

Webinar 2

Thanks Martin. I am going to pick up on some of the **Main challenges, gaps in evidence, barriers and enablers for effective practice and collaboration**

Slide 2 **Making the case – policy**

One of the challenges is making the case to influence policy.

As some of you know, I project managed a 2 year inquiry for the All-Party Parliamentary Group on Arts, Health and Wellbeing. The *Creative Health* report was published in July 2017. The key messages are:

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

The inquiry process and the report have been very effective in raising the profile of the arts and culture in developments nationally, particularly in relation to social prescribing. The report contains a wealth of evidence and case studies to support the key messages.

One of the challenges we have is communicating clearly what we can offer and knowing how to make the case in different ways to different people.

Slide 3 **Infographic from the *Creative Health* report**

This infographic in the *Creative Health* report is quite useful when thinking about this challenge:

The work in the field is very wide-ranging and we are trying to make the case within this complexity.

Research is often focussed on specific 'interventions' for specific conditions. If we are trying to make the case with health professionals there are challenges connected to the hierarchy of evidence and the question of appropriate methodologies.

Many of the people who we might want to influence work in separate parts of the health and social care system, or outside it. The work is interdisciplinary and cross-sectoral.

If we consider this infographic with loneliness in mind, we could look at how the quality of the built and natural environment can impact on social isolation; how access to cultural venues and events could provide opportunities for social interaction; and how the arts in health and care environments could help connect people with each other at times of crisis and ill-health. Arts on Prescription and Participatory Arts Programmes as part of social prescribing have the potential to counteract loneliness and help people find new meaning in their lives as we saw

from the case study in Helston last week. The possibilities are great, but the challenges are multi-faceted.

Slide 4 **Recommendations 3 and 4**

In the *Creative Health* report the recommendations provide a framework for change. They are aimed at different 'actors' within the various systems and policy areas. The *Creative Health* inquiry process showed that there are individuals at all levels and in many different roles who are supportive of the arts and culture's potential to contribute to positive health and wellbeing. Recommendation 3 asks every NHS Trust, local authority and clinical commissioning group to identify an individual with responsibility for arts and health policy within their organisations, to 'champion' the work at a strategic level. This is a growing network of people who are dotted around the country that we are now linking up. One of those who recently joined the network is the Leader of a local authority and Chair of their health and wellbeing board. She is an example of someone who is very enthusiastic and can be very influential. Anyone listening today can advocate for a champion in their locality – do get in touch with me if you would like to know more.

Last week we talked about place-based approaches. Recommendation 4 is about place. Sustainability and transformation partnerships, or Integrated Care Systems as they are now becoming—bring together health, social care and local authorities, as well as the voluntary community sector.

We recommend that those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts and cultural organisations are involved in the delivery of health and wellbeing at regional and local level.

Whatever the geographic place is that you work in and that might mean a village, town or county, collaboration and partnership working is important in trying to make the case.

Slide 5 **Gaps in the evidence**

It's tempting to think that if only we had the right evidence we would convince those we want to influence. However, evidence is only part of the answer. There are many gaps in the evidence and I think we need to get better at understanding how we can use existing evidence to support our work as well as have a more coherent approach to evaluation. It isn't only an issue of gaps in the evidence, it is also about what counts as evidence and to whom.

I'd like to pick up on one of the gaps mentioned last week:

In the What Works Centre for Wellbeing overview of reviews, which looked at the effectiveness of interventions to address loneliness at all stages of the life-course, they state that none of the research on interventions for young people met the inclusion criteria for the review of reviews.

Slide 6 **Young people and loneliness**

There is an opportunity here and that is co-production or co-creation and I'd like to take a mini case study to illustrate it:

42nd St is a Greater Manchester Charity that supports young people aged 11-25 years with their emotional wellbeing and mental health, promoting choice and creativity.

The Loneliness Connects Us research project was a collaboration between 42nd Street and Manchester Metropolitan University. The project involved youth co-researchers and creative methods to explore youth loneliness and to co-produce the research agenda. The findings were translated into an immersive theatre piece entitled "Missing". The third phase of the project involved broadening the conversation by touring 'Missing' with groups of young people and youth work staff across the United Kingdom.

The Co-op Foundation, which funded the Loneliness Connects Us research, drew on the findings, along with the results of a survey of 2000 young people from across the UK, to inform their research report: **All our Emotions are Important, Breaking the Silence about Youth Loneliness**

https://www.coopfoundation.org.uk/wp-content/uploads/2019/06/Co-op_foundation_youth_loneliness_report.pdf

Slide 7 **What they found:**

It's clear that loneliness is a stigmatised issue for young people
81% cited fear of people's reactions as a barrier to speaking about loneliness.

In the report, they say: How can we help young people understand loneliness not as an illness to be treated, but as a normal human emotion - a natural urge that reminds us to invest in our friendships and find strength in our communities?

Slide 8 – **We are Lonely but not Alone**

This then led to the Co-op Foundation commissioning Effervescent, Social Alchemy, to work with young people to create a campaign 'Lonely but not Alone'. The campaign is presented in the voice of the young people who created it:

Nine of us, aged 11 to 22, worked on 'We are lonely, but not alone' with Effervescent: a design agency committed to creating large scale positive change. We wanted to start to break down the stigma and shame which comes with being lonely when you are a child or young person. Loneliness was something we all experienced.

