences at which patient needs are discussed. No complaints have been received from either doctors or patients, despite more than 4,000 people passing through the system, and community organisations are in receipt of three year rather than short-term funding.

More than 60 percent of social prescribing schemes lack formal evaluation, with those funding the activity, tending to be reluctant also to fund evaluation.

At the round table, it was agreed that better evaluation was needed. Ideally, a consortium of organisations offering arts-on prescription activities would pool evaluations to yield a sizeable dataset. If such collective evaluation would benefit from coordination, the new strategic centre for arts and health which we recommend could perhaps become involved.

There is also scope for international cooperation on evidence gathering, and we learnt that Denmark has a €1m social prescribing fund for cultural organisations.

### The emphasis on place

The emphasis on place as an organizing 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.

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

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

An ambitious five-year plan set out ways in which people will be enabled to start well, live well and age well, and it anticipated savings being made in the longer term.<sup>387</sup> *Next Steps on the Five Year Forward View* cited Greater Manchester as an example of partnerships being formed between the NHS, local government and the third sector, giving rise to wider strategic leadership for health and social care.

The five-year plan was accompanied by a population health plan which acknowledged the long history of arts and health activity in the region and stated an intention to ‘position the strong inter-relationship between arts and individual and community health as one of the key foundations of building sustainable and resilient communities across Greater Manchester’. 388 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.

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## 5.9

### The Arts and Marginalised Communities

The concept of social capital recognises the importance of networks in sustaining solidarity and mutual support. In the words of the late arts and health researcher Mike White, ‘good relationships are a major determinant of health’.<sup>464</sup>

The American social scientist Robert Putnam has identified trust as a vital feature of social organisation.<sup>465</sup> 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. <sup>466</sup> 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.<sup>467</sup> BAME communities, for example, are less likely to seek access to

psychological therapies, and opportunities for early intervention are being missed. This means that the first contact members of BAME communities have with mental health services may well be detention under the Mental Health Act, causing unnecessary distress and placing pressure on acute services.<sup>468</sup> 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.<sup>469</sup> As in other marginalised groups, the incidence of mental health problems among homeless people (four in five) is much higher than in the general population (one in six). The Homeless Library, a collaboration between Arthur + Martha and Manchester's homeless population, invites people to reflect on their personal histories through art and poetry.<sup>470</sup>

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

*Laurence is a man who grew up witnessing extreme violence. As a child, he was malnourished and often ate dog food because he didn't have anything else. Now, instead of self-medicating with continuing substance abuse, he writes poetry and grows a garden. He's self-medicated with art. He treasures both the poetry and the gardening. Laurence says, 'There's a genius in everyone and this has the ability to bring it out. I was a piece of detritus on the street and they found gold winning, cup winning me. I was excrement and I found a garden. From excrement I have become compost.'*<sup>471</sup>

On a related note, the high proportion of addiction among marginalised people was addressed in an international project led by Portraits of Recovery between 2012 and 2014.<sup>472</sup> The Director of Arts for Health, Clive Parkinson, involved disenfranchised people from the UK, Italy and Turkey in high-quality artistic experiences, with artists acting as facilitators of social change within recovery from substance misuse.

Building on ideas in the USA Bill of Recovery Rights, a shared statement - *The Recoverist Manifesto* - was developed, which attempted to dispel the myths associated with substance misuse, reframing addiction as a cultural issue and recovery as a civil rights concern.<sup>473</sup>

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.*<sup>474</sup>

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.<sup>475</sup>

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### 4.7.1

#### Health and Social Care Funding

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

The case study sketched in this chapter looks at the work of Gloucestershire CCG in promoting arts and health approaches. Other CCGs, such as Salford and Halton, support arts initiatives, but these instances are exceptional.

Chief Executive of PHE, Duncan Selbie, has observed that 'many cultural interventions for health are commissioned through cycles of non-recurrent pilot or grant funding. These providers have yet to gain traction in the mainstream of health and social care commissioning'.<sup>278</sup>

We believe an opportunity to relieve pressure on the funding of health and social care and secure better value for money is being extensively neglected.

