

Arts and culture in
**health and
wellbeing**
and in the
**criminal
justice system**

A summary of evidence

Contents

Arts Council England/November 2018	
Arts and culture in health and wellbeing and in the criminal justice system	
Scoping the evidence base	
0	Introduction
	Context and rationale for undertaking this summary of evidence 4
o.1	Arts Council support for arts in health and criminal justice 4
o.2	The role of research in developing practice and policy 6
o.3	Preliminary note on scoping the evidence base 9
1	Chapter 1
	Arts and culture in the criminal justice system 10
1.0	Introduction
	Context and rationale 10
1.1	What works?
	The criminal justice question 11
1.1.1	Scoping the evidence for impact on desistance 13
1.1.2	The quest for quantifiable evidence 15
1.1.3	Weaknesses in quantitative analysis 16
1.1.4	Conclusions on the impact on desistance 17
1.2	Why it works
	Taking a different approach 18
1.2.1	Defining the context for the work 19
1.2.2	Identifying how and why it works 20
1.3	New areas for research 22
1.4	Research, policy and practice
	Looking for an integrated approach 25

2	Chapter 2	
	Arts and culture in health and wellbeing	28
2.0	Introduction	
	Context and rationale	28
2.1	The health perspective	
	Scoping the practice	31
2.1.1	A taxonomy for arts and health	32
2.1.2	Arts and health through life	33
2.1.3	Addressing a range of health and wellbeing conditions	35
2.2	A biopsychosocial framing	
	Scoping the evidence base	36
2.2.1	Physical health	37
2.2.2	Psychological health	40
2.2.3	Social health	49
2.3	The health question	
	Critiquing the hierarchy of evidence	56
2.4	Research, policy and practice	
	Looking for an integrated approach	58
3	Conclusions	
	Towards a rounded evidence base	62
3.1	The role of research in making the case	62
3.2	The need for research funding	63
3.3	The need to standardise research and evaluation	63
3.4	The potential of other approaches to research	64
3.5	The role of research in addressing and improving cultural practice	66
3.6	Beyond research	67
4	Bibliography	68

Arts and culture in health and wellbeing and in the criminal justice system

Scoping the evidence base

Introduction

Context and rationale for undertaking this review

This report is one of a series of publications informing the conversation about the Arts Council's next 10-year strategy. It aims to feed into a wider discussion about our investment, advocacy and development work from 2020.

The core of the report offers an overview and assessment of the current evidence base for these areas of work and the value of this research for the Arts Council and the cultural sector in developing future policy and practice.

0.1 Arts Council support for arts in health and criminal justice

Over the last decade there has been a rapid growth in research and practice relating to the work of the cultural sector in health and wellbeing and criminal justice.

The Arts Council has long played an important role in supporting and developing these areas of practice, including regular funding for specialist organisations, and in initiating strategies and programmes that have extended the influence and benefits of culture, delivering positive social outcomes through creative engagement.

As long ago as 2007, a prospectus for arts and health was jointly published by the Arts Council and the Department of Health, following hard on the heels of a strategy for arts work with young offenders developed by the Arts Council in partnership with the Youth Justice Board. Organisations and artists from the two, often overlapping, sectors were also

widely consulted in the shaping of these and other strategies.

This policy framing made several significant initiatives possible, including Summer Arts Colleges, a creative programme for young offenders and young people at risk of offending run by Unitas and still funded by the Arts Council, and a high-profile partnership with other (non-arts) agencies in the three-year Well London programme, the largest public health action research project ever undertaken in the UK. Be Creative Be Well, an external evaluation of this strand of Well London, followed in 2012.

In 2010 the Arts Council published its first 10-year strategy, *Achieving Great Art for Everyone* (with 'and Culture' added later, once the cultural work of museums and libraries was added to the Arts Council's remit).

This strategy, covering 2010-20, aimed to absorb the wide range of policies and strategies that had developed organically over the years, bringing everything into a high level, clear and relatively simple framework governed by five goals: excellence, engagement, resilience, professionalism, and provision for children and young people.

The current strategy does not have a specific goal relating to health, wellbeing or criminal justice. It does enable continued investment, development and advocacy in this work, which is incorporated into our more detailed corporate plans, which sit under the 10-year strategy. Our current 2018-20 corporate plan pledges to 'support and celebrate' the role played by artists and organisations 'across vital areas of public policy, including health and wellbeing and criminal justice', developing 'a coherent and strategic approach to

investment’, and seeking ‘partnerships with major stakeholders’.

In 2017/18, the Arts Council spent around £7.33 million on 326 projects classified as including health and wellbeing, and £434,000 on 20 projects classified as addressing crime and community safety. In our new National Portfolio, we are spending £12.94 million a year on 54 organisations identified as having a significant health and wellbeing focus, and £895,000 per year on seven specialist criminal justice organisations. In addition, a wide range of our National Portfolio Organisations have been identified as doing a portion of their work in these fields.

In addition, a number of the Arts Council’s strategic programmes during this period have demonstrated a strong relevance to these themes.

- Our continuing partnership with the Baring Foundation has included Arts and Care Homes (which invested £1 million in four projects, each with a care-home partner), and Celebrating Age, which supports cultural spaces and other organisations to be open, positive and welcoming places for older people, takes high quality arts and culture into places where older people will find it easier to engage, and also addresses challenges like dementia and falls prevention.
- The Cultural Commissioning Programme, run by NCVO for the Arts Council from 2013 to 2017, has played a vital role in engaging local government commissioners. Bringing artists and cultural organisations in to help deliver (largely) health and social care outcomes has resulted in the establishment of outstanding initiatives in Gloucestershire, Kent and elsewhere that are trying to embed arts and culture across health provision, notably through arts on prescription schemes.
- Creative People and Places has taken a ‘bottom-up’ approach to cultural provision in particularly deprived areas of the country.

