All Party Parliamentary Group on Arts, Health and Wellbeing

Arts and Public Health Round Table
Monday July 11th 2015 4.00 – 5.30pm
Committee Room 1 House of Lords

Edited Transcript

Lord Howarth of Newport: Welcome to you all. This session will be on the Arts and Public Health and is one of a series of round tables that the APPG on Arts, Health and Wellbeing has held to ensure that parliamentarians are better informed on the key issues in the broad area of policy for the Arts, Health and Wellbeing. The ideas that you prompt and the information that you give us today will feed into our consideration of what we will eventually say in the report. I'm going to hand over to my friend and colleague, Lola Young, Baroness Young of Hornsey, who's going to Chair the session.

Baroness Young of Hornsey: Thanks Alan. I'm going to go around the table in the order that's on the list in front of you so starting with Amal Azzudin.

Amal Azzudin: Thank you. Good afternoon everyone. I hail from Glasgow and I work for the Scottish Mental Health Foundation. We also have offices in London and Wales. The projects I work on raise awareness of mental health and wellbeing to asylum seeking refugee women in Glasgow. We use art as a method to raise awareness, but also as a healing method. This group suffer from pre-migration trauma, people have to wait a year to hear whether they can stay or not. These women have said to me that in the UK there may be physical safety but mentally it's torture due to this length of time. At first, they say, "*No, art is not for us. It's for children perhaps, but not for us*." It took quite a long time to get them to feel comfortable but what they created is absolutely beautiful and it has had such a huge impact.

In one project, they created pendants, each with a story behind it and these have been exhibited in Scottish libraries and one of the museums. Some of the general public who saw these pendants said that it moved them, but also that they felt a sense of shame because they didn't realise the extent to what these people were going through, and are still going through. One woman, Jan, has been seeking asylum over 20 years. She still doesn't know if she can stay here.

We also run the Scottish Mental Health Art and Film Festival. Each year we have a theme. We've had Passion and Power, and this year it's Time. It's attended by 25,000 people and we bring artists and the public together. One of the most powerful things about public art is its ability to reach out to communities. Funding needs to be invested in this kind of work because it does make a huge impact. Sometimes people don't have the confidence to speak about their stories directly but art is a beautiful way to raise awareness and create positive change.

Tim Harrison: I'm the Creative Director of SICK! Festival, which is an international festival that confronts the physical, mental and social challenges of life and death, how we survive them or how we don't. Our focus is not so much on the arts as a therapeutic process, but more on the experience of being an audience and what this can mean for people's health and wellbeing.

In 2015 we presented Nirbhaya, a performance by South African playwright Yael Farber. It deals with the gang rape and murder which took place on a bus in New Delhi in 2012. It's performed by five women, all of whom are survivors of sexual violence. In the post-show talk, an audience member shared that despite undertaking four types of therapy and counselling to help overcome her trauma of being raped five years ago, nothing had made her feel as understood and empowered as much as that performance.

The festival brings people together, catalyses conversation and offers a platform for the dissemination of information about health and wellbeing. But it does something else too, which people tell us is even more valuable. While we're never going to cure anybody of major diseases, the communal experience of the arts somehow enables people to live well with the conditions of their lives, fortifying courage to change them. This in itself is a source of solace and empowerment.

People often refer to the tension between the inherent value of the arts and the instrumental effects that they may have. We believe that helping us to understand and navigate the challenges of our lives is a truly artistic ambition

and has profound impact on wellbeing. We've understood more and more how individual health is intimately connected with social factors and have seen first-hand the power of the arts to both reflect and intervene in a social context, which shapes the wellbeing of individuals. Too often, however, the potential impact of the arts is targeted at audiences who are economically stable and who already have a great deal of agency in their own lives. Resources are needed to take the highest quality of artistic experience and creation outside the large potentially alienating institutions. We need to find out what's important to those communities and to collaborate with them in order to create fantastic new works that reflect the realities of lives in all areas of society. As such, the arts need a place in local and national conversations regarding the health and wellbeing of communities and the individuals that live in them.

Baroness Young: Both of those presentations have really brought home to me the way that the arts are addressing certain kinds of trauma, both physical and mental. Part of the issue we have is in convincing hard boiled politicians that the arts – which at times can be very playful – can address really profound problems.

Philip Davenport: Lois (Blackburn) and I together work as Arthur and Martha. We've been working on a project called the Homeless Library, a collaboration with the homeless community in Manchester which has been running for two years. We've invited people to talk about their emotional history, and the history of homelessness, using art and poetry. I'm going to read a little piece that we've put together about that.