The *Five Year Forward View* acknowledged that third-sector organisations 'provide a rich range of activities, including information, advice, advocacy and they deliver vital services with paid expert staff. Often they are better able to reach underserved groups, and are a source of advice for commissioners on particular needs'.<sup>279</sup>

Consequently, 'easier ways for voluntary organisations to work alongside the NHS' were sought.<sup>280</sup> In Gloucestershire, decision-making and service delivery in the area of health and



wellbeing are increasingly being devolved to the voluntary, community and social enterprise (VCSE) sector.

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...fewer people will be left unsupported where there is a wide range of community-based and innovative interventions from which to choose'.<sup>281</sup>

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

Arts programmes in NHS hospital trusts are supported by a mixture of funding - including NHS charitable funds, more abundant in London than elsewhere - which evolves if programmes become integrated. A number of arts manager posts are revenue funded by the health service.

Where arts managers are well integrated into NHS trusts, they can be adept at identifying opportunities for the arts to be funded as part of wider programmes. An example is Exeter Healthcare Arts, the in-house arts programme of the Royal Devon and Exeter NHS Foundation Trust. The arts manager formed part of a team that made a successful bid to DH's Improving the Environment of Care for People with Dementia scheme, for a dementia-friendly garden incorporating sensory and musical installations, performance spaces and artworks.

At the round table on Funding, Chief Finance Officer of Cambridge University Hospitals, Bill Boa, described his greatest challenge as sustainability and pointed to funding decisions being taken on the basis of whether they would deliver improvements - such as reduced hospital admissions or shorter stays - within one year.

**Short termism on the part of public funders**, and the consequent instability of budgets for arts providers, means good work is aborted, time and energy are wasted and potential benefits for patients and services are lost. For arts organisations seeking NHS funding, there are, moreover, many potential challenges related to compliance, procurement, contracts, evaluation and payment by results.<sup>283</sup>

In April 2015, NHS England and the LGA launched the Integrated Personal Commissioning (IPC) programme,<sup>284</sup> which unites funding from health and social care sources. The programme 'empowers people and communities to take an active role in their health and wellbeing with greater choice and control over the care they need'.<sup>285</sup>

This new commissioning framework builds on learning from personal budgets - which have been used in social care for some time - to address complex health and social care needs.

IPC aims to provide a personalized counterbalance to population scale commissioning. Adoption of this model is being trialled in eighteen demonstrator sites, reaching over 300,000 people by the end of 2018-19 and in place in every locality by 2020. It is anticipated to account for around five percent of community based care. The programme will be delivered in partnership with the VCSE sector, and an NHS database of local activity is being developed. Apart from isolated cases of patients using their personal budgets to undertake creative activity, there is little sign as yet that the overall vision of IPC includes the arts.

However, South West IPC has commissioned a film about Word/Play, a spoken word project giving voice to people experiencing mental health problems.<sup>286</sup>

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

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

In rare cases, funding for arts, health and wellbeing approaches have come from government departments, such as DH, or from the devolved administrations, as with Arts Care. **Another example of enlightened commissioning uniting the arts, health and wellbeing is provided by Kent County Council (KCC)**. With funding from the Cultural Commissioning Programme, KCC has developed a range of services that include arts and cultural organisations alongside traditional public service providers, such as a £4m community based mental health service involving museums and theatres as well as smaller, more informal groups. The local authority now takes as one of its three strategic objectives that 'Kent communities feel the benefits of economic growth by being inwork, healthy and enjoying a good quality of life'.<sup>287</sup>

Applicants for arts funding are asked how their projects will meet this strategic objective; an arts team is in place to broker relationships between the culture sector and health

commissioners, and the council has developed an Arts and Cultural Commissioning Toolkit to help the cultural sector bid for and deliver public sector contracts.<sup>288</sup>

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

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

**The damaging impact of public funding vagaries is shown in the case of Creative Alternatives, delivered by the Alef Trust, which offers a range of arts activities, events and outings to adults experiencing mild to moderate anxiety, depression and stress.**

The service began in Sefton, in late 2006, as a three-year pilot funded through the HM Treasury Invest to Save budget. Following the pilot phase, which demonstrated a positive impact through extensive mixed-methods evaluation, Creative Alternatives was sustained by funding from Sefton Council’s Public Health and Leisure Directorates. The service thrived and made a significant contribution to improving the lives of marginalised people in the borough until 2016, when local authority funding was reduced.

A year earlier, Creative Alternatives had expanded into the borough of St Helens, which has a higher incidence of mental health problems than the national average. Though funding was cut in Sefton and the programme abandoned there, Creative Alternatives continues providing an arts on-prescription service in St Helens, funded through public health sources as part of the Cultural Hubs - Arts in Libraries programme supported by ACE.<sup>293</sup>

The perpetual re-commissioning of often very effective services is disruptive and expensive, affects stability and public awareness and leads to temporary solutions. The demanding process of re-commissioning often achieves little that could not be achieved through regular and appropriate reviews, and it particularly disadvantages small community-based organisations offering new and innovative approaches, for which a commission may be a major proportion of their funding.

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

The Cultural Commissioning Programme was set up on the basis that ‘the arts are an essential part of a new model of public services, one that is built on preventing harm and reducing people’s need for acute services’.<sup>294</sup>

By facilitating the arts and health work of Gloucestershire CCG and KCC as exemplary pilots, the programme shed light on the ways in which:

- ‘New relationships were developed between commissioners and providers;
- Arts and culture were positioned to align with local priorities;
- Awareness of, and attitudes to, arts and culture changed;
- The pilot sites invested in capacity building for commissioners and providers’.<sup>295</sup>
- This was subsequently extended into Locality projects in Birmingham, Derby, Manchester, Torbay and York, becoming some of the most encouraging examples of how the current public funding system can be a successful mechanism for developing sustainable models.<sup>296</sup>

One of the greatest obstacles to the cultural commissioning process gaining national traction was identified as decreasing public sector budgets, which was thought likely to lead to ‘commissioners retrenching and focusing on more traditional service models rather than exploring and co-designing new services in collaboration with the arts and cultural sector’.<sup>297</sup>

In anticipation of further budget cuts, one way of overcoming this limitation was seen as bringing the arts into the mainstream commissioning landscape.

The 2016 Culture White Paper noted that ‘While many commissioners in Clinical Commissioning Groups and local authorities are receptive to the role culture can play in improving health and care outcomes, we want to move to a position where the evidence and practice of successful outcomes is much better known in both communities and where the relationship between commissioners and the cultural sectors is much more collaborative’.<sup>298</sup>

This report is intended as a contribution to the process of sharing evidence and examples of good practice. The recommendations and next steps outlined in chapter 10 are envisaged as a route to enhancing the relationship between arts and health sectors.

Arts and cultural organisations will need to continue developing their skills in bidding for health and social care funding. Such skills development has been key in other areas, supporting VCSE sector providers to compete for funding from established programmes and not rely on non-recurrent pilot funding.

## 4.7.2

## Arts and Heritage Funding

ACE advocates great art and culture for everyone.

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

ACE's strategic framework for 2010-20 recognised the 'vital contribution [of the arts] to our health and well-being'.<sup>299</sup> We have already heard about the ACE-funded Cultural Commissioning Programme which supported health and wellbeing pilots.

**Through the Creative People and Places** scheme, ACE invested £37m between 2013 and 2016, with a further £20m committed to 2019 in areas where arts engagement has been lacking. Supported by this scheme in South-East Northumberland, a consortium of cultural, heritage, educational and public health organisations called **bait** is establishing partnerships in community, health and social care settings which explicitly aim to improve the wellbeing of local residents.<sup>300</sup>

Data collected to date (via WEMWBS) show a 16 percent increase in wellbeing since the start of the project. However, the House of Commons Culture, Media and Sport Committee noted that Creative People and Places 'funding is limited and cannot come close to, nor is it designed to, replace funding by local authorities'.<sup>301</sup>

A DCMS review of ACE concluded in April 2017 acknowledged that 'There is [...] considerable evidence of the social value of arts and culture, with positive associations being drawn between participation in arts and improved physical and mental health'. This led to the recommendation that 'To strengthen its increasingly place-based approach, the Arts Council should create more broad-based local partnerships across England to identify specific cultural, economic, and social needs and priorities and to fund projects of value that will contribute to local growth and development'.<sup>302</sup>

It seems clear, therefore, that new partnership working will be needed. Arts Connect in the West Midlands, one of ten ACE-funded bridge organisations, has funded Creative Health CIC to set up a Commissioners' Network in the Black Country on the understanding that this contribution will be matched from health sources.<sup>303</sup>

**ACE lottery funding** - on its own or in combination with NHS and endowment funding - contributes to arts, health and wellbeing, as does the **Heritage Lottery Fund**.

The Great Place Scheme - established by ACE, the Heritage Lottery Fund and Historic England - is funding a programme of activity in areas in which there is a commitment to embedding the arts, culture and heritage into local plans and decision-making.

Grants of between £500,000 and £1.5m are enabling 16 selected locations in England to consolidate their existing strengths and build new partnerships, with a view to realising the

cultural, social and economic value of the arts, culture and heritage, including health and wellbeing.<sup>304</sup>

Greater Manchester Combined Authority has been granted funding under this scheme as part of a bid with a dedicated arts and health strand. These pilots should provide us with additional examples of good practice to inform longer-term investment. **Were there to be better recognition of the contribution of the arts and the value for money that they can give, we think it would be possible for the arts to gain more from existing publicly funded programmes.**

### 4.7.3

#### Charitable Funding

As it is, the vast majority of health-orientated arts initiatives are funded by one-off grants. They depend on dedicated and indefatigable individuals, and their services are vulnerable to the unpredictability of funding. The team evaluating the ACE-funded Be Creative Be Well project noted that ‘For many years, participatory arts projects have been observed to make a significant contribution to the health and well being of local communities - only for beneficial outcomes to disappear without trace when short-term project funding runs out’. 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.**

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#### Equity raising example

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.<sup>510</sup>

With 25 percent of children in London living in overcrowded conditions, rising to 43 percent in the social rented sector, and low incomes putting a strain on family relationships, Creative Homes identifies the need to avert consequential health and care

challenges. The charity facilitates live arts experiences in London homes, including households in social or sheltered housing and dependent on income support, with one or more children under five.

Trained artists, including storytellers, dancers and musicians, share with families skills that directly tackle the stresses of daily life. Funding comes from a range of sources including GSTC, ACE, local authorities and housing organisations.

An analysis of Creative Homes showed a 64 percent improvement in the quality of household routines, a 23 percent increase in play at home and a 27 percent increase in singing with children.<sup>511</sup> This type of environmental improvement can be expected to reduce future demand on health services.

Addressing the needs of young children, especially those with diminished economic, social, physical and/or cognitive capacities, the research-driven organisation **MovementWorks** provides dance movement programmes designed to accelerate learning. Physical difficulties are often early indicators of developmental disorder as they mirror the neurological organisation of the brain.

The **Developmental Dance Movement programme** is a multi-sensory whole-body learning experience which uses dance activity as a kinaesthetic tool to accelerate children's development in the early years. Weekly sessions of 35 to 45 minutes across the academic year involve various movement-based games and activities.

Sessions are not focused on learning any particular dance style or steps, but they encourage children to practise physical and cognitive skills which aid overall developmental progress. **Mixed-methods research shows accelerated learning and significant improvements in visual-motor integration and developmental maturity.**<sup>512</sup>

At UCL Institute of Education, Professor Susan Hallam reviewed **evidence on the impact of music making on the intellectual, social and personal development of children** and young people. She concluded that **'There is considerable and compelling evidence that musical training sharpens the brain's early encoding of sound leading to enhanced performance on a range of listening and aural processing skills'**.<sup>517</sup>

Transformations in the brain develop quickly, but music practice needs to be sustained over time for these effects to be retained. Once developed, neurological shifts lead to improved motor skills and speech perception, contributing to language development, literacy and spatial reasoning, bearing a lifelong impact.

Formal music practice requires sustained attention and the encoding of musical passages into memory, while playing in an ensemble requires goal-directed, pro-social behaviour and performing to an audience heightens self-belief. People who have learnt to play a musical

instrument score better on tests across subjects and display a high degree of conscientiousness, openness to new experiences and enhanced emotional intelligence.

The case study in this section looks at an ambitious programme that encourages young children, particularly those from disadvantaged backgrounds, to learn to play a musical instrument.<sup>518</sup>

In November 2016, DfE committed £300m over four years to a series of music education hubs administered by ACE.<sup>519</sup>

Children with additional needs are able to express themselves through music. The connection between music therapy and autism spectrum disorder (ASD) has been explored since the 1970s.<sup>520</sup>

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’.<sup>521</sup> 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).

When inspecting schools, OFSTED considers the ‘spiritual, moral, social and cultural development of the pupils’.<sup>558</sup> In response, ACE has instigated a scheme called Artsmark, which ‘enables schools and other organisations to evaluate, strengthen and celebrate their arts and cultural provision’.<sup>559</sup> This pays heed to the elements of the OFSTED framework with the most relevance to the arts and culture, particularly the requirement that pupils are reflective, imaginative and curious, that they develop an appreciation of theatre, music, art and literature and that they respond positively to a range of artistic and cultural opportunities.

Health also enters into the school inspection framework, particularly the requirement that ‘learners understand how to keep themselves safe and healthy, both physically and emotionally’.<sup>560</sup>

At present, however, no connection is made between health and the arts. DfE and OFSTED could usefully encourage all schools to recognise the role of the arts in the cultural development, mental health and wellbeing of pupils and to adopt the Artsmark application.

Of course, efforts to realise the extrinsic benefits of the arts cannot be confined to schools, as this would miss children and young people who have been excluded. An independent review of cultural education in England, commissioned from Darren Henley by DCMS and DfE, argued for the ‘rich provision of Cultural Education both in school and out-of-school’.<sup>561</sup>



**The Kick Arts programme**, supported by the Heritage Lottery Fund and run by the Oxford Youth Action Partnership in Oxford and Banbury, is aimed at 11 to 16 year olds who do not attend school or are at risk of exclusion.

It encourages a wide range of creative activity and visits to cultural venues, helping young people to negotiate identities beyond the school environment. Participants relish respite from school and stress and the chance to explore and experiment; they have also spoken of **immersion in creative activity overcoming anxiety and negative feelings**. Reengaging with learning, young people involved in the programme have achieved different levels of Arts Award.<sup>562</sup>

**The Roundhouse Trust provides 'space to create'**, with a particular focus on young people who have been failed by institutions and lack trust in society. The charity involves young people in its governance and provides neutral territory in which 11 to 25 year olds from all walks of life can come together. It offers access to music, performing arts and broadcast media, through open programmes, in schools and on housing estates.

Creative activity has been observed to stimulate an understanding of the process of making, giving rise to a greater sense of responsibility and self-reflection, increased confidence and self-esteem and better mental health.<sup>563</sup>

**The Durham Commission on Creativity and Education**, supported by ACE, will look at ways in which an inspiring and creative cultural education can be secured for all young people, which will inform ACE's strategy for 2020-30.<sup>564</sup>

DfE, DCMS and DCLG might work together to ensure that participatory arts provision is made available both inside and outside of school. A review conducted by Lord Laming in 2015-16 looked at why, **when only one percent of children went into care in England and Wales, 33 percent of boys and 61 percent of girls in custody had been in care**. Aside from multiple levels of risk, to which children in care had been exposed since birth, this found lower than average educational attainment and higher than average behavioural difficulties and mental health problems.<sup>565</sup>

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. GAP

**The Social Care Institute for Excellence** (SCIE) has been commissioned by DH and DfE to improve the mental health and emotional wellbeing of children and young people in care.<sup>566</sup> Guidance for looked-after children and young people published by SCIE and NICE urges social workers and social work managers to ensure access to the creative arts, to 'support and encourage overall wellbeing and self-esteem'.<sup>567</sup>

**Arts Care's Twilight Zone project** for looked-after young people (13 to 18 year olds), initiated in 2011 and funded by the Public Health Agency of Northern Ireland, aims, through high

quality arts participation, to build skills, develop self-confidence and assist young people in preparing for the transition into life after residential care.<sup>568</sup>

In light of the evidence presented in this report, SCIE, the Care Leavers Association and others might wish to consider the inclusion of arts-based activities in the repertoire of services.

The relationship between children in care and young people in the criminal justice system confirms what we already know: that a bad start in life can have profound consequences. On top of this is the relationship between marginalization and poor life chances. Muslim communities make up 4.2 percent of the population in England and Wales but up to 23 percent of the population of young offender institutes, along with high numbers of black and white working class boys.

A review conducted by Baroness Young paid specific attention to the ways in which outcomes might be improved for young black and/or Muslim men in the criminal justice system. This identified persistent stereotyping as a major obstacle in refashioning lives.<sup>569</sup> We have seen that the arts provide a place of safety and freedom from judgement.

A review of youth offending services conducted by the former Chief Executive of the National College of Teaching and Leadership, Charlie Taylor, noted that more than a third of children in the youth custodial estate had a mental health problem and that physical health was generally poor. Acknowledging the connection between low educational level and offending, the review positioned education at the heart of system reform and called for a multi-agency response, including health, social care and other services, to help prevent problems from manifesting themselves in offending.<sup>570</sup>

In the process, the review acknowledged music-making as a form of meaningful activity that kept children occupied and much less likely to offend. Research has shown that making culturally relevant music increases self-confidence and motivation, proving effective with disaffected young people, the positive effects of which have been observed among young people in the criminal justice system.<sup>571</sup>

A team at Bath Spa University has conducted an evaluation of **Birmingham Youth Offending Service Youth Music Project**, which offers weekly two-hour one-to-one music sessions. Funded and run by the Oxford Youth Action Partnership in Oxford and Banbury, is aimed at 11 to 16 year olds who do not attend school or are at risk of exclusion. **It encourages a wide range of creative activity and visits to cultural venues, helping young people to negotiate identities beyond the school environment.**

DfE's policy for child and adolescent mental health includes a role for the voluntary sector, supported by a £25m grant scheme. Head of Youth Arts at Ovalhouse Theatre, Naomi Shoba, noted at a round table that **activity outside the school environment could support the making of friendships transcending class, race, gender and area.**

**Music in Mind - run by Rhythmix**, a music, social welfare and education charity based in South East England - offers music-making activities to vulnerable children and young people.<sup>612</sup> A three-year external evaluation found that Music in Mind diminished anxiety, stress and self-harm and increased communication and coping strategies.<sup>613</sup>

DH's Closing the Gap report noted that far too many young people were lost to the system as they made the transition to adult services.<sup>614</sup> This has been described by NHS England and others as a 'cliff edge'.<sup>615</sup> It is disproportionately the case for vulnerable and disadvantaged young people, whose exposure to stressful life events - including problems with employment, benefits, debt and housing - are a common cause of relapse.

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

**The physical activity of dancing alleviates symptoms of mental ill health and the effects of medication, such as apathy, lethargy and lack of motivation, and it rebalances the mind-body relationship. Dance involves touch and closeness, which are often overlooked within psychiatry as a factor in overcoming mental illness.**

In a meeting with the Inquiry team, Nicola Crane from GSTC observed that participants arrived in one way and left as better versions of themselves, more joyful and confident. The project was evaluated by independent assessors using WEMWBS and EQ-5D. **Both cohorts demonstrated clinically significant improvements in wellbeing, communication, concentration and focus, level of trust in others, team working and quality of life.** The project helped participants to develop relationships with their peers and restore relationships with their families.

At the round table on **Young People, Mental Health and the Arts**, Dr Lauren Gavaghan, psychiatrist on **the Alchemy Project**, told us that the project had enabled young people to escape from the labels that had been assigned to them and rewrite their own stories.<sup>616</sup>

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.<sup>617</sup>

We suggest that **community based arts activity could offer valuable continuity** as young people make the transition to adulthood. As well as helping to stabilise young people's mental health and wellbeing, these activities would serve as a conduit for maintaining contact with specialist services as necessary.

The **transition from inpatient services to the community can be smoothed through the arts.** **Raw Material**, a youth-led organisation in Brixton, seeks to 'improve the lives of young people and their economic position, their opportunities, progression and development, including mental and physical health issues'.<sup>619</sup> It does this **by providing facilities and training in the world of music production.** With more than 400 referrals to its **Raw Sounds** mental health programme, 75 percent of which come from BAME communities, the organisation provides evening access from hospital wards (primarily SLAM) and the community.<sup>620</sup>

Children experiencing poor wellbeing are more likely to experience poverty, unemployment and ill health as adults.<sup>621</sup> Research conducted by the Cabinet Office in 2014 suggested an overall reduction in health-damaging behaviour, such as smoking, drinking and drug misuse, among children and young people.<sup>622</sup> However, an index of child wellbeing in the European Union showed the UK to have the highest number of children in jobless households and poor child health, educational attainment and relationships with parents and peers, all of which contributed to diminished wellbeing.<sup>623</sup>

A collaboration between the Children's Society and the University of York looking at subjective wellbeing in children has suggested that increases in life satisfaction evident from 1994 halted from 2007 onwards.<sup>624</sup> This research has also found quality of relationships with family and friends to be a determinant of wellbeing.

**The Mental Health Foundation has called loneliness in young people a 'silent plague'.**<sup>625</sup> The School Health Education Unit's 2014 survey of more than 78,000 youngsters found a decline in emotional health and a clear association between poor wellbeing and heavy social media usage.<sup>626</sup>

NICE has published guidance on social and emotional wellbeing in children and young people, but this omits to mention a role for the arts. We hope that NICE will look at the benefits of the arts for this age group as part of a wider review of the arts in relation to wellbeing.<sup>627</sup> The move to university can be an unsettling time for young adults as they depart from familiar support structures and face an uncertain future. A

2016 report by the Higher Education Policy Institute found that the majority of students

experienced low wellbeing,<sup>628</sup> with one in three affected by depression and loneliness. Universities UK has acknowledged the positive impact of creativity upon mental wellbeing,<sup>629</sup> and there is evidence that arts therapy decreases anxiety in undergraduates.<sup>630</sup>

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, **such as the Start wellbeing thermometer and the Mind Emoodji, both of which promote creative thinking and have had a high take-up rate among students.**<sup>631</sup> We would encourage the Healthy Universities Network, coordinated from MMU and the University of Central Lancashire, to recommend arts-related activities as part of a whole-university approach to health and wellbeing.<sup>632</sup>

At the same time, AMOSSHE, the Student Services Organisation, could include evidence of the benefits of arts activities to students within the materials of the art-on-prescription programme run by **Arts and Minds** comprises a series of weekly art workshops for people experiencing mild to moderate anxiety and depression. Access is by self-referral or via health or social care workers, and funding comes from the Heritage Lottery Fund among other sources.

Led by a professional artist and qualified mental health counsellor, sessions offer the chance to work with a wide range of materials and techniques. Workshops last for two hours, are open to all abilities and offer the opportunity to undertake a creative, stimulating and absorbing activity.

In 2014-15, a **mixed-methods evaluation of Arts and Minds** sought to determine whether participants experienced changes in levels of anxiety, depression, social inclusion and well-being, using valid and reliable psychological measures. **Seventy-one percent of participants reported a decrease in anxiety, and 73 percent reported a decrease in depression. Sixty-nine percent of participants reported an increase in social inclusion, while 76 percent of participants reported an increase in wellbeing.**

**Participants rated their experience very favourably; 77 percent reported a development in their art skills; 64 percent reported an increase in confidence; 71 percent reported an increase in motivation and 69 percent reported feeling more positive about themselves after taking part.**<sup>660</sup>

But no mention is made of the arts in either case.

**Between 2013 and 2015, as part of Creative Practice as Mutual Recovery, a study was led by the Centre for Performance Science at the Royal College of Music.**<sup>662</sup>

**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.** 663

Numerous arts organisations offer music making and music therapy to overcome mental health problems. **Sound Minds, in the basement of Battersea Methodist Mission in Clapham, houses a spacious rehearsal room with ensuite recording facility, a smaller studio for recording, mixing and video editing, a visual art studio, lounge, kitchen, teaching studio, three house bands and a BAME service user group.** **Sound Minds** is the winner of numerous awards, including a special commendation from the RSPH, and it has been featured in a Channel 4 News special on schizophrenia.<sup>664</sup> Housed in non-secular buildings, both **Sound Minds** and the **Dragon Café** (taken as a case study in chapter five) demonstrate the value of community space. It would be beneficial if local authorities made unused buildings available at low or no cost to community groups with health and wellbeing aims.

Since 2006, **Stitchlinks** has been pioneering **therapeutic knitting** in clinical and community environments.<sup>665</sup> The organisation also maintains an online forum intended to build mutual support structures. A survey conducted within this virtual community elicited 3,545 responses from 31 countries, including from participants with depression. Participants reported feeling calmer and happier the more they knitted as well as indicating increases in cognitive functioning.<sup>666</sup>

Research also suggests that knitting helps to mitigate the pain associated with long-term conditions.<sup>667</sup> We suggest that this might be an area for attention as NICE considers the benefits of the arts in dealing with pain and mental health problems.

In **Australia**, **Super Friend** has been set up as a ‘national mental health promotion foundation focused on creating mentally healthy workplaces to reduce the incidence of suicide and the impact of mental illness on individuals and organisations’.<sup>668</sup>

Drawing on another Australian model, DH introduced **Mental Health First Aid (MHFA)** England in 2007 - an educational course that enables people to identify, understand and support mental health problems.<sup>669</sup> Neither initiative yet includes the arts. We would very much like to see NHS England including the arts in its work to improve the mental health of employees.

The **Civil Service Health and Wellbeing agenda** focuses on mental health and musculoskeletal complaints. At present, the programme does not include arts participation,

but local wellbeing representatives in different departments engage their colleagues in a range of wellbeing initiatives, which may include trips to the theatre, the cinema and other cultural events, based on staff consultation and dependent upon interest. We hope that the central agenda might be revised in light of this report.

Similarly, the **Thrive initiative**, instigated by the Mayor of London, would benefit from embracing the cultural resources of the capital. The Trades Union Congress (TUC) in the Midlands has devised a cultural manifesto, recognising the need for culture in creating healthy and vibrant economies and communities.<sup>670</sup> We hope that, in implementing the cultural manifesto, the TUC will build on this recognition, including reference to the workplace.

A survey conducted by the Institute of Directors (IoD) found that more than half its members had been approached by staff complaining of poor mental health yet only 14 percent had a formal policy to deal with it.<sup>671</sup> As part of the Heads Together campaign, the IoD has committed to improving the conversation around mental health, and has gone as far as to recommend mindfulness but not yet the arts.<sup>672</sup>

Founded by representatives of law firms and professional service companies such as Linklaters and KPMG, with the support of MHFA England and Mind, the **City Mental Health Alliance** seeks to improve the climate for mental health in the City of London.<sup>673</sup> Leading members of the alliance have well-funded health and wellbeing strategies and work with large cultural organisations and the arts-inflected Mental Wealth Festival.<sup>674</sup> We hope this work will be extended to arts engagement for employees at all levels.

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