

# Arts, Leisure and Culture Select Committee

## Scrutiny Review of the Effects of the Arts, Leisure and Culture on Wellbeing



**March 2015**

Arts, Leisure and Culture Select Committee  
Stockton-on-Tees Borough Council  
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### **Select Committee – Membership**

Councillor Jean O'Donnell (Chair)  
Councillor Eileen Johnson (Vice Chair)  
Councillor Carol Clark  
Councillor Gillian Corr  
Councillor Ray McCall  
Councillor Mick Womphrey  
Councillor Nigel Cooke  
Councillor Alan Lewis  
Councillor Andrew Sherris

### **Co-opted Representatives**

#### ACKNOWLEDGEMENTS

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## Foreword

### Cllr Jean O'Donnell - Chair



Councillor Jean O'Donnell  
Chair



Councillor Eileen Johnson  
Vice-Chair

## Original Brief

### Which of our strategic corporate objectives does this topic address?

Health and Wellbeing - A healthier borough

### What are the main issues and overall aim of this review?

Stockton Borough Council currently measures the wellbeing of its population through the annual residents' survey. Together with the Place Survey, results show:

- The most important factors for quality of life are seen as: community safety (39%), parks and open spaces (20%)
- The most important improvements needed to improve quality of life are: more facilities for teenagers (17%) and children <13yrs (15%), reducing crime and anti-social behaviour (14%)
- 70% of respondents said their health was 'very good' or 'good'
- 28% said day-to-day activities were limited (a little or a lot) because of a health problem / disability lasting, at least 12 months
- 32% were feeling optimistic about the future all of the time / often; 24% none of the time / rarely
- 51% had been dealing well with problems all of the time / often; 7% none of the time / rarely

(DPH Annual Report 2012-13)

Research studies have found links between arts, leisure, and culture, on an individual's and community wellbeing. The positive impact of arts interventions in medical settings has included clinical outcomes such as reductions in blood pressure, heart rate, cortisol levels, anxiety and depression as well as indicators such as reduced need for medication and recovery time. There is also increasing evidence for the benefits of participatory and community based arts.

The review will aim to show whether the arts can result in economic savings in a wide range of public sectors e.g. health, social care, criminal justice etc., and if this provides the case for future commissioning of arts in health initiatives.

## 1.0 Introduction

- 1.1 This report presents Cabinet with the outcomes of the Scrutiny Review of the Effects of the Arts, Leisure and Culture on Wellbeing undertaken by the Committee during the Municipal Year 2014/15. The topic was identified for review at Scrutiny Liaison Forum and included in the 2014/15 Work Programme by Executive Scrutiny Committee.
- 1.2 The review sought to understand the impact of arts, leisure and culture on wellbeing and if this provides the case for future commissioning of arts in health initiatives.
- 1.3 As there was significant evidence associated with the physical activity and physical wellbeing, the review has sought to focus in particular on the effect of arts and cultural activities on mental wellbeing.
- 1.4 The Committee considered national and international research and also considered local case studies at themed meetings focusing on children, older people and place.

## 2.0 Background

### Stockton Picture

- 2.1 At the outset of the review, the Committee were reminded that a wide range of health and well-being indicators could be affected by engagement in arts, leisure in culture:

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Children's and young peoples health	7 Smoking in pregnancy ‡	426	17.8	13.3	30.0		2.9
	8 Starting breast feeding ‡	1368	57.5	74.8	41.8		96.0
	9 Obese Children (Year 6) ‡	422	22.1	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18) ‡	32	74.3	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	145	38.7	34.0	58.5		11.7
Adults' health and lifestyle	12 Adults smoking	n/a	17.8	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	22.6	22.3	25.1		15.7
	14 Healthy eating adults	n/a	21.9	28.7	19.3		47.8
	15 Physically active adults	n/a	54.0	56.0	43.8		68.5
	16 Obese adults ‡	n/a	27.7	24.2	30.7		13.9

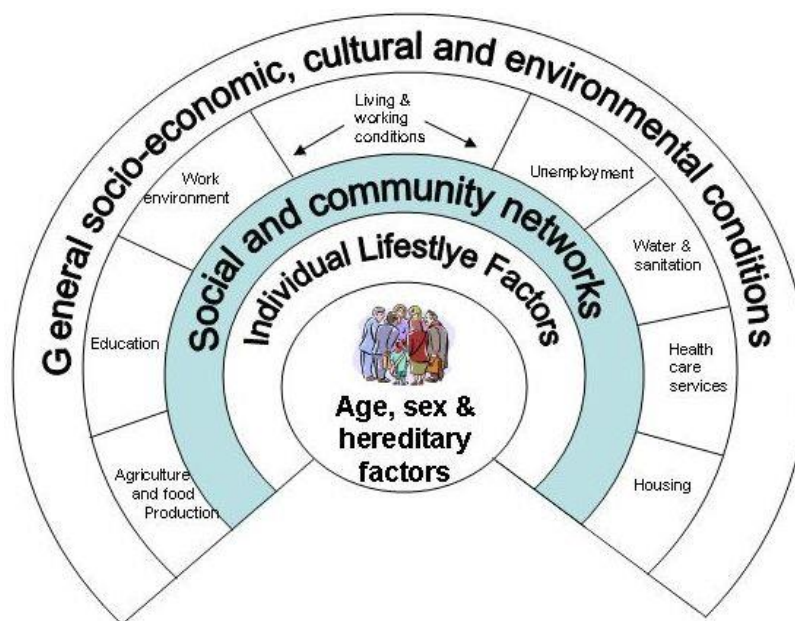
and that participation and impacts can be across the life course:

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Disease and poor health	17 Incidence of malignant melanoma	28	14.6	14.5	28.8		3.2
	18 Hospital stays for self-harm	643	348.3	207.9	542.4		51.2
	19 Hospital stays for alcohol related harm ‡	5571	2523	1895	3276		910
	20 Drug misuse	1971	15.5	8.6	26.3		0.8
	21 People diagnosed with diabetes	8376	5.4	5.8	8.4		3.4
	22 New cases of tuberculosis	9	4.9	15.4	137.0		0.0
	23 Acute sexually transmitted infections	1503	784	804	3210		162
	24 Hip fracture in 65s and over	201	520	457	621		327
Life expectancy and causes of death	25 Excess winter deaths ‡	89	17.2	19.1	35.3		-0.4
	26 Life expectancy – male	n/a	78.0	78.9	73.8		83.0
	27 Life expectancy – female	n/a	81.9	82.9	79.3		86.4
	28 Infant deaths	9	3.7	4.3	8.0		1.1
	29 Smoking related deaths	306	226	201	356		122
	30 Early deaths: heart disease and stroke	141	67.2	60.9	113.3		29.2
	31 Early deaths: cancer	266	126.2	108.1	153.2		77.7
	32 Road injuries and deaths	61	32.1	41.9	125.1		13.1

Prevention of ill health	24 Smoking status at time of delivery	415	17.7	12.7	30.8		2.3
	25 Breastfeeding initiation	1,267	53.9	73.9	40.8		94.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	587	24.6	47.2	17.5		83.3
	27 A&E attendances (0-4 years)	6,485	525.5	510.8	1,861.3		214.4
	28 Hospital admissions caused by injuries in children (0-14 years)	492	140.9	103.8	191.3		61.7
	29 Hospital admissions caused by injuries in young people (15-24 years)	475	189.2	130.7	277.3		63.8
	30 Hospital admissions for asthma (under 19 years)	55	123.0	221.4	591.9		63.4
	31 Hospital admissions for mental health conditions	48	114.0	87.6	434.8		28.7
	32 Hospital admissions as a result of self-harm (10-24 years)	236	643.7	346.3	1,152.4		82.4

## Determinants of Health and Wellbeing

2.2 Arts, Leisure and Culture were also part of the wider determinants of health:





*“What works [are] Interventions that promote social contact can positively affect health and wellbeing; Physical activity improves emotional health and wellbeing; Good quality green and open spaces improve physical and mental health...”*

**(Stockton-on-Tees Joint Health and Wellbeing Strategy 2012-2018, Stockton-on-Tees Council, p23)**

## Wellbeing

2.3 The Office for National Statistics is leading national work on measuring wellbeing. Stockton Borough Residents' Survey (2012) showed:

- Most important factors for quality of life: community safety (39%), parks and open spaces (20%)
- Most important improvements needed for quality of life: more facilities for teenagers (17%) and children <13yrs (15%), reducing crime and anti-social behaviour (14%)
- 70% of respondents said their health was 'very good' or 'good'
- 28% said day-to-day activities were limited (a little or a lot) because of a health problem / disability lasting at least 12 months
- 32% were feeling optimistic about the future all of the time / often; 24% none of the time / rarely
- 51% had been dealing well with problems all of the time / often; 7% none of the time / rarely

2.4 Health profiles also reveal that:

- People in areas of **greater deprivation** have poorer mental and physical health outcomes, in general
- Particular **vulnerable groups** have poorer mental and physical health outcomes, including:
  - people with mental health conditions
  - particular ethnic groups
  - travellers, asylum seekers and migrants
  - people suffering from loneliness and isolation can experience poorer mental health

## 3.0 Evidence

3.1 Evidence shows:

- Physical activity helps prevent overweight / obesity and helps reduce weight in people who are overweight / obese<sup>1</sup>
- Participating in physical activity has a positive effect on mental health<sup>1</sup>
- Regular exercise & participating in meaningful activities e.g. arts, sports or volunteering help promote good mental health and wellbeing<sup>2</sup>
- Physical activity interventions are just as effective with deprived communities and older people<sup>2</sup>
- Exercise is associated with improved cardiovascular disease risk factors even if no weight is lost<sup>3</sup>. The cost of CVD and diabetes to the health and care system is significant

- People with poor mental health tend to have worse physical health outcomes e.g. depression increases the risk of mortality by 50%; and doubles the risk of coronary heart disease in adults<sup>2</sup>
- Volunteering can build self-esteem and contribute to forming social networks and community cohesion (for the volunteer and recipient)<sup>2</sup>
- Participating in leisure, arts and other community activities can promote improved wellbeing and community connectedness<sup>2</sup>
- Social isolation can lead to poorer physical and mental health<sup>4</sup>
- Creative activities can be effective in treating mental health conditions e.g. NICE recommends art therapies are considered for everyone with a diagnosis of schizophrenia and related diagnoses

<sup>1</sup> NICE guidance: Obesity (2006) <https://www.nice.org.uk/guidance/cq43>

<sup>2</sup> No Health without Mental Health (2011)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

<sup>3</sup> Shaw *et al.* 2006: Exercise for overweight or obesity  
[http://epublications.bond.edu.au/cgi/viewcontent.cgi?article=1049&context=hsm\\_pubs](http://epublications.bond.edu.au/cgi/viewcontent.cgi?article=1049&context=hsm_pubs)

<sup>4</sup> Social Care Institute for Excellence (Oct. 2014)  
<http://www.scie.org.uk/publications/briefings/files/briefing39.pdf>

### Do we measure the important things or make the measurable things important?

3.2 Whilst physical benefits are more measurable and understood, creative activity can be tested but not consistently duplicated or scaled up; this is due to a number of factors:

- No 'control group' or absolute standard, no randomized trials
- Numerous, subjective variables
- Prevention can be hard to measure even without other variables
- Measuring effectiveness is hard, comparable cost-effectiveness harder still

### National Research - Evidence from Dr Theo Stickley, Academic Lead for Mental Health and Learning Disabilities, Nottingham University

3.3 Dr Stickley highlighted that all around the world arts and health was being practiced. He began by showing the participation of 100 people from the Vallès Symphony Orchestra, the Lieder, Amics de l'Òpera and Coral Belles Arts choirs <https://www.youtube.com/watch?v=GBaHPND2QJg>. Other examples given are set out below:

#### **Australia – *The Art of being healthy: a qualitative study to develop a thematic framework for understanding the relationship between health and the arts***

Given the increasing pressure on health resources, the arts have the potential to assist in the promotion of health and healing. This framework expands on current knowledge, further defines the health-arts relationship and is a step towards the conceptualisation of a causal health-arts model. <http://bmjopen.bmj.com/content/4/4/e004790.full>

**Denmark – *Beyond the borders: The use of art participation for the promotion of health and well-being in Britain and Denmark***

In terms of practice, policy and research and in the recognition of value of art participation, the comparison demonstrates how different stories, contexts and institutions engage in different ways to facilitate and enable service users as well as generating different challenges; recognizing the benefits of developing best practice guidelines in art practice in health settings.

(Arts & Health: An International Journal for Research, Policy and Practice. Volume 5, Issue 3, 2013)

**Scotland – *Mental health, the arts and belongings***

This paper explores how and whether people with severe and enduring mental health problems experience belonging through their participation in a range of contemporary artistic practices and spaces. The paper draws on qualitative evidence from in-depth interviews with artists in two Scottish community arts-for-mental-health projects in order to show how such spaces engender geographies of creative recovery, social connectedness and cultural inclusivity.

(Transactions of the Institute of British Geographers. Volume 31, Issue 2, pages 150–166, June 2006)

**Norway – *Patterns of receptive and creative cultural activities and their association with perceived health, anxiety depression and satisfaction with life amongst adults: the HUNT Study, Norway***

This population-based study suggests gender-dependent associations between cultural participation and perceived health, anxiety, depression and satisfaction with life. The results support hypotheses on the effect of cultural activities in health promotion and healthcare, but further longitudinal and experimental studies are warranted to establish a reliable cause–effect relationship.

(Journal of Epidemiology and Community Health, vol. 66(8), pp. 698-703.)

**Finland – *Art and Culture for Well-being***

Art and Culture for Well-being is an action programme initiated by the Finnish Ministry of Education and Culture lasting five years, from 2010 until 2014. The aim of the programme is to promote health and well-being through culture and to strengthen social inclusion at the individual, communal and societal level.

The three priority areas in it are:

- culture in promoting social inclusion, capacity building, networking and participation in daily life and living environments,
- art and culture as part of social welfare and health promotion, and
- art and culture in support of well-being and health at work.

<http://www.minedu.fi/export/sites/default/OPM/Julkaisut/2010/liitteet/OKM9.pdf?lang=en>

**Canada – *Windows to Discover: A socially engaged arts project addressing isolation***

Social isolation is an ongoing issue for those experiencing mental distress. This issue was the theme of the Windows to Discover project completed as part of an artist residency in Lille, France. This practice-based report reviews the social construction of social exclusion and the theory of socially engaged art and describes the project. Positive feedback was obtained, in particular improved self-esteem and group participation. However, some found the experience emotionally stressful. The project was a valuable learning experience for the artist and the participants. The positive aspect of social isolation was an unexpected

observation. Drawing a larger audience into the project was difficult. Suggestions to improve this type of project are presented.

(Arts & Health: An International Journal for Research, Policy and Practice. Volume 6, Issue 1, 2014)

**Mexico – Evidence of a transnational arts and health practice methodology? A contextual framing for comparative community based participatory arts practice in the UK and Mexico**

The discussion notes where divergences echo nationalities of contributors, drawing inferences about the level of influence of national context in this work, and concludes with the implications of these findings for potential international collaboration, to face challenges within the community arts and health sector globally.

(Arts & Health: An International Journal for Research, Policy and Practice. Volume 5, Issue 3, 2013)

**Sweden – Attending cultural events and cancer mortality: A Swedish cohort study**

Attendance at cultural events is associated with better survival and self-rated health. This study aimed to determine whether attendance at cinemas, theater, art galleries, live music shows, and museums was associated with cancer-related mortality. Rare and moderate attendees were 3.23 times, respectively, more likely to die of cancer during the follow-up period than frequent attendees. The effect was observed only among residents of urban areas. The results, if replicated, imply that promoting attendance at cultural events could lead to improved urban population health.

(Arts & Health: An International Journal for Research, Policy and Practice. Volume 1, Issue 1, 2009)

**USA – The MoMA Alzheimer's Project: Programming and resources for making art accessible to people with Alzheimer's disease and their caregivers**

According to estimates by the Alzheimer's Association, Alzheimer's disease currently affects more than five million Americans. The Museum of Modern Art (MoMA) in New York City has a long history of offering programs and services that promote engagement and enhance quality of life. In 2006 MoMA began an innovative approach to serving people with Alzheimer's and their caregivers. This article will describe the value and importance of visual arts in healthcare by highlighting the MoMA Alzheimer's Project.

(Arts & Health: An International Journal for Research, Policy and Practice. Volume 1, Issue 1, 2009)

**Arts Council – The Arts, Health and Wellbeing**

This framework outlines Arts Council England's first formal national strategy for arts and health, complementing the wide range of our current policies and strategies.

“There is increasing recognition that people's health and wellbeing is influenced by a range of interconnecting factors. Indeed, the World Health Organization suggested over 50 years ago that health is a complete state of physical, mental and social wellbeing, not merely an absence of disease or infirmity. This definition acknowledges that good health and wellbeing are reliant on an array of multiple factors, not just physical, but also psychological and social. Arts Council England, the Department of Health and many leading healthcare experts firmly believe that the arts have an important part to play in improving the health and wellbeing of people in many ways.”

<http://www.artscouncil.org.uk/media/uploads/phpC1AcLv.pdf>

### **Arts Council – A Prospectus for Arts and Health**

This prospectus produced jointly by the Department of Health and Arts Council England celebrates and promotes the benefits of the arts in improving everyone's wellbeing, health and healthcare, and its role in supporting those who work in and with the National Health Service. The prospectus shows that the arts can, and do, make a major contribution to key health and wider community issues.

<http://www.artscouncil.org.uk/media/uploads/documents/publications/phpYUAXLH.pdf>

### **DH – Report of the Review of Arts and Health Working Group**

The key findings of the report are:

- 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

<http://www.artsandhealth.ie/wp-content/uploads/2011/09/Report-of-the-review-on-the-arts-and-health-working-group-DeptofHealth.pdf>

### **RSPH – Arts, Health and Wellbeing Beyond the Millennium**

The report provides a review of the evidence for the benefits of the arts to health, as well as the policy context of commissioning arts and health initiatives. It also highlights the potential role arts can play within professional education contexts (for example within medical training) as well as within therapy, healthcare and community settings. It includes case studies and subjective reflections on how the arts can interact with health.

<https://www.rsph.org.uk/en/policy-and-projects/areas-of-work/arts-and-health.cfm>

### **National Leisure and Culture Forum – The Role of Culture and Leisure in Improving Health and Wellbeing**

This document is aimed at commissioners and providers of culture and leisure services in England. It is designed to help them to understand and engage more effectively and collaboratively with each other and the health and wellbeing agenda:

- introduce the structures, frameworks and outcomes relating to public health;
- contribute to health and wellbeing in their locality by engaging with the right partnerships and strategic commissioning processes and;
- more convincingly demonstrate the contribution the sector can make.

The document is also intended to highlight to public health commissioners how culture and leisure can help to tackle unhealthy lifestyles, address the social determinants of health, offer cost effective approaches, bring creative solutions and engage communities, families and individuals in managing their wellbeing.

[http://www.cloa.org.uk/images/stories/Print\\_version\\_-\\_The\\_role\\_of\\_culture\\_and\\_sport\\_in\\_improving\\_health\\_and\\_well-being.pdf](http://www.cloa.org.uk/images/stories/Print_version_-_The_role_of_culture_and_sport_in_improving_health_and_well-being.pdf)

## Arts Council - The Value of Arts and Culture to People and Society – An Evidence Review

The report gathers information that shows where the impact of their work is felt, whilst also identifying any gaps to help shape future research commissions.

<http://www.artscouncil.org.uk/media/uploads/pdf/The-value-of-arts-and-culture-to-people-and-society-An-evidence-review-TWO.pdf>

- 3.4 In 2014, the Department for Culture, Media and Sport (DCMS) published an analysis of Understanding Society data, demonstrating a significant positive association between sport, culture and subjective wellbeing beyond other factors known to influence wellbeing (e.g. income). The analysis valued the identified wellbeing benefits of sport and culture in the region of £1,000 per person per year.

### Health impacts:

- Those engaging with the arts as an audience member were 5.4% more likely to report good health.
- Sports participants were 14.1% more likely to report good health than non-participants.

### Education impacts:

- Participants in arts are 14.1% more likely to report an intention to go on to further education.

### Economic productivity related impacts:

- Unemployed people who engage with the arts as an audience member were 12% more likely to have looked for a job in the last four weeks when compared with unemployed people who had not engaged with the arts.
- Unemployed people who participate in sports are 11% more likely than non-participants to have looked for a job in the last four weeks

### Civic participation impacts:

- People who engage with the arts as an audience member are 6% more likely to have volunteered frequently (once a fortnight or more).
- People who participate in sport are 3% more likely to volunteer frequently.
- Those who engage with the arts as an audience member are also gave £50 per person more in charitable donations over the last year.
- People who participate in sport gave £25 more per person in charitable donations over the last year.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/304899/Quantifying\\_and\\_valuing\\_the\\_wellbeing\\_impacts\\_of\\_sport\\_and\\_culture.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304899/Quantifying_and_valuing_the_wellbeing_impacts_of_sport_and_culture.pdf)

- 3.5 Based on the latest scientific evidence, NEF has created a set of five simple actions which can improve well-being in everyday life:

- **Connect** – Connect with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think if these

as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

- **Take notice** – Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the work around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.
- **Give** – Do something nice for a friend or a stranger. Thanks someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeking yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.
- **Be active** – Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and one that suits your level of mobility and fitness.
- **Keep Learning** – Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.  
<http://www.neweconomics.org/projects/entry/five-ways-to-well-being>

## Focus on Children

### Creative Therapies in Mental Health Treatment for Children

- 3.6 NICE estimate that 1 in 33 children and 1 in 8 adolescents suffer from depression with suicide being the third leading cause of death for 15– 24 year olds. However, it is also important to remember that mental health is about mental and emotional wellbeing (not just illness).
- 3.7 Creative therapists are trained psychotherapists in music, art, dance or drama. NICE require that arts therapists are registered with Health and Care Professions Council and have experience of working with symptoms of psychosis. Creative therapies should be available in hospital and the community and can be started at any time, including when someone is very unwell.
- 3.8 A national survey revealed that in England people with schizophrenia have limited access to art therapy on the NHS.
- 3.9 The potential benefits of creative therapies include:
- Art: feeling distanced from feelings; psychotic symptoms; too upsetting to talk about painful experiences
  - Music: bring back forgotten feelings and memories; help with self-expressions
  - Dance: negative feelings about your body; difficulty with physical contact
  - Drama: help explore and understand relationships with other people; put difficult experiences behind you

### Sources of Evidence

- 3.10 The lack of clarity on effective promotion of art therapy may lead to lack of consideration of art therapy / decommissioning / less focus in research literature.

NICE advise consideration of arts therapies to people with schizophrenia or who have experienced psychosis (although there is limited evidence of effectiveness).

- 3.11 There is clear general evidence on preventive effects but the evidence of more equivocal in relation to specific quantifying effects. However, arts therapies may boost self-confidence, self-esteem and concentration, self-awareness, better communication and reduce feelings of isolation and exclusion (RCGP, 2008).

### **Promoting good mental health**

- 3.12 Positive mental health contributes to preventing mental illness and better outcomes in physical health, health behaviours, educational performance, employability/earnings and crime reduction:
- Subjective well-being increases life expectancy by 7.5 years
  - Young people: significantly influences alcohol, tobacco and cannabis use.

### **Social Prescribing**

- 3.13 Social prescribing includes non-medical sources of community support e.g. creativity, physical activity, volunteering, befriending / self-help, support with employment, benefits, housing
- Arts on prescription
  - Books on prescription (self-help, self-management)
  - Exercise on prescription
- 3.14 The emphasis is on personal experiences, relationships and social conditions and is used for mild to moderate mental health problems, with emotional, cognitive and social benefits and reducing counselling waits (NICE 2004).

### **Current services in place:**

#### **Child and Adolescent Mental Health Services (CAMHS)**

- 3.15 CAMHS are CCG-commissioned in line with a national standard spec for CAMHS (T4) services i.e. inpatient specialist (eating disorders and LD: special specs): *'the service may provide creative therapies'*. Services deal with a broad range of behaviour e.g. self-harm, suicide, physical consequences of low weight, aggression, sexualised behaviour, safeguarding concerns. TEWV has used Art Psychotherapy for over 20yrs in range of clinical areas with children and young people and adults e.g.
- forensic
  - eating disorders
  - learning disability services
  - tertiary psychosis team (mobile art therapy)

#### **Targeted Adolescent Mental Health Services (TAMHS)**

- 3.16 TAMHS provide targeted mental health in Schools. Alliance Psychology is commissioned by CESC and bought in by schools. Services include counselling, psychology services and capacity-building and art therapy is offered as part of contract. They are linked to other Public Health services e.g. young person's substance misuse, weight management service.



### **SNAPS (Special Needs Activities with Parents Support)**

- 3.17 Snaps are a local parent led, well established community group and charity. Formed in 1999 by a group of parents/carers of young people with various disabilities/complex and additional needs aged 0-25 years.
- 3.18 Snaps support families in the Tees Valley area by organising out of school and holiday activities for the whole family to join in. They also offer a wide range of information, practical and emotional support for parents/carers.
- 3.19 Parents attend sessions with the children attending and activities are varied and include ice skating, floats and swimming pool fun, climbing wall, dance, arts, crafts, cold cooking, family sports, soft place, zig zag wall, dance, bowling, trips and more.
- 3.20 The Committee identified that SNAPS activities increased Wellbeing:
- SNAPS enabled children to participate in activities that they would not otherwise have been able to do
  - Participation and achievement helped the children to develop self-esteem and self confidence
  - The activities provided a support network for parents, grandparents and family members

### **Focus on Older People**

#### **Silvers Programme**

- 3.21 ARC's creative learning programme is committed to supporting older people to remain active, socially connected and feeling well through a responsive creative learning programme referred to as our Silver Programme. (<http://arconline.co.uk/whats-on/workshops-and-classes/silver-over-50s>)
- 3.22 The Silver Programme is specifically for older people (aged 50+) and offers a robust daytime programme of activity which ranges from Ukulele, singing, tai chi and creative writing, delivered by professional practitioners and artists. The Arc have undertaken substantial consultation with the community and continually talk with our participants to support the development of activities and to ensure the programme is accessible and relevant.
- 3.23 The current offer flows from The Silver Creative Arts Learning Programme delivered by ARC Stockton Arts Centre September 2012 – July 2013 and designed to increase the number of older people participating in high quality creative learning activity. The programme aimed to improve the wellbeing of older people in Stockton on Tees through their involvement in regular creative arts activity, encouraging them to develop new skills and interests, remain active both physically and mentally and reduce their social isolation.
- 3.24 The programme focussed on engaging learners aged 50+ in creative arts learning activity such as dance, theatre, writing and art and developed with support from the

user group, potential learners and representatives from Age UK Teesside, Stockton Service Navigator, 30 Score Years & 10 and Equal Arts.

3.25 The Silver Creative Arts Learning Programme had three key strands:

- Developing provision
- Increasing access
- Improving quality of practice

3.26 The ARC delivered these by hosting consultation sessions to develop a programme of creative learning activity, implementing volunteer and befriending schemes and working with a group of practitioners to develop their skills in working with older people.

3.27 By working with users to develop the programme the ARC successfully designed a programme which was relevant to need and has subsequently been attended by 199 distinct older learners; 72 volunteers have also supported the development and delivery of the learning programmes.

3.28 Throughout the programme regular feedback showed that through participation learners had improved their physical fitness, improved their mental agility and had widened their social networks.

3.29 A detailed evaluation of the programme for a funding bid provided evidence to illustrate that the programme had made a difference to:

- Learners physical health (weight loss, muscle tone, balance, co-ordination, joint mobility)  
*“Already the flexibility in my hips is coming back”*
- Learners mental health  
*“It’s my time away from worries, time to cut off for a while”*  
*“when you retire you still need a focal point and interest and the writing really bought that back for me, I’ve become fit in body and fit in mind”*
- Learners impact on other social relationships  
*“It’s like therapy, it’s just so nice to share and see everybody”*  
*“There is a real enjoyment and social aspect of the class”*  
*“I personally travel from Northallerton now to come because there is nothing like this there so I pick up my friend on the way”*  
*“We come together and it has really given us a chance to do something new that we can talk about together”*
- Learners impact on progress to further learning  
*“when you look at the when I first started you would think they were written by someone else; I’m better than that now, I feel that I could do better...I want to get published”*
- Communities and families  
*“I really enjoy having somewhere in central Stockton, served by your local community – it encourages you to get involved and be a part of the community”*
- The ARC and other organisations

3.30 The Committee made the following observations about the Silver Programme

following a presentation from Katherine Anderson (Creative Programmes Manager, ARC) and after speaking with participants:

- Core funding for facilities such as the Arc enabled self-sustaining activities such as the Silvers Programme to be delivered
- There was a clear social benefit in the Programme which could significantly help to reduce social isolation and loneliness and in turn improve mental wellbeing in the longer term
- Not only was there a social element to the Programme but many of the activities were challenging and required a high level of concentration and practice followed by a sense of achievement
- Participation in the Programme often lead to those involved taking advantage of other beneficial activities and courses delivered at the venue
- The activities encouraged participants to voluntarily take part in the type of activities that were beneficial to their overall health and wellbeing

### **Caroline Ryder Jones (Occupational Therapist)**

3.31 Caroline Ryder Jones from TEVV NHS Foundation Trust gave the Committee an update on the work she had been carrying out with Dementia Sufferers in her role as an occupational therapist. Key points highlighted included:

- A more positive approach was to consider people as living with dementia rather than dementia sufferers.
- Inclusive activities allowing both dementia and non-dementia sufferers to partake had a positive impact for both. It helped improve the perception of people living with dementia. Mass Media focused on extreme examples of dementia causing people to unnecessarily feel uncomfortable around those living with Dementia. Inclusive activities helped break down these perceptions and also helped to encourage those at the early stages of dementia feel comfortable in take part in groups.
- Utilising existing assets and thinking outside the box would help maximise the resources and activities available for improving the wellbeing of those living with dementia. For example the nearby ASDA had a community room which was free of charge for users. The ASDA store also had good public transport links. Staff at Council venues such as libraries could be given training sessions so they could provide a dementia friendly service.
- A community singing group that had been set up was cited as an example of a self-sustaining group. Through the use of a bistro and people buying teas and coffees the activity no longer needed funding from elsewhere.
- Photography groups and Book Groups had also been set up with the latter being an example where there was a need to have a group dedicated solely to those living with dementia due to the differing requirements.
- Art sessions were an effective engagement tool for those living with dementia. It was an opportunity to share views but without need for memory. Preston Park was a heritage Asset which could be used effectively with the Art Collection there a source of engagement activity. Equal Arts was a potential resource for guidance and skills.
- Existing walk groups could be used and varied to improve accessibility via dementia friendly training for walk leaders and use of heritage trails.

- In terms of measuring the benefit of the activities on those living with dementia Caroline had utilised a Dementia Care Mapping Tool that was a recognised method using continuous observation to gain a picture of the activities and well-being of people with dementia.

## Focus on Place

### Heritage Counts

3.32 The English Heritage publication *Heritage Counts* brought together key data on the historic environment; the data is available to download from the Heritage Counts website (<http://hc.english-heritage.org.uk/>). The North East Historic Environment Forum compiles Heritage Counts data for the North East and also produces a local report. Health and wellbeing was a key theme of this year's publication:

- 79% of people in the North East have visited a heritage site in the past year
- Visiting heritage sites makes people happy
- The monetary value of this impact on well-being is estimated at £1,646

### Heritage and Volunteering

3.33 Heritage volunteers report higher levels of wellbeing and mental health than both the general population and the general volunteering population with one in three volunteers reporting increased levels of self-esteem and confidence after involvement with heritage projects and 75% reporting a strong sense of belonging to their immediate neighbourhood.

### Heritage and Health

3.34 Handling heritage objects has also proven to increase health and wellbeing through sensory stimulation; UCLs Touching Heritage Project reported that patients given historic objects experienced significantly higher levels of wellbeing and happiness and responding better to objects than other mediums such as photographs. Similar projects have included Heritage in Hospitals plus Museums on Prescription.

*"Healthier communities - exploring and understanding, particularly the natural heritage, helps to support people in maintaining a healthy physical lifestyle and can limit stress and mental health issues."*

**(Stockton-on-Tees Heritage Strategy, Stockton-on-Tees Council, 2011, p8)**

3.35 The Committee identified that Heritage increase wellbeing:

- Through participation/ reducing isolation
- It could provide a "hook" to get people involved where otherwise they might not
- It gave people a sense of place and giving something back
- Volunteering builds self-esteem and contribute to forming social networks and community cohesion
- The power of reminiscence was effective in improving the wellbeing of the elderly and dementia sufferers

#### 4.0 Conclusions and Recommendations

4.1 The Committee found that there was a clear and substantial body of national and international evidence that arts and cultural activities have a positive impact on both physical and mental health and wellbeing.

4.2 In general:

- Physical activity has a positive impact on promoting good physical and mental health and this is well-documented
- Physical activity helps to improve poor physical and mental health (well-documented)
- Creative activities can help to treat mental health conditions
- Arts and Cultural activities can contribute to a sense of well-being, promoting good mental health and promoting better outcomes in physical health

4.3 However, it is more difficult to quantify the impact and cost effectiveness of participation in cultural/ arts activities in preventing mental and physical ill health although there is a vast array of qualitative research to support this.

4.4 The review has found that arts and cultural activities have a positive impact:

- on physical health
- on mental health and wellbeing
- In reducing social isolation
- on progress to further learning
- on communities and families
- on community cohesion

4.5 The Committee believe that Local Authorities and schools are ideally placed to make venues available to facilitate activities. Transport and accessibility of activities also need to be considered in setting up projects, particularly in respect of vulnerable groups.

4.6 The Committee also concluded that it was important to provide a wide range of activities to encourage and maximise engagement but that positive impacts can often be achieved cost effectively, achieving net savings in some cases and delivering economic benefit through the reduced cost of people becoming economically inactive and dependent. In addition, many projects can be delivered with minimum financial investment by working in partnership with other agencies and the voluntary and community sector thereby making small investments go a long way.

#### Recommendations

The Committee recommend:

1. That policies which see continued investment in cultural and arts activities aimed at community level wellbeing be endorsed and every effort be made to retain sufficient professional expertise and capacity to deliver or advocate for such programmes.
2. That a modest budget be allocated to “seed fund” community based arts and cultural projects on a non-recurring basis and that Health and Wellbeing Board agree a criteria for

allocation of resources with a focus on reducing social isolation and improving mental health and wellbeing.

3. That the Health and Wellbeing Board work with the CCG to encourage all GP practices to sign up to social prescribing and seek to expand the menu of options for social prescribing.
4. That arts and cultural options to be routinely considered across partners when commissioning preventative and mental health services.
5. That through implementation of the Health and Wellbeing Strategy:
  - a. better use is made of arts and cultural activities to improve the health and wellbeing outcomes of local people;
  - b. ensure that local planning policies continue to support historic places and healthy living environments.

## Glossary

CVD	Cardio Vascular Disease
NICE	National Institute of Clinical Excellence
DCMS	Department for Culture, Media and Sport
NVCO	National Council for Voluntary Organisations
NEF	New Economics Foundation
CAMHS	Child and Adolescent Mental Health Services
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
TAMHS	Targeted Adolescent Mental Health Services
CESC	Children, Education and Social Care
SNAPS	Special Needs Activities with Parents Support
UCL	University College London