Our individual loneliness stories were all different – some of us have very difficult home lives, some of us have moved cities or countries to places where everyone else already has friendship groups, some of us look really different to everyone else, and some of us aren't sure why we don't fit in, but we just haven't found our people.

By making this campaign together, we've all started to share our experiences, and that's helped us feel so much better about what we've gone through. It hasn't taken all the pain away, but we have realised that we are all really great people:

our loneliness has been caused by life and fate rather than because we don't deserve good friends.

Show film (or recommend they watch it)

This case study shows how powerful co-production of research can be and how involving the people you want to reach can benefit them as well as provide an authenticity which I find very compelling.

Slide 9 **Encounters Arts Ageing Well**

The Ageing Well project also used co-production, but with older people. 'Ageing Well' was a creative consultation and engagement process on behalf of the Torbay Community Development Trust, to address issues of social isolation in older age and to explore with the community what the ingredients might be to Age Well. They worked with over 1000 people in Torbay, where there are over 10,000 socially isolated older people. Encounters created an Ageing Well 'Toolkit' which included a beautifully designed 3D paper 'house' that people filled in with their thoughts, ideas and experiences of ageing. Over 100 volunteers, from a wide range of organisations and individuals, were trained to deliver the tool, taking it out on a 1-1 basis to people. Encounters also took the Ageing Well toolkit onto the streets, setting up Ageing Well sofas and creative activities in public spaces across the area, and opening up a wide discussion about ageing. Large-scale creative community visioning events took place bringing together hundreds of people who had shared their ideas through the tool. There was also an Ageing Well Photographic exhibition of the process in Torbay Hospital. All the information gathered was fed into the project plan for delivery 2015-2021. The creative process led by Encounters was recognised by the Big Lottery as a key factor in the success of the £6 million bid submitted by the Torbay Community Development Trust.

Slide 10 – **Barriers and Enablers**

These are the discussion points that Jayne Howard raised last week. I'll pick up on some of them.

- Low number of men
- Scaling up – spread
- Referral and self-referral
- Place and asset-based approaches – postcode lottery – identifying gaps
- Cultural organisations and their role in communities – libraries, museums, theatres, community centres
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A co-production approach can be a way to engage certain groups, such as men. When Gloucestershire Clinical Commissioning Group here started developing arts and health programmes they identified the so-called 'wicked' problems that clinicians were facing as a starting point. One of these was engaging men with chronic pain who tended not to go to pain clinics. They involved a patient, a man with chronic pain. He was able to work with the artist to develop an offer that appealed to the target group and which built on his own interests and skills – in woodworking, This proved to be very effective at engaging other men with chronic pain. The evaluation showed a reduction in opioid and anti-depressant use, increased mental wellbeing and better social connectedness. The group went on to form their own collective 'The Producers' which continues to meet and produce creative work. Some of the men are now steering the development of other arts on prescription schemes for people living with chronic pain.

Jayne raised a question about 'asset-based' approaches to social prescribing and the potential for a postcode lottery in terms of fewer assets in areas of greater deprivation. She suggested that one way of counteracting this might be to encourage our cultural institutions and organisations, museums, libraries and arts organisations to take a more pro-active role.

An example of how this can work in an area of social deprivation is the Community Connections social prescribing project in South Ward in Weston-super-Mare, which Arts & Health South West is a partner in. We are working with the For All Healthy Living Centre, Alliance Homes, which provides much of the social housing on the estate, and Theatre Orchard, an arts organisation that has worked in Weston-super-Mare for many years. In this case we are aiming to bring together asset-based or strengths-based approaches and social prescribing. Alliance Homes are leading on an asset-based community development project called 'Our Neighbourhood' which focusses on identifying individuals interests and 'strengths' and encouraging them to develop their ideas, many of which are creative activities. Theatre Orchard provide a drop-in Theatre Lounge for adults on the estate. The social prescriber in the For All Healthy Living Centre receives referrals from the GPs and can support people to engage with activities organised through the Our Neighbourhood programme, and or join the Theatre Lounge amongst other things. This is one of the 10% so-called most deprived neighbourhoods nationally and the most deprived in Somerset in the recently published Index of Multiple Deprivation. However, there is a huge amount of positive action on the ground and the Our Neighbourhood and Community Connections Social Prescribing work help create an alternative narrative based on people's strengths.

Slide 11 – Our regional strategy work

There are more questions than answers but we hope that working collaboratively across the region we will begin to collectively find more answers.

Slide 12 – Questions?

These are the questions, I would like to ask in our discussion.

Slide 12 – Realist evaluation

Is realist evaluation useful – it attempts to answer questions such as what works, for whom, in which circumstances, and why. This might help us think about what is transferable to other contexts, projects, places.

Slide 13 - annual conference

If you would like to get involved in more discussion about these issues and others then we hope you will come to the Creativity at the Heart of Human Flourishing conference in Plymouth on 31st October and 1st November.