Danny was sleeping under a bridge when we first met him. His fear of being around people held him at bay from the world. During the two years we gradually got to know him, Danny braved many fears because the drive to make art was so strong. As he embraced poetry, he also embraced the company of other people and began to address his difficulties. He said of this project, "*It's put me back on the ladder to life*." Art allows public dialogue with the deeper self. People share their deepest beliefs, feelings, fears and hopes. Art making encourages belonging, release and distraction. And this is why artists make work and why people want to see and hear what they have to say or construct. Making art can bring great satisfaction and community, and, in that sense, it is healing. It's one of the best ways of communicating between human beings. In our experience, the safe space of art-making is similar to both therapy and childhood play. It brings joy and insight. Psychologist, Polly Kaiser, who's footnoted our project for us, observes that people can only change their lives using therapy if they have a safe place to do it. Homeless people, by definition, do not possess a safe place. So many of the stories that we've been told tell of damage with no chance to heal. The temporary place of safety we've offered has been making art and poetry that have been involved in this library. The shared delight of the creative sessions was uplifting to witness. To offer people an escape from fear, addiction and intimidation was the most valuable gift that we had to bring. Self-expression is one of the deepest human needs. It defines identity and allows change.

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-medicating with art. Laurence says, "*There is a genius in everyone and [poetry and gardening] have the ability to bring it out. I was a piece of detritus on the street and [the Homeless Library] found the gold-winning, cup-winning me. I was excrement and I found a garden. From excrement, I have become compost*."

Lizzi Stephens: I'm COPD. I was born with asthma, have never smoked but have only 50 percent of my lung function remaining. I expect that a number of factors have contributed. Whilst I do rely on conventional medication, I also self-medicate through art. I facilitate singing sessions for people with mental health and wellbeing issues and people like me who have chronic lung conditions. Two of these sessions are funded by my local CCG. These groups originated as research from the Sidney De Haan Research Centre, Canterbury Christ Church University. I got involved in 2009 with the first research project feasibility study on singing and wellbeing. At that time, I was diagnosed with COPD, and, personally, I can say that singing and breathing absolutely works. I've decreased my dependence on inhaled steroids and inhaled medication.

There is evidence that regular group singing does have clinically significant beneficial effects on people with breathing conditions. There's also studies on singing in Parkinson's and singing and dementia, and they're all very positive. We're currently completing a study in Lambeth, 'Singing for Better Breathing'.

In the type of work that I do, people come in and say, "*I don't think I'm going to be able to sing*," and then they go out walking on air and they've been singing the whole way through. Their belief is that they haven't got enough

breath to sing a song or to hold a note. But yes, they have, they get so involved in the process of singing, they haven't even thought about breathing.

This is a testament from a lady that attends one of my groups: "*I have had severe pain since 1984 following a road accident. This has progressively got worse because of the added problems of arthritis and IBS and diabetes. With so much pain, life is really not worth living, but singing has changed my life. It has been the light at the end of my tunnel and has made life worth living. Without it, I would make the choice not to be here*." She then spoke about a recent visit to her back specialist: "*My back scan showed that the muscle was completely gone in an area of my lower back. He said that he didn't know how I was still walking about. I told him that my central core was strong from singing. And he said,* 'Whatever you do, don't stop doing it!'"

Dr Dorab Daruwalla: I'm from Mumbai and I work with a non-government organization called SNEHA. We primarily work with communities in urban slums, on four public health issues: maternity care, childhood nutrition, adolescent health, and the prevention of violence against women and children. I lead the program of prevention of violence against women and children in SNEHA. We believe in social interventions to improve health and we work with government health systems, police, the judiciary and the communities themselves. We have a strong partnership with University College London and we conduct evaluations of our complex interventions.

In the last five years, we have tried some new and challenging approaches to public engagement with health. Dharavi Biennale, supported by the Wellcome Trust, was an idea of the Venice Biennale but in a well-known slum called Dharavi which is comprising of 750,000 residents. We attempted to integrate public health research with art by involving local people, artisans, mentor artists, social scientists, and public health practitioners.

In the last three years, we've ran 22 series of workshops on various issues like nutrition, tuberculosis, depression, and occupational hazards. Each series has led to an artwork: some were big sculptures, collections of smaller artworks, performances, installations and dioramas. The process culminated in an art and health exhibition and a festival which was hosted in 4 galleries in the community, had 17 accompanying events and performances, and was seen by about 10,000 people.

We've been able to mobilise many more people in our health projects. People found the conversations and artistic process much more engaging than conventional workshops and health education and most importantly, women started speaking out about violence. We allowed the creativity of the Dharavi people to be understood by others who might have a different view of slum dwellers. This sort of reframing is important for wellbeing of vulnerable communities. We are now integrating artistic activities into our health work because it invigorates people, it helps them to understand the issues, and most importantly, it boosts participation.

Baroness Young: Violence against women is a widespread issue so it's vital for people to feel able to speak out, especially communities that aren't used to speaking out and addressing it. Next is Thompson Hall and Sheryll Catto. They are from ActionSpace and I'm a patron, I'm proud to say.

Sheryll Catto: ActionSpace is a learning-based visual arts organisation that supports artists with learning disabilities. We work with people right across the spectrum of learning disability from mild to very profound and complex. We have a number of artists who are non-verbal and some who have challenging behaviour that literally don't do any other activities because of social exclusion. We tend not to see any of that behaviour. We work with about 65 artists on a regular weekly basis through our supported studio projects and a further 100 through outreach and one-off workshops, providing opportunities for them to sell and exhibit their work. We do a lot of advocating and trying to develop a market so that artists with learning disabilities can develop a professional career. Thompson is one of our principal artists and I've asked him to tell us a little bit about his experiences.

Thompson Hall: I live with my family in North London. I've got two brothers, my mum and they are very supportive of what I'm doing. I'm really a painter but I often change to other media to create my work. I started drawing when I was at school, when I was 12 years old. I was drawing in class one day and the teacher said that he was really impressed with how I'd managed to use art to communicate with him and to other people. When I went to college, I did a life skills course so I didn't get the chance to do art there. Then I found ActionSpace, which was about 18 years ago now, and that's when I started getting back into it. That was my true calling in life really.

Sheryll Catto: Thompson's been one of our most successful artists.

Thompson Hall: I've done two exhibitions in two years, one in Brighton ('Postcards from Brighton'), and the other in Glasgow at an international summit. I also won a commission for HOUSE Festival, working alongside two other artists, Jane Waring and Felicity Hunt. That was quite an experience to work with two professional artists.

Baroness Young: It's good to hear from somebody who's actually doing that work and also professionally engaged with the arts.

Sheryll Catto: In terms of things that would help us to do the work more, everyone else has talked about funding but in terms of learning disabled artists, there's a lot of work to do around how people can function as freelancers who require a combination of benefits and social care to live. For a lot of our people, they have full care packages which get paid for by a combination of disability benefits, unemployment benefits and social care. If they earn money, they lose disability benefits, a whole package completely falls apart. We've had artists who've actually had to turn down work because of the complications of getting their package. It's not just artists, it's a very big problem.

Baroness Young: Obviously that falls very firmly within the political domain, whether we can get any movement on that, will be another thing. But we certainly will make a note.

Shona Arora: Louisa and I have previously been involved in the inception of Artlift in Gloucestershire and Outshine in Bristol. We now work for Public Health England on workforce development. We've recently completed our review of the public health workforce of the future and the capabilities we're likely to need. Some of the key things we identified are very salient to the discussion today. For example, creating a real social movement for health touches very much on the wider workforce and the role of arts organisations in there. We need to give people the right skills to work with particular groups and communities to augment the skills they already have in the field that they're expert in.

Perhaps a bigger challenge is the core public healthcare workforce, commissioners and providers of services. It's about strengthening skills to innovate and evaluate, to be prepared to build new non-traditional alliances across sectors, and to apply a new, perhaps more enabling form of leadership that puts people and their communities at the centre of delivering improved health outcomes through a more holistic approach to health and wellbeing.

Louisa Newman: The arts allow a communication of public health messages with the public on their terms. It's a narrative based approach that brings experience and emotion, as well as the strong public health evidence base. The arts encourage and enable peer-to-peer communication, using techniques that people might feel more comfortable with in discussing difficult issues such as My Mum's got a Dodgy Brain, a recent film by ForMed Films, and the use of modern media techniques, particularly the Designated Driver Concept which has never been an official campaign in this country but that has been adopted as a concept. The American Screenwriters' Guild, after discussion with Harvard Graduates about fatalities due to drink driving levels, agreed to include the term in around 60 films and TV shows. Concept Designated Driver is now known worldwide. Above all, it's about a model of social health and wellbeing, whether that's enhancing self-esteem at an individual level or building assets at a community level, strengthening our community cohesion and social networks.

Shona Arora: The key to facilitating more arts in public health work is senior leadership and buy-in, championing the role of arts in health. Spotting those opportunities where it can make a valid contribution to other key areas such as a five year forward view and personalisation. It chimes well with the whole approach to asset based communities. But that does mean our workforce needs to be able to work in co-producing, co-creating ways, with individuals and communities from diverse backgrounds, and have respect for those who come from other areas of work.

Louisa Newman: A key component to consider in this is the building of skills and knowledge of the benefits of the arts to public health from experiential training and CPD for commissioners to skilling up practitioners to work with multiple-target populations. This ensures basic quality standards such as safeguarding to enable effective working alongside health and care professionals.

Jennifer Wood: I'm from the Royal Borough of Kensington and Chelsea Council and Connie and I have been working together on an Arts and Public Health programme for a couple of years now. It was instigated in the arts service when the Public Health team returned to the local authority and we saw that there was an opportunity for us to do a more targeted piece of arts in health work. We ran a number of festivals and other community arts

programmes. We saw that there was an opportunity to use the skills and experience from the Public Health team to work together on something more sustainable and long-term.

Based on research that shows that singing is good for health, we started a Singing for Health pilot project. It's a simple model where we commission voluntary organisations to host a Singing for Health workshop tutor in the venue and they run the workshops. We promoted those across the borough through voluntary and health organisations and GP surgeries. Connie was instrumental in developing the health research side of the programme, which was really important for us to get support from councillors to fund the project long-term.

Connie Junghans: Having Public Health at the local authority is a big opportunity to look at the wider determinance of health. There were two aims of getting involved in this project. One was to reach those who would benefit the most, who might not necessarily see themselves as somebody who likes to sing. The other aim was to build a solid evidence base. There's a feeling that sometimes the arts are an afterthought or a luxury that as soon as austerity hits, it falls by the wayside. The reason for that is lack of evidence. There is enough evidence out there, but it's not in the language that people like to see.

We wanted to build on the work of Steven Clift in Canterbury who we're working with to produce a more solid evidence base. When we ran the pilot programme, we used the Warwick wellbeing scale and using questions around social isolation, we were able to show a really statistically significant improvement in wellbeing and in perception of social isolation. Also, there were many anecdotes about better management of chronic pain. There was an autistic gentleman who felt that singing with a group was great because he didn't have to make chit chat, but he could still be part of a community. We've now got Masters students from Imperial College doing in-depth qualitative research into these more tangible benefits. The idea is to embed the kind of interventions, which singing is, into health practice. Anti-depressant prescribing is going through the roof and although social prescribing is becoming more popular, it's not something that GPs really tap into at the moment. We're trying to give it more stability by showing how effective arts interventions are in terms of depression, dementia, and COPD.

Baroness Young: In a way, we shouldn't be so surprised about the therapeutic effects of singing, given that culturally, we sing when we feel happy - singing in the shower and all the rest of it. This is a kind of low-level self-medication, if you like, but what you and colleagues have done is to put that on a professional footing. You're also working across boroughs.

Connie Junghans: The Public Health Department is tri-borough. We're the Public Health Department for Chelsea and Westminster and Hammersmith and Fulham.

Deborah Munt: I'm from the National Alliance for Arts, Health and Wellbeing and have worked in arts in health for 20 plus years in acute settings primarily in the community realm. In his 2002 editorial for the BMJ, Richard Smith said, "*If health is about adaptation, understanding and acceptance, then the arts may be more potent than anything medicine has to offer*." Public health is obviously much more than medicine, but the potency remains the same. The way that the arts can contribute to public health is limited only by our imaginations. Some examples of good arts in health practice: The Cervical Monologues, theatre to raise awareness of cervical screening; Roots and Wings, art and emotional intelligence in schools. The list goes on. For me it really boils down to a couple of things really, the potency of the art as a motivating factor and the ability to gain an intrinsic reward from doing a creative act. Intrinsic reward is much more powerful than extrinsic reward. Importantly, this means that people come back for more and that means that they engage.

When services are up against it, the arts diminish in importance. I'm now going to quote Lord Howarth at the Culture, Health and Wellbeing symposium in Bristol. "*We are at the moment in Western societies facing existential choice. Your mission to mobilise the arts and the service of health and wellbeing symbolises and illuminates that choice. Now, are we, in our society and in our public services, to embrace the values of creativity, humanity, empathy and reciprocity, or are we to continue with the barrenness of materialism, competitive self-seeking and [inaudible 00:41:23] on bureaucratic crassness*?"

Artists bring empathetic imagination to their work. The creative process through which an individual engages emotionally with a subject means that they respond with imagination to their experience with creative solutions. It seems to me that we need that process more than ever before. In 2013, Valerie Little, the then Director of Public Health in Dublin said in her annual report that creativity is what makes us fully human. She thought the evidence base was sufficient to commit to an extensive programme in public health, so she just did it.

There's lots we can do, but I think we're fooling ourselves that it can be done without resources. I think there's a spectrum from tinkering to radical. I'm going to jump straight to the radical which is that of Smith's - the MJ editorial - that I mentioned at the beginning, called for half a percent of the health budget to be diverted to the arts. Whilst it might seem absurd, I ask you to reflect on what that would actually mean. If we deliver the kind of programmes that we've talked about today, routinely, and bring a new skill set to the centre of this work, alongside other public health professionals in a sustained robust way, surely then the UK would create a health and wellbeing service that not only tackles the health problems of the 21st Century, but does so by helping people become fully human on their journey to wellbeing.

Baroness Young: I think it's a very good idea to go for the radical. Actually, it's not even that radical in one sense. In the current context it's a little bit on target.

Eva Okwonga: Hello. I'm a peer support advisory board member from Mind and Music and workshop leader at Music in Mind. I'm a singer, a musician. I've also had mental health problems.

The roots of peer support and the word peer here are very similar. It actually comes from the 1300's, from when King Arthur sat with his knights around the round table, which is what we're doing today. They were all equally important and united together. That's what peer support is. But in the arts, it's something that promotes inclusion and promotes opportunity.

One person that took part in my first session at Music in Mind came to learn the guitar, that's all she came to do. She was about 55 at the time and she hadn't sung since she was 5 years old. As we were working on the guitar with her, we found that she had a beautiful soprano voice. We organised some group singing sessions and she really excelled. She was encouraged to get private tuition by the teacher, which she did, and she went on to enter a local talent competition, which she won. She's now been on national TV in Egypt, has trained at the Cairo Opera House as a soprano singer and is appearing in a performance there at Christmas. There has been a huge progression in her talent in just eight years.

Peer support has been extremely helpful for me as well. I started off as a volunteer. I'd had a major breakdown and moved to a new town all in about a year. I was doing virtually nothing with my time, but what I was doing was playing my guitar. I would come into a local mental health centre, play my guitar and go home. People there expressed an interest in learning music themselves. I'm a Christian, so I was praying. I felt God was telling me to start teaching them. I had no confidence at all but thought, "I'll give it a go" and said I'd do ten lessons. Eight years later, I'm running an organisation that helps approximately 25 people a week. I have achieved a Master's Degree at Goldsmiths. I've applied to do a PhD at Canterbury Christchurch to research music, mental health and peer support. I'm going to America as part of my Winston Churchill Fellowship in September to research music and mental health with the peer support led orchestra, the B2 orchestra.

Peer support groups are often run by volunteers and volunteering has huge benefits for mental health. It reduces stress and increases participation in the community, but volunteering has been under attack recently. In my local area, our local volunteer resource centre has had almost all its funding cut at a time when we need more volunteers. What we need to do is increase funding for volunteers to get involved, start their own projects and excel. We need to value them, invite them to the table, and if you have a local peer support group in any art form, be that music or visual art, get behind it and support it.

Professor Richard Parish: I'm a member of the board of Public Health England but speaking in a personal capacity today. I'm going to give you a complementary but actually slightly different perspective on the value of the arts in health. My involvement in arts and health started some 36 years ago when I was appointed Director of Health Promotion in the northwest of England, with a brief to set up a brand new health promotion service. I also acted as the advisor on health education with the local authority. I drew up a health plan for the population of 300,000 people and it was immediately apparent even then that we were facing some major challenges from largely avoidable causes of ill health, for instance, sexually transmitted infections, particularly among young people. Teenage pregnancies, smoking, substance misuse, excessive alcohol use and abuse, mental ill health and emotional stress, many avoidable accidents and injury.

During my consultations with local people, it became clear to me that we needed a different approach to illness prevention and health improvement and move away from looking at individual diseases, such as early age

interventions, reinforced through the life course. It was in this context that I came into contact with the Youth Theatre. That was really quite illuminating from my point of view, 'cause I was very keen for young people to try and experience the challenges that they would face in real life circumstances and develop the skills for coping with them before they actually met them in real life. These would include the pressures associated with casual and unprotected sex, the media and peer pressure to smoke or drink inappropriately. We were asking how can we equip children and adolescents emotionally and psychologically for the everyday pressures of life and strengthen their mental health resilience.

We used some of my health promotional budget to commission Youth Theatre and the evaluation showed measurable evidence about the impact on certain health related beliefs and attitudes, mutual reinforcement amongst their peer group. Such was the certainty that I had about the value of the arts as a result of that almost ten years later, when I was cited for Public Health, together with some of the people in this room, we set up a national network to provide awards and recognition for that work. The arts can improve reach, enable access to health-related resources that can impact inequalities, and they can equip people with the skills necessary for life, providing virtual experiences before they encounter them in real life situations.

The arts help to engage people. They create active rather than passive interactions with health information and behaviour. I regard health promotion as being immunisation for life, and the arts are just one of the essential vaccines within that immunisation package.

Catherine Swann: I'm the Deputy Director of Healthy People Division at Public Health England and I oversee about eight national programmes, some of which interact with my colleagues in the workforce and some standalone. Over the last few years we've been fortunate to be able to use specific in year monies to pump prime some projects in arts and health. In particular, working with the art therapies, professional bodies, working with the Arts Enterprise with a Social Purpose, and working with Arts Council England. But this year, along with a lot of other things, down to the austerity constraints, we have been taking a largely advisory role, but trying to facilitate things happening where we can. Our work is largely concerned with the evidence, finding out what works, and identifying the relationships, the synergies and the infrastructure to make things happen.

What works? Early intervention and making sure that there is universal offer for children and young people in the arts, particularly at a time when the arts are under such pressure in the curriculum. We know that the arts can amass to reach those who are seldom heard, and give them a voice where they previously have had no voice. They can be a doorway to a complete change of lifestyle and change of behaviours.

There are three different kinds of interventions for different reasons and we need to think strategically about all of them. The arts as universal interventions for everybody to improve health and wellbeing across the board. The arts as specific therapeutic interventions with particular populations, for example, people with learning disabilities or people with dementia. The arts building social capital in particular areas, which then leads to health and wellbeing improvements.

Baroness Young: Some of the things don't feel that difficult to fix. And yet, we're still in this position of having to make the case with renewed vigour and making the argument again, because, no doubt, funding is a key issue. Although on the one hand we have to kind of park it because we know that it's always like that, and I think your radical move there of the half a percent's is a good one. Now it's time to open up the discussion to the floor.

Baroness Andrews OBE: It's so energising to share an extraordinary range of talent and commitment round the table, and some real expertise. I wanted to start actually where Catherine finished, because you said, Catherine, we need to find some form of strategy. My question is, could everybody come up with your three top priorities which would make you all more effective, but more importantly, would actually enable the people that you work with to become more effective either by reaching further or reaching deeper? What networks and agency do you have that you all share in, that helps you to amplify and create strategy at the moment?

Professor Richard Parish: I'll have a go and then I can be shot down after. I think the first is, we've got to demonstrate the evidence of impact. When I talked about my time in Stockport, I found myself hauled in front of what was then called the Area Administrator. Some of you may remember those, what became Chief Executives of Health Authorities, for wasting public money on these activities when we should be spending it on real things. Evidence of impact is important. Secondly, using that evidence, I would suggest to try and convince what is still a very large number of ill-informed, unconvinced senior decision makers who can determine how and where money

is actually spent. Finally, how to mainstream the good practice that you find in so many pockets around the country. How do we take good practice in one area and replicate that in the way that Singing for Health has done across the country,

Baroness Young: The question for the inquiry is to look at how we can contribute to getting some of those things to happen. Because that is the point of it, to shift us from the position where we are now and to try and convince people who in spite of what evidence there is, are still unconvinced.

Lord Howarth: What's the cultural barrier within health and social services? People quibble about the nature of the evidence, but there's high grade, statistical and quantitative evidence available in certain fields. There's a mass of very convincing quality developments, some of which we've heard today. It shouldn't really be arguable that the arts do not have a very important contribution to health and wellbeing. But, as Richard says, there's a mass of unconvinced decision takers who are at key points in the system, who don't want to hear, don't want to understand, or don't want to act on what ought to be obvious to them. It may be that they are under pressure to use certain criteria. Maybe they're scared of what would happen in audit and review of performance. It may be even there are vested interests. In a universe where funding is pretty tight, any additional money that goes to one thing, implies less money for something else, but I suspect it's more cultural.

Tim Harrison: We tend to talk about the arts as a single thing but what we've heard here is kind of two threads: the evidence around the therapeutic value of the arts – which seems to be quite strong - and the evidence of the impact of what it means to be an audience member – which seems to be much thinner. I've read that there's a strong correlation between engaging with arts at a young age and improved mental health later on. Of course a correlation doesn't mean a causation. A lot of people who have better mental health in later life went to arts stuff when they were kids. That would be because they had nice middle class parents who were from pretty wealthy backgrounds and things like that. The majority of arts activity that is happening is broadly facing rather than being about being actively involved as a creator. That's where there's lack of evidence, so the bit where there's good evidence is actually a small part of the sector.

XXX: It's also about the size of the effect, the kind of evidence that we're looking at and the outcomes we're defining. It's very easy to measure physical health but when it comes to social wellbeing, mental wellbeing, the holistic picture, we're not so good at coming up with the right methodology. Compared to the hard evidence and randomised controlled trials that we have to contend with as the gold standard of evidence, it's difficult for something as holistic as that to demonstrate an impact.

Baroness Young: How would you begin to quantify or qualify the impact on an audience experiencing a particular artwork on a particular day? It is going to be really, really difficult. But, correct me if I'm wrong, it feels that even with the areas where we do have evidence, there's still resistance.

Lois Blackburn: Yes. I was wondering if there's something really basic here which is that artists are subjective, the way we look at it as an audience. What is good art? What's bad art? The difference between trained artists, professional artists, amateur artists? Basically, what people consider good and bad art can be very scary. The arts can be very scary. It can also be full of snobbery. The high arts, the low arts, you know. Every sort of art. So, you know, it's taking on board those very kind of guttural feelings as well.

Eva Okwonga: Going back to the concept of peer support and how they relate to people who are from our own background experience, I think being a service user and a facilitator, I have almost a triple stigma which I'm fighting. But we find that we fight that best by showing people what we're best at. I think when you show people how the arts work, invite them to a performance, the theatre, or an exhibition, people can be more responsive to them. For instance, I've had quite a lot of contact with Boris Johnson, our local MP, and when we came to our music sessions, he was immediately shocked that we'd achieved all these things and we hadn't cost the council anything in eight years. We raised all our own funding through applying for grants. We do all kinds of things to fundraise. This was the first time he'd heard of peer support. It's about getting those members of parliament to have a personal experience and something that will touch their hearts, that they can take away and relate to.

Baroness Young: It's like a campaign really, what you're suggesting, isn't it? In addition to a report and a debate and all the rest of it? It's got to be a broader movement.

Anne Marie Rafferty: I keep thinking, who are these naysayers? Do we know exactly who these people are? Is there not a danger that we keep repeating the mantra about barriers? And that perhaps, given that we've got such fantastic support from Public Health England and from NHS England itself, there does seem to be a sense of the tide changing and opinion moving in favour of the arts? Building on that momentum would be fantastic. Perhaps we need a different approach, part of which is a political mapping exercise to identify the key stakeholders, opinion formers who need to be influenced, either by inviting them in to experience the arts first hand, or by colouring in some way or other. The point on vested interests is important because choices have to be made about how to spend funds. There's all sorts of disincentives to shift that particular trajectory with the not-so-ready supporters.

This mapping exercise would in part start with a group such as this and ask, "*Who do we all know?*" Who do we think is important and will be vital to turning the tide of opinion further in one's favour. Where do we think they are on the spectrum? What does it take to move them over? An enrolment exercise can be quite persuasive and powerful.

Professor Richard Parish: If I can just offer perhaps a complementary comment to the last one from Anne-Marie. I didn't want my earlier talk about evidence of impact being misunderstood. There is actually a substantial body of evidence of impact getting into the right places that I was referring to. I think the second thing, having spent much of my career dealing with a lot of people who were resistant to things like the contribution the arts can make, many of these organisations are run… and this isn't a pejorative term, in a technocratic way, and the arts don't fit that technocratic mind set. I think we need to make the unfamiliar more familiar. There is an unsubstantiated view amongst many of our decision makers that they'll be criticised in the court of public opinion for spending money on things that are not regarded as particularly tangible. We may view them as tangible because we're more familiar with the evidence of impact, and the thing that I find frustrating is that in this room here, we actually hone many of the communication vehicles that could be used to redress that particular issue. We have access to those technologies, media, ways of communicating the value of the arts, and maybe one of the things the committee want to look at in addition to the political mapping, with which I wholeheartedly agree, is how we can collectively use the resources that we've got to persuade those people about the value of the arts in health.

Professor Paul Camic: I'm representing the Royal Society of Public Health and I'm also a Professor of Psychology and Public Health at Canterbury Christchurch University. I used to think until very recently that it was about evidence. But I'm not sure now. I think a lot of it has something to do with our culture within the NHS and social care, and working with people that are delivering care: frontline social psychologists, nurses, GPs, consultants. Many of them don't get the arts. Some of them do, certainly I'm not going to be critical of all those professions. I'm part of two of them. But when you talk about the arts, it's a deer in the headlights. I sent a nice letter to my own GP practice inquiring about the arts and free services for people with dementia in our village. None of them referred to it. I followed that up and one said, "*The arts, I just don't know about them*." Now, that's only coming out of one small practice. But I further repeated with Heads of Services in different mental health trusts, different general practice trusts.

So the evidence, when I asked some people and said what the evidence is, there's a person really high up in public health, I won't mention their name, but he asked a question, it was about a year ago in a different APPG. I sent seven articles, two of whom were involved, but others were around the world, and it was met with a single response: "*This is very nice but we went on to something else*." There is an attitude, what's this thing with the arts? They're not involved in the arts themselves, they don't value it personally. It's difficult for some practitioners to see how the arts might be instrumental in their patients' lives. For others, I think it is the concern of headlines, as some of our more notorious papers have in the past, really targeted inaccurately, spending on the arts.

Baroness Young: In one sense, it's easy to get evidence, or easier to get evidence than it is to have a wholesale cultural shift. That's what we've got to strategize for really.

Professor Paul Camic: I think some recommendations to consider would be around education within the health professionals and within social care. When I have met with medical students in training, which is very often, they're interested. That's a long-term plan but even if we could get something in their training, getting the arts in, it'd be something different.

Baroness Andrews: I think the arts have a problem in general with proving things, however. I think it's much easier to prove the importance of storytelling, for example, in relation to therapy, and singing in relation to articulation and confidence, than it is to prove some other things. There's a hierarchy, I think, and I think it is culture. I was

interested to see what Louisa said. There was some fresh language about the skills to innovate and enable leadership. It seems to me that what we have to think about is how to enable the medical profession. We're not very good at training doctors; we still teach with medical models. We don't want to teach medical humanities. We have a big problem in relation to mental health as a whole, the way we teach psychology and mental health, which we see in things like Mental Capacity Law and things like that. We need to stand back and look at the profession.

Who is likely to be receptive and wants to be enabled, as it were? You used a really interesting expression, Louisa, you talked about a social movement in medicine. I was very interested in what that would look like and whether that would be about radicalising the medical profession. It's a long job, but I think people are aware that we teach too tightly around medicine and that there is real issues about creating a medical profession for the future which is infinitely more capable of responding to the whole person.

Shilpa Shah: I'm one of Lizzi's colleagues from the singing project. I've been thinking about what Alan and others have said about art and values, especially cultural values to reaching hearts and minds. I wondered if you'd allow me and Lizzi 90 seconds to teach you all a song and get you to reflect on how that feels afterwards. The experience of what it feels like to go outside the comfort zone and challenge our boundaries.

Baroness Young: Surely it's not beyond us to be aiming to do something that's really creative, whether it's a campaign or a movement, or whatever. Something that will spark people's imaginations, because I think now this sense of instability across the country and not quite knowing what's going on, we could use creativity to tap into that.

Deborah Munt: In my experience, people's misunderstanding of the arts, no matter where they are in any kind of spectrum, is based on their own experience. If their only experience of the arts has been at school, or if it's been to see a really crap amateur dramatics performance or somebody's done a rubbish mural for them, their engagement with the arts is going to be shaped by this past engagement. I remember training staff in care homes on the kind of creative methodology for person-centred caring, a third of those people, no matter what you did, were never going to change their mind on the arts. But there was a third that would. That's important and it's down to personal interest.

Baroness Young: Thinking about how we can introduce all kinds of different therapeutic strategies into health situations – looking at sport, for example – is there anything that we can learn from people who try to use sports in different ways?

Connie Junghans: Just making a point from what Richard said about evidence, there is all this evidence out there but we want to translate it into a language that actually feels statistically undeniable, particularly in relation to mental wellbeing. People somehow value that that more than a testimonial of how it's changed somebody's life. It's sad that we have that technocratic environment.

It's true, Paul's point about medical schools and the issues with the curriculum. When I went to medical schools, there was one special study module, creating pictures with contraceptive methods or something, and it felt optional. Engaging in creative subjects didn't feel valued. It starts earlier than medical school, it's starts in children's education. Painting or learning a musical instrument, they're nice things to do but that's where the culture needs to change.

Lizzi Stephens: Changing the culture within primary care in accepting arts is a possibility. It's a re-intervention for many health needs. I have a colleague, Vivien Ellis, who is currently divisive in using a project to train GPs in year three of their speciality to look at practical experiences of singing, storytelling and other arts. It has to start with re-education to change the culture, to make it become adopted as a normal part of health and social welfare.

Errol Francis: Baroness Young's mention of sport reminded me of the need to remember the Department for Culture, Media and Sport when talking about evidence and needing to convince people. Mentioning sport and the connection between physical activity and arts activities that involve physical movement, like dance and so on, are important because we can present this evidence to convince colleagues in DCMS as well. Along with the Department of Health, we should be presenting these ideas to DCMS and asking for some of the resources around participation heritage. I was thinking of the Australian example where they have an Arts and Health Minister. Wouldn't this be exciting if this minister was in the culture area? In the culture area, there's an instinctive understanding of qualitative research outcomes creating an evidence base around participation.

Ruth Hogarth: I'm from Kings College, London. I was going to make two very quick points. I think it's important to distinguish between arts and culture as something to consume *and* something to participate in. There's a great difference between the outcomes of those two things. Secondly, since the culture of Olympia, we've been running the cultural data tracker survey, tracking people's use of art and sport, and engagement with culture and sport in terms of both participating and consuming, and the effects it has on them. I wondered if anyone's interested in taking part in that tracker survey which we're running longitudinally.

Sheryll Catto: I was going to say very much what Errol said about the DCMS. And, yes, we do have a lot of evidence, but there's a communication problem. I don't think we share the evidence enough or details of what we do. It's about getting decision makers in to see what you do, because when you get people in and they can see the impact, that makes a difference.

Philip Davenport: A very simple thing that we're trying to do is to take work made by people who are involved in arts and health projects and to place it right on the centre of value. If we're trying to effect cultural change, you go to the centre of culture. We brought the Homeless Library exhibition here, homeless people spoke to the Under Secretary of State, and that exhibition is now at the Southbank. These people have enormous insight, great value, huge richness of life to offer everybody, to offer to society. If that's placed in the centre, then everybody sees this has worth and therefore will treat it as having worth. If you want to shift the culture, go into the cultural institutions and effect change within them. Don't put it in the community art gallery. Put it in the big galleries.

Baroness Young: I kind of agree with that and I absolutely get your point. We need all of these different strategies or tactics to work together to form a really good strategy.

Philip Davenport: Yeah, I agree.

Baroness Young: Because people in the community need to feel valued. I know there's a kind of coolness, almost like, "*Well, you know, we've been marginalised into community type venues all the time*". But I think we should be really be placing this work everywhere in-between.

Philip Davenport: I was discussing this with a gallerist recently and they were saying, "*We have the community space and that has equal value. Just, it's a lot smaller*."

Baroness Young: I don't know how we're going to incorporate everything into the investigating report. But my sense is that there's clusters of things that keep recurring and what we're getting is different perspectives on each of those different clusters, which is really helpful. Last week I was in a workshop called, Reframing Justice. The more I think about it, the more the fundamental principles that apply to that body of ideas, apply to so many things. The workshop is about reframing the criminal justice system to try and get policy makers, and indeed the general public, to think about what we're doing when we send somebody to prison, particularly young people, and how we can reframe the questions that underpin the way people think about that. It's trying to shift a way of thinking. How can we reframe in the context of today's discussion? How can we change the culture that is producing people who won't listen to what this seems to me to be self-evidently true?

Lord Howarth: I want to thank Lola for chairing this event brilliantly. I thought that last suggestion about reframing was a really interesting and valuable thought. This roundtable has produced excellent material for us to think about and learn from, so we will continue to work together and we hope that when we do produce our report, it'll be something that you feel really does advance the cause and maybe have an impact on policy practices. Thank you all very much indeed.