This ongoing place-based scheme encourages joined-up working, including developing relationships with health and social care agencies. Between 2012-18 we have invested £54 million in 21 Creative People and Places projects, and are committed to allocating a further £37 million from 2018-21.

The Arts Council’s advocacy for the value and impact of these areas of work has continued over the last decade, regularly celebrating and highlighting examples of good practice, from the work of Hospital Rooms in improving the healing environment to the annual Koestler Trust exhibition of prisoners’ art, hosted by the South Bank Centre. We have also commissioned case studies and think-pieces to support the ‘holistic case’ for arts and culture, arguing for the beneficial impact of creative and cultural engagement on the economy and society, including health and wellbeing.

We have regularly emphasised the case for work in these fields through written responses to formal government inquiries and parliamentary questions, covering topics from prison education to how engagement in arts and culture can ameliorate loneliness in our society.

As a precursor to this document, in 2013, a rapid evidence review was undertaken looking at how that impact was being measured and valued in the academy. That, in turn, informed our Research Grants programme, aimed at meeting the gaps revealed in the Arts Council’s knowledge base, including arts and health and criminal justice. Many of the successful applicants to the two rounds of this strategic programme were – and are – working on research projects in these fields, hopefully making a contribution to a greater understanding of impact, leading to more informed and effective advocacy.

For the 2018-22 investment period, the decision was taken to bring the two relevant national Sector Support Organisations into the

National Portfolio for the first time. The National Criminal Justice Arts Alliance (NCJAA) and the newly formed Culture Health & Wellbeing Alliance (CHWA) are already working in close partnership with the Arts Council. The NCJAA was recently commissioned to run a series of wide-ranging roundtables for cultural practitioners, criminal justice professionals, funders and other stakeholders to explore 'what good looks like' in arts and criminal justice work. CHWA has worked with the Arts Council to run regional events to discuss the implications and implementation of *Creative Health*, the report published by the All-Party Parliamentary Group on Arts, Health and Wellbeing last July.

In spring 2017, the Arts Council's Executive Board commissioned a survey of the Arts Council's past and present support for this work and the wider context. Leading stakeholders, practitioners and academics in the field have been consulted on current trends and needs, while further insights into the strengths, weaknesses, opportunities and threats facing practitioners and researchers have been gleaned from attendance at specialist conferences and seminars. This engagement has helped to shape this report, which examines what existing research and evaluation does – and does not – tell us about arts and culture's work in criminal justice and health and wellbeing: its purpose, value and impact.

Our consultation about the next 10-year strategy provides an opportunity for the Arts Council to consider the role that both health and wellbeing and criminal justice can play, in relation to our work as both a funder, and as a sector development agency.

0.2 The role of research in developing practice and policy

The use of research and evaluation in determining impact is seen as crucial in making the case for arts and cultural projects, especially at a time of economic scarcity, and intensifying competition for public funding.

Evidence about the impact of arts and cultural work is of varying depth, quality and significance. Relatively few of these assessments approach the rigour of pure research, designed to establish what outcomes would have taken place without the intervention in question. Typically, an evaluation will assess retrospectively how far a project's original aims were met and whether hoped for outputs and outcomes were achieved.

The purpose of the exercise may simply be to fulfil a funding requirement, whilst other organisations may undertake evaluation in the hope that the findings will help to make the case for further investment. Many evaluations are also undertaken, at least in part, to draw out what has been learned from a project that could improve the quality and efficiency of process. More rigorous research to establish impact often requires a level of budget, time and specialist expertise beyond the day-to-day reach of many cultural organisations.

The picture changes when the expanding body of research papers covering arts and health or arts and criminal justice work is explored. There seems to be more of an appetite in the research community for exploring cause and effect in these fields compared to more 'mainstream' areas of cultural work.

In part, this is because both healthcare and criminal justice are primarily outcomes-based systems, which rely on evidence to create policy. For the Department of Health and agencies like the NHS, the challenge is to provide universal healthcare as efficiently, effectively and economically as possible. For the Ministry of Justice and its agencies, the equivalent challenge is to protect the public and rehabilitate offenders in the same cost-effective way.

For such interventions, the main emphasis is on identifying measurable outcomes against a counterfactual of what would have happened without the intervention, and establishing evidence of sustained and replicable impact.

Most academic research around arts in health and criminal justice is shaped by the concerns and priorities set by those systems and by the relevant government departments rather than by the cultural sector. In most cases, research and evaluation sets out to explore or demonstrate whether (and less frequently, how) a cultural intervention achieves health or criminological outcomes. It does this in accordance with what Professor Geoffrey Crossick and others have called a 'hierarchy of evidence'.

This hierarchy places qualitative and practice-based research below experimental approaches in assessing value, and holds up the randomized controlled trial (RCT) as the 'gold standard', ie the most robust, rigorous and reliable evidence of 'what works' in these public policy areas. As the most rapid review of the evidence base reveals, this ranking of research and evaluation methodologies, and common preference for quantitative over qualitative approaches, seems embedded in both the health and the criminal justice sectors. It is usually applied to all interventions, including 'complex interventions' such as those involving arts and culture.

Therefore, the bar for research and evaluation that will secure a place for arts and cultural interventions in healthcare and the criminal justice system can sometimes seem to be set very high. The following observation about arts in prison sounds a suitably cautionary note about the challenge that most practitioners will face in 'making the case':

[Arts and voluntary organisations] face a Sisyphean task of not only funding this work, developing programmes that speak to a prison's agenda but also monitoring and evaluating them in response to funders' shifting frames of reference. While there is an acknowledgement from prison staff and government bodies that arts and criminal justice can be of benefit for individuals and society, the kinds of evidence demanded and that which is produced is not a good fit.

McAvinchey, 2017: 142

This observation encapsulates a paradox that, while it is apparent that an intervention like this can 'work', it can be hard to measure or quantify that impact through the approaches that are standard in these sectors.

Historically, the cultural sector has engaged with this challenge in two ways. One is through instrumentalising artistic practices in the service of those systems. In healthcare, this is known as arts therapy, a creative process shaped and governed by clinical aims and outcomes. There is an equivalent of this approach in the criminal justice system, notably in the development of therapeutic approaches like that at HMP Grendon, where serious offenders are prepared for release through an intensive programme including theatre and visual arts therapy.

It is perhaps not surprising that the congruence between this kind of arts activity and its clinical or criminological purpose makes arts therapy a good fit for the kind of research and evaluation that is generally accepted as robust and reliable within these systems.

The second form of engagement – arts in health/arts and health (or justice) – places the creative process at the heart of its practice. There may or may not be clinical or criminological outputs or outcomes from the project and the host organisation may or may not have set its own specialist aims and objectives, but for most artists and practitioners the main focus is more exploratory, facilitating the free creative expression of participants, whether they are patients, prisoners or staff. The challenge in terms of securing investment from health and justice budgets is, however, to provide evidence that will be acceptable to the health and criminal justice systems.

There have been two responses to this challenge among researchers tasked to explore and investigate impact. The first and dominant response has been to accept the challenge on the terms set, applying the measures valued by the healthcare and criminal justice establishment. This essentially

treats arts projects as a type of ‘complex intervention’ – of which there are many other kinds, particularly in health – and then applies a rigorous quantitative and, where possible, experimental approach to determine and measure impact.

The second response has been more questioning. While accepting the need for robust evidence, some leading researchers – as well as practitioners more widely – are asking whether the experimental, quantitative model is the most appropriate or most useful to evaluate or research interventions of this kind.

Are the data and statistical analyses that they produce, showing whether ‘it worked’, the total sum of what we can learn, as artists or health or criminal justice practitioners, from such projects? Is useful knowledge being lost or overlooked, such as the testimony of those involved in a project? Can the relative certainties of the RCT, originally developed to test whether a particular drug had the desired effect, really be applied effectively to such complex interventions?

Because of such concerns, some researchers are developing new qualitative approaches to the field, including practice-based methodologies, or combining these with quantitative analysis in mixed method approaches to produce findings that provide acceptably robust evidence of impact.

While the latter approaches may well elicit more knowledge about creative projects and their impact on participants, the reason for undertaking the research is the same: to show whether an intervention ‘works’ in the terms set by healthcare or criminal justice. The role of the artist, the unfolding of the creative process, the nature of the participants’ engagement in that process and the actual art that may be produced are often absent from the research, which focuses instead on behavioural or other measurable changes that occur as a result of the intervention. In other words, the effectiveness of the project is usually judged on outcomes alone, often

without any detailed account of the context in which the project is taking place or any deep consideration of the mechanism(s) that might lie behind the project’s outcomes.

This is in sharp contrast to practice, where artists and cultural organisations work closely with healthcare and criminal justice partners to understand what kind of environment they will be working in, who might be participating in the project and so on. They will then draw on whatever previous experience they have had and apply and adapt their methodology to these new circumstances to ensure that participants are fully engaged and benefiting from the project. Although they will not usually have set outcomes to achieve, there will be reflection on what has been achieved and learned through the process, which will feed into the next project. The experience, knowledge and insight accumulated through the iterative nature of this work is largely overlooked in the research literature in its focus on verifiable ‘results’.

It is worth noting, too, that the value and impact of arts and cultural work in the criminal justice system and in health is attested to in a variety of ways beyond that captured through academic research, not least in the observation of projects in action.

There is currently, for example, relatively little robust research to date on the impact of social prescribing, but that has not impeded the development of such programmes by the NHS or by the government, who intend to make social prescribing universal by 2023. Commissioning at more local level is also often influenced as much by practical challenges and needs as by validated research, to which policy-makers may, in any case, have limited access.

This is not to dispute the importance of rigorous research, which the Arts Council itself has argued for, commissioned and is likely to continue funding. It is more to keep in mind that the question that much of the research in these areas of practice seems to be asking

and seeking to answer may not, in the end, be the right question to be asking from an arts and cultural perspective. How much, for example, does the research tell us about how practice might be improved, or what mechanisms make creative engagement effective in different settings? How far does the research focus on why a project works (or doesn't) rather than whether it works?

The Arts Council is engaging with the research community about such questions on a regular basis. Memoranda of understanding (MoUs) have been signed with a number of universities and research institutions, including most recently the Wellcome Trust, with the intention of exploring common interests in cultural practice and research, including health and wellbeing. The Arts Council is now represented on the 'special interest group' (SIG) for arts and health run by the Royal Society for Public Health (RSPH), whose remit is to develop and disseminate better research and evidence for this work, as well as to support and inform public health practice. The Arts Council is also supportive of major new research initiatives, such as the MARCH project, which has very recently been awarded funding to explore arts and mental health, and is in contact with the Early Career Research Network established by Dr Daisy Fancourt, which is working towards more interdisciplinary research in this area.

In all these developments, the Arts Council sits at the convergence point of research, practice and policy – each of which feeds off the other. As the response to the Research Grants Programme showed, there is also a hunger across the cultural sector for enhanced, additionally resourced research and evaluation, and a willingness to work with higher education and other research bodies to explore the value and impact of their work. The evidence base described in this report is constantly evolving, with new and different kinds of research appearing at an increasing pace and this can only have a beneficial impact on improving practice and developing policy.

0.3 Preliminary note on scoping the evidence base

Given the sheer volume of research and evaluation material available, this report cannot attempt a systematic evidence review or provide fully comprehensive coverage of such a rapidly growing evidence base. It focuses instead on identifying the key themes and trends in evidence-building that are most relevant and likely to be of most value in developing the conversation around future strategy.

The focus here is on academic research, which is usually peer-reviewed, with some reference to other literature where relevant, including book publications by leading authorities and researchers in the field. There is a growing body of so-called 'grey literature', including evaluations, that would provide a much more comprehensive picture of the range of effective projects taking place, but the lack of standardised measures and methodologies means that they are not always suitable for citation here.

The first major evidence reviews in both arts and health and arts in criminal justice appeared almost at the same time around 15 years ago. In health, it was Rosalia Staricoff (2004). In criminal justice it was Jenny Hughes (2005) who first examined the evidence and theory base for the arts in criminal justice. Since then there has been a series of further evidence reviews, including the Arts Council's own in 2013, and a rapid growth in research papers, in systematic reviews that focus on particular strands of activity, and in bold attempts to synthesise research – for example to derive quantifiable data from a series of qualitative evaluations of similar projects.

Our selective approach to research and evaluation in each field of practice is described in the introduction to each of the two following chapters. The structure of these chapters is not uniform, but rather tailored to reflect the specific context of, respectively, criminal justice and health and wellbeing.

Detailed references can be found in the bibliography.

Chapter 1

Arts and culture in the criminal justice system

1.0 Introduction

Context and rationale

The last decade or so has seen: a renewed political focus on prison reform; a change in structures within the criminal justice system (including significantly greater autonomy for prison governors); a new approach to tackling reoffending through desistance theory and social reintegration; a growth in academic research into the field, including the flourishing of prison university partnerships; the increasing professionalism of the cultural organisations and artists in the field, including the development of theories of change guiding this work; a discernible refocusing of some of these organisations towards a clear definition of what quality looks like; and more frequent collaborations between these specialists and 'mainstream'/non-specialist cultural partners to create new work and/or promote greater public awareness and understanding.

As if to highlight the growing profile of arts and cultural work in the criminal justice system, a special 'arts in prison' edition of the *Prison Service Journal* was published in September 2018, just as this report was going to press. Although too late to cover in this summary of evidence, the 10 papers included represent a wide range of research findings from storytelling, theatre, music and visual arts interventions in the secure estate across the country – from an analysis of 'carceral geography' based on *Sweatbox*, Clean Break's play set in a prison van, to an examination of music as a 'technology of the self', where listening to and sharing music can provide emotional respite as well as social exchange. This publication is a positive step towards conveying the richness and variety of such projects and the range of practices they represent.

Before examining what evidence and knowledge this body of research has so far produced, it is important to emphasise that it gives only a partial account of the richness and variety of projects and the range of practices they represent. This is a field of cultural work that has developed organically over several decades, and there is no overall template or formula for how arts and cultural projects should be run.

Not every prison governor, for example, invites artists in to provide a route to desistance (the cessation of offending); some just want to make their prison a more creative, happier and, therefore, safer place. Agreeing to an intervention may or may not mean that the partners share all the same aims and objectives or the same theory of change.

An intervention might focus, for example, on encouraging and motivating offenders to express themselves through dance. For the practitioner who believes that engagement in the arts is a question of social justice, that outcome (seeing prisoners dancing and feeling a sense of freedom) may be enough validation. Or they might also want to create new choreography with the prisoners that can then be performed to fellow inmates, the prisoners' families and friends or even a wider public.

For the prison, the impact of this cathartic process on offender behaviour may be valued in a range of ways: as a contribution to desistance; as a means to improve 'compliance'; as a way to build a better social climate in the prison; or simply in allowing offenders to participate in arts and culture as their human right.

Note on methodology

This chapter reviews what the evidence base can tell us about the impact of arts and culture – first in terms of meeting the criminal justice agenda, which is focused on desistance, and then in broader terms, moving from a ‘what works’ perspective to ‘how it works’. Having scoped the existing research, new and emerging areas for research are suggested, along with a summary of current initiatives trying to bring together research, policy and practice as we move forward towards a clear, coherent and embedded role for arts and culture in the criminal justice system.

Research consulted

- The main repository for research and evaluation in this field is the NCJAA Evidence Library. This report draws on all peer-reviewed and other evaluation and research papers submitted to the Evidence Library since 2010. Wherever possible, all this material was downloaded and reviewed in order to help produce the following analysis of key themes, and also to identify any gaps in evidence.
- All the evidence reviews published since Jenny Hughes (2005) have been consulted.
- As no papers on arts and criminal justice were submitted to the Arts Council’s general call for evidence earlier this year, a late request was made to a number of leading researchers in the field for their most recently published work. This included a range of papers that had not yet been submitted to the NCJAA Evidence Library. This material has helped to identify more recent trends in research, and what kind of data and other evidence is currently emerging.
- Additional evidence was found through internet searches.

1.1 What works?

The criminal justice question

The criminal justice system poses one fundamental question to the cultural sector: can arts and culture make a contribution to reducing (re)offending?

Trying to make the case that arts and culture can deliver a reduction in reoffending statistics has always been highly problematic. Those who have considered the evidence seem to concur that any short-term intervention is unlikely to have that kind of immediate impact.

Understanding the value of arts and culture, the report of the Arts and Humanities Research Council (AHRC) Cultural Value Project, observes that there are more fundamental socio-economic forces in play that impact on reoffending:

If we ask that arts in prisons reduces re-offending, we find that the many variables involved in influencing this outcome make it very hard to isolate the effectiveness of any single one, especially when that activity will be less powerful in the short-term than factors such as employment, personal relationships and housing.

Crossick and Kaszynska, 2016: 153

In recent years, a literature has grown around a more nuanced approach to stopping reoffending. While the ultimate goal has remained the same, reaching it is now seen as a process: this is called ‘desistance’.

In his foreword to *Reimagining Futures: Exploring arts interventions and the process of desistance*, published by the NCJAA in 2013, Tim Robertson explains the change:

Re-offending data shows simply that an offender has or has not been caught committing a crime during a particular time period. It does not usually take into account the frequency or severity of the offending, and cannot say how likely the offender is to commit crimes in the future. Desistance research looks for a change on a more profound and permanent level, in which an offender ultimately achieves a new identity – a selfhood free from crime.

Bilby et al, 2013: 2

Desistance is a theory of change adopted across the criminal justice system. The usefulness of desistance theory, which emphasises the need for a holistic, flexible and person-centred approach to supporting people who have offended and who wish to stop, has been recognised by government and been incorporated into the NOMS Commissioning Intentions 2013/14 document and the MoJ response to the Transforming Rehabilitation consultation, *A Strategy for Reform*.

The desired long-term goal is to stop offenders reoffending, and to release them back into society as non-offending citizens once they have served their sentence. Working back from this goal, the conditions – or outcomes – that need to be in place have been identified and codified. This outcomes framework allows for evaluation and measurement of progress towards desistance. This means that the outputs of a particular activity or intervention, such as an arts project, can be assessed in terms of their contribution to this wider systematic change of turning offenders into non-offenders.

Even so, the challenge of demonstrating that a cultural intervention has had a measurable impact on the process – the ‘intermediate outcomes’ – of desistance remains daunting.

This is illustrated in the evidence assessment carried out by the National Offender Management Service (NOMS) (the precursor

to Her Majesty’s Prison and Probation Service [HMPPS]) in 2013. It asked what evidence there was of a direct relationship between arts projects and reduced reoffending and ‘what positive intermediate outcomes, apart from reductions in reoffending, have been claimed, hypothesised or demonstrated to have been brought about (partly or wholly) by arts projects’. It sought to discover whether there were ‘established or plausible links between the (‘intermediate’) outcome in question and reductions in reoffending’ (Burrowes et al, 2013: 2). Of the 2,028 papers it considered, only 16 met the criteria for review.

This was, the authors stated, not a reflection on the quality of projects or practice but simply an indication of how little research there was which demonstrated that cultural participation had had a direct (ie immediate and measurable) impact on positive criminal justice outcomes.

However, in their seminal paper, ‘Inspiring Desistance? Arts projects and “what works?”’, McNeill et al concluded that ‘while it is unreasonable and unrealistic to expect Arts projects in and of themselves to “produce” desistance, there is evidence that they can play a vital role in enabling prisoners to imagine and embark on the desistance process’ (McNeill et al, 2011: 1).

Following its evidence review, NOMS recommended the development of measures for the desistance process that arts and culture and other voluntary sector organisations could use to track progress. It subsequently commissioned the IOMI (Intermediate Outcomes Measurement Instrument) toolkit, developed by a research team led by RAND Europe in partnership with ARCS UK and the University of South Wales. This is now in the process of being published, although it has already been extensively trialled by some of the organisations that participated in the initial pilot. Questionnaires are used to measure progress on the following ‘dimensions’ of desistance:

- resilience
- agency/self-efficacy
- hope
- wellbeing
- motivation to change
- impulsivity/problem-solving
- interpersonal trust
- practical problems

O’Keeffe and Albertson (2016) argues that acquiring human and social capital is part of the desistance process, alongside ‘developing and maintaining hope’ and ‘fostering personal and social strengths and resources’. They break down the critical factors in this change process that leads to desistance:

- cognitive processes, eg how people interpret their life situation, the extent to which offenders accept or reject the ‘offender identity’, and levels of self-motivation
- external structural factors, eg finding employment, having somewhere to live, and changing friendship groups
- human and social capital, including the role of family and relationships, hope and motivation, having something to give, having a place within a social group, not having a criminal identity, and being believed in

O’Keeffe and Albertson, 2016: 498

This approach lays out what personal and behavioural changes might help an offender to desist from offending, sooner or later – desistance being ‘a challenging and lengthy process that can involve an individual lapsing and relapsing’ (Clinks, 2013: 9). It has opened up new ways for researchers to identify where engagement in arts and culture might play a productive part in that process.

While arts and culture programming ‘cannot realistically address obvious and proven precursors of offending such as unemployment and lack of housing’ (Cheliotis, 2014b: 22), many practitioners and researchers argue that, by helping to build a stronger sense of responsibility and agency and greater confidence in one’s abilities and in engaging with others – results noted across the research and evaluation literature on arts interventions – the ex-offender is better prepared to confront these practical challenges, whether they are about tackling addiction or reengaging with family and friends or other areas of their daily lives once they are released. Some arts interventions do result in a higher take-up of formal education programmes in prisons, better preparing the prisoner for the world of work; others are directly creating pathways and partnerships to employment for ex-offenders. The desistance process extends beyond prison to probation and the outside world that most prisoners will return to.

1.1.1 Scoping the evidence for impact on desistance

A long-term qualitative study of a five-year music programme in a Chicago juvenile detention facility found two main reasons for inmates enjoying the programme. The most frequent coded category in their responses put competence and positive feelings at the top, achieved through learning, creating something new and having a sense of accomplishment. Creativity was linked to competence and autonomy as well as, institutionally, to the ‘Good Lives Model’ of detainee development. The researcher concluded:

... the nutriment of creativity is required for competence and autonomy, *especially* in a space such as a detention center [sic] where there is little or no room to be creative.

Hickey, 2018: 15 (author’s italics)

Research shows that cultural interventions can ‘help an individual to recognise their strengths and can build self-esteem and self-confidence’ (Clinks, 2013: 6). The development of agency and self-efficacy is critical to the process of desistance: the imagining of a different self. Crossick identifies that this is where the arts can make the most impact. Self-management, increased self-control and better problem-solving skills can flow from a more secure sense of self, and of the potential for change. A number of papers suggest that arts projects can have a positive impact on how people manage themselves during their sentence, particularly on their ability to cooperate with others – including other participants and staff.

This focus on the positive rather than the negative and on exploring possibilities for change is noted by many researchers as a key characteristic of arts and cultural projects. For example, Kougiali et al note that participation in music programmes ‘contributed to the restoration of a sense of normality and assisted in envisioning a different, proactive and future-focused version of self’ (Kougiali et al, 2017: 14). This strengths-based approach tallies with the notion of ‘positive youth development’ in the US, which derives from self-determination theory, where such projects encourage ‘competence, autonomy and relatedness’ (Hickey, 2018: 15). Parker et al show how the respondent narratives presented in their paper highlight the potential for music-making as a way of helping marginalised youth in educational settings to develop trusting relationships with others. This is one of several ‘intermediate outcomes... linked to desistance [sic] from delinquency’ and that has a positive impact on ‘the lives of participants and their wider environment’ (Parker et al, 2018: 13).

Changed behaviour and attitudes can lead to a more positive approach to what opportunities might exist to use time more productively. The evaluation of HMP Grendon’s artist-in-residence programme showed significant evidence that participation increased creativity and technical abilities and subsequently

greater confidence and more constructive use of time (Caulfield, 2014). As a result of arts projects facilitating high levels of engagement, Bilby and others argue, participation in formal education and work-related activities increases.

In its research on the Summer Arts Colleges (an unpublished summary of which was submitted for this report), Unitas found a statistical causal chain, especially in self-efficacy in ‘before and after’ scores in literacy and numeracy:

Overall it looks like we have an explanation in statistics for how a summer arts college can lead to greater improvement and engagement in numeracy and literacy – via specific confidence in the arts and then in turn to general self-confidence which transfers to specific self-confidence in other skills.

Employment is another critical pathway to desistance ‘through the gate’, as ‘unemployment [is] more likely than not to precede offending, to follow a prison sentence, and then to precede reoffending.’ It is one of the major factors in improving rehabilitation, resettlement and reducing reoffending, yet in prison work is mundane and repetitive and ‘rarely linked to resettlement objectives’ (PRT, 2017: 14). Another paper suggests that ‘for sustained change, interventions should focus on improving individual motivations associated with employment’ (McGuire-Snieckus and Caulfield, 2017, unpaginated). Hurry et al (2006) reports that offenders who took part in employability initiatives were more likely to be employed six months later than those who did not in six out of seven studies.

In their evaluation of Talent 4..., an international arts-based programme involving six European countries and 234 prisoners, McGuire-Snieckus and Caulfield measured improvements on three areas designed to facilitate ‘vocational self-determinism’. They found that:

... supporting prisoners and the long-term unemployed to articulate employability goals had a positive effect on personal growth as

well as understanding of individual strengths and weaknesses with respect to work, employment, problem solving and thinking styles.

(McGuire-Snieckus and Caulfield 2017: Abstract)

In what might herald a promising and relatively new direction for cultural interventions, HMP Downview and the London College of Fashion (LCF) have been collaborating on a workshop project, Making for Change, funded by HMPPS. This aims to train women offenders to take levels 1 and 2 ABC qualifications in fashion and textiles and help them source jobs on their release. LCF is setting up a training and manufacture facility with a housing association to support graduates and other ex-offenders, thus breaking barriers for offenders with skills in the industry and reducing re-offending among the participants in the process. The hope is that this model can be replicated across the prison estate and help more offenders.

In an evaluation report on the project to be published later this year, Laura Caulfield et al measured improvements in health and wellbeing, social skills and confidence, and aspirations for a positive crime-free future. Participants 'feel inspired and empowered for the future, and wish to use their newly developed skills. Such experiences are closely linked to concepts of secondary desistance' (Caulfield et al, 2018: 38).

As this paper explains, however, the aims are wider than 'supporting the offender', as there is a genuine skills gap in the London garment manufacturing industry (ibid: 19). This project is also unusual in focusing on the quality of the work produced. One of its findings identified the need to implement a consistent definition of 'high-quality' garment manufacture. The research focus has moved from simply assessing social and behavioural impact to explore the creative outcomes of arts and cultural interventions. This is an area markedly underexplored across the research literature.

1.1.2 The quest for quantifiable evidence

As noted, much of the research into arts and culture in the criminal justice system focuses on how far such interventions contribute to desistance and thus to reduced (re)offending – in short, they primarily address questions framed by the criminal justice objectives.

In such research the objectives of arts programmes can be summarised as assisting with the resettlement process and the transition into education, training and employment, aiming to enable prisoners to express themselves and make a change in their life. Target outcomes can range from 'hard' – rates of transfer into education, training or employment and literacy development – to 'soft', such as increased self-esteem, improved social skills, enhanced relationships, taking increased responsibility for offending behaviour, and positive changes in self-perception.

While some researchers have concluded that arts and culture can have an impact on desistance, there is continuing debate about how that can be proven or measured to the satisfaction of the commissioners and funders:

... it is unlikely that arts-based interventions will lend themselves to randomised control trials, the so-called 'gold standard' for evaluation. Issues around attribution are likely to be problematic as substantive change in offending behaviour is rarely achieved from a single intervention but is often the combination of interventions, sequenced to support the case management process, which enables change to be embedded in a person's future lifestyle.

O'Keeffe and Albertson, 2016: 509

In recognition of the fact that most voluntary sector interventions (including those by arts and cultural organisations) are hard to evaluate in terms of their impact on reducing

reoffending rates over a given period, given their small sample sizes and almost entire lack of control groups, the MoJ set up the Justice Data Lab in November 2014. This provides matched controls to evaluate the impact of specific interventions in terms of the impact on reoffending rates. It also offers support for modestly resourced arts and cultural organisations to test experimentally how far they are influencing offenders to cease offending; of the four such organisations that have participated so far, one has produced statistically significant (positive) results for its impact on recidivism.

RCTs remain very difficult to organise in the criminal justice context, where sample sizes are small and a control group hard to identify, but a rigorous experimental approach has been taken by Unitas, which will shortly publish the results of its three-year research programme with the Law School at the University of Derby (funded by the Arts Council) into the impact of the Summer Arts Colleges programme for young people in the community youth justice system.

Research into prevention of youth (re)offending, is, as in the adult estate, focused on hard outcomes, in this case demonstrating how arts and culture can divert young people from crime and (re-)engage them in education, training or employment. By comparing participants' scores in literacy and numeracy with a control group, alongside psychometric tests and interviews as well as a literature review, Unitas has identified the importance of improved self-efficacy, locus of control, basic skills and achievement of Arts Award as positive outcomes for young people and is now exploring how this has been achieved.

Some of the papers reviewed here employ a range of systematic measures that have been adopted through, for example, social science or mental health surveying, employing recognised wellbeing scales or through setting targets towards desistance or using some other form of measurement. Youth Music, for

example, uses a range of evaluation tools around wellbeing, covering behaviour, attitudes and aspirations, while Rideout measures the impact on educational progress and how, by taking part in arts and culture, ex-offenders can step into education with validated skills.

Other projects are measured in terms of reduced 'incidents' or increased compliance with criminal justice orders and regimes, also considered a step forward in the desistance process. These last two clearly lend themselves to quantitative data collection, as illustrated by one youth offending service, where a control group was used to demonstrate that young people were better motivated to follow an offender behaviour programme as a result of engaging in a cultural programme.

While most research focuses on offender behaviour and how far cultural interventions might affect it (what one resident of HMP New Hall described to me as 'repurposing' offenders), some researchers are exploring what part the social climate and physical environment might play in the desistance process. This, too, can be measured, through such evaluation tools as the Essen Climate Evaluation Schema, developed originally for use in forensic psychiatric wards. This is a reliable and valid assessment of the social climate in secure settings, which has important clinical and theoretical implications.

The impact of ongoing creative activity in a prison setting, where both staff and prisoners feel safer and the culture more cohesive, is a good argument for governors to support this kind of work – and may also provide a good basis for desistance.

1.1.3 Weaknesses in quantitative analysis

Several papers point out that there are inherent weaknesses in methodologies that seek to assess impact through quantitative

measures. For example, a Rideout drama programme used a range of measures – the Aspiration Index, Perceived Competence Scale and four bespoke questions devised by Rideout itself – but the research concluded that:

While the self-assessment measures have demonstrated good psychometric properties of validity and reliability across a range of settings, self-report assessments are inherently limited due [to] concerns of social desirability (the tendency to rate oneself according to socially approved behaviour). Furthermore, self-assessment tools are based on the assumption they reflect pre-existing states of mind, and not ones generated by the questions themselves. It has been argued that by completing questionnaires, the items might frame the reference for participants, thereby creating cognitions that may not have existed. There is also much evidence to demonstrate discrepancies between self-evaluations and evaluations made by others.

McGuire-Snieckus, 2017: unpaginated

This concern is also raised in Daykin et al (2017), where two questionnaires commonly used to measure wellbeing (the GHQ12 and the Warwick-Edinburgh Mental Wellbeing Scale) were applied to a music-making project in youth justice settings. They describe the ‘challenges, dilemmas and feasibility of undertaking research in complex youth justice settings’, which included group banter, the fact that staff were present, and that some young people were clearly providing random and unfocused responses to the questions:

We were therefore obliged to conclude that the scores from the questionnaires are likely to be unreliable and possibly mask underlying emotional and psychological health issues.

Daykin et al, 2017: 5

Like many other researchers in this field, such quantitative approaches were triangulated with other methods to draw out more nuanced findings, in this case participant observation, semi-structured interviews and focus groups. To bring the same rigour to these more qualitative approaches, the team then used thematic analysis, guided by principles of analytic induction, using the constant comparison method and trying to treat this data comprehensively; this iterative and intensive scrutiny of qualitative data was assisted by data analysis software (NVivo-10). Even then, however, demonstrating lasting impact would probably not be feasible as tracking participants once they have left the justice system is very difficult.

Churn in the prison population certainly presents ongoing difficulties in longitudinal tracking but, given the profile and situation of most offenders, there is also a question mark over how far they can be motivated to engage with ‘outcome measurement activity’ in the first place. Indeed, some may actually ‘lack the self-awareness to reflect on progress made’.

1.1.4 Conclusions on the impact on desistance

The *Cultural Value* report argues, on the basis of its own evidence review, that the arts can facilitate ‘personal insight, increasing empathy and respect for others’ and can ‘change how we perceive ourselves, relate to others, and make sense of our world’:

These attributes contribute to what we understand as factors predicting desistance from crime and set a research agenda to address: self efficacy, development of social capital...

Crossick and Kaszynska, 2016: 42

The NCJAA claims that, cumulatively, the evaluation and research represented in its Evidence Library identifies a strong benefit for individuals of arts interventions in terms of desistance factors.

In his critical review of the empirical research literature on the 'secondary' or 'soft' contributions arts-based programmes may make to the process of desistance from crime, Cheliotis and Jordanoska (2016) looked at evaluations of arts-based programmes run by practitioners in prisons and identified three areas thought to advance desistance:

- psychological and attitudinal changes: 'particularly significant given that rates of psychological conditions like depression and associated problems like self-harm repeatedly exceed those in the general population'
- increased learning capacity and motivations
- social skills building

McNeill's evidence review (2011) provided evidence that arts projects often support the development of better relationships between prisoners, between prisoners and staff, and between prisoners and families. It also suggested that arts interventions play an important role in:

- improving self-esteem and confidence
- developing communication and social skills
- enabling people to work as part of a group

In both reviews, relationships and personal and social skills were developed, along with a strong identity as a learner. The programmes 'contextualised and activated learning through the arts'. Other studies conclude that cultural interventions reduce 'risk factors' and increase 'protective factors', including social support and new role models in their peers and cultural facilitators.

There seems, then, to be general agreement that arts interventions cannot be expected to provide the 'event' of desistance but can instead help to create the conditions for the process. In its 2013 rapid evidence assessment, NOMS concluded:

... it may not be realistic to expect arts projects to bring about the kinds of major

cognitive or behavioural change that, theorists tell us, is needed in the process of desistance. Instead, the value of the arts may be in triggering processes of change. Rather than leading directly to a reduction in reoffending, arts projects may help to engage offenders with the idea of change, provide offenders with a way of expressing themselves, provide a positive experience while in custody, and help offenders to imagine an alternative future for themselves – all of which may be important in the process of desistance.

Burrowes et al, 2013: 12

A considerable amount of research into the impact of these interventions has been qualitative, using narratives and case studies, but the publication this year of the IOMI framework by HMPPS will, hopefully, provide a way of measuring this quantitatively through coded questionnaires, using the following 'dimensions of desistance' (see p. 13)

These dimensions can be matched and identified with the effects that arts and cultural interventions can have on offenders. As discussed earlier, the acquisition of these personal skills and affordances can prepare an ex-offender to tackle the practical problems, such as housing, that can inhibit the development of a non-offending identity.

1.2 Why it works

Taking a different approach

There are clear reasons why the cultural sector engages with the desistance framework and why the research community tries to build robust evidence of its impact in terms precisely defined by the criminal justice system. Essentially, this is about 'making the case': seeking support from those who host interventions, such as prison governors and, more strategically, from government agencies and funders of social justice programmes.

However, if – as part of the larger 'what works' framework now applied to many of our

public services – the main focus continues to be simply on whether ‘it works’, then the question of ‘how it works and why’ may be left out. Even from a purely instrumentalist perspective, not to consider what it is about arts and cultural interventions that might make them work seems a missed opportunity.

In a Realist Evaluation Framework (Pawson and Tilley, 1997), it is critical to understand and then constantly refine the ‘mechanism’ driving the desired change. The context and the (criminal justice) outcomes for this work have been explored already; this section looks more closely at what the evidence base can tell us about the mechanisms at work.

Whether or not directly influenced by the notion of ‘realist evaluation’, some research does go beyond the merely transactional aspect of cultural interventions – whether and how far input x produces outcome y – to explore the context for this work in more detail. Some also usefully investigate the ‘how’ of projects, identifying what may be the mechanisms that make a project effective.

1.2.1 Defining the context for the work

In terms of understanding the wider context for this work, a number of studies point to some fundamental givens: the immediate circumstances of being convicted of crime, incarceration and institutionalisation and the unresolved tensions in the justice system between punishment and rehabilitation.

Many offenders are by definition already stigmatized individuals, due to socio-economic deprivation, low levels of literacy and numeracy, poor educational attainment, mental health issues, and physical and/or learning difficulties. The stigmatizing terminology of ‘offender’ itself is a label that is unlikely to help in the process of desistance.

The carceral environment is, essentially, a site of punishment and deterrence rather than reform. Even those not held in custody share

to some degree the effects of incarceration and the loss of liberty, which in turn inhibits personal agency and development.

Maintaining organisation of the self requires ‘empirical validation in daily life’. It has been argued that prison can undermine autonomy and self-initiative, especially amongst those who have been imprisoned for long periods of time... often leading to beliefs that life is controlled by powerful others.

Kougiali et al, 2017: 17-18

Piotrowski and Florek explore this impact of ‘prisonization’, where the prisoner must adapt to ‘a monotone, routinized environment’, a ‘total institution’ restricting the social life and self-expression of the individual, who is already isolated from family, friends and their home community. That produces a range of symptoms: ‘dependence on institutional structure and contingencies, hypervigilance, interpersonal distrust and suspicions, emotional over-control, alienation and psychological distancing, social withdrawal and isolation, incorporation of exploitative norms of prison culture, diminished sense of self-worth and personal value. It may also cause post-traumatic stress reactions’ (Piotrowski and Florek, 2015: 1).

As Daykin et al discuss in their paper on a music-making project across eight youth justice sites, including a secure care home, the youth justice environment is equally challenging with its ‘general atmosphere of transience, disruption and sometimes apparent chaos’, making any intervention difficult (Daykin et al, 2017: 6). Hickey summarises the ‘basic human goods’ that are often blocked by any detention sites: ‘competence, autonomy and relatedness’ (Hickey, 2018: 15).

Thirdly, the criminal justice system is highly institutionalised with non-negotiable rules and regulations and with set ways of working, again reducing agency and stifling self-expression.

The effectiveness of arts and cultural interventions in the criminal justice system therefore depends on an understanding of this overall context. *Stigma* is critical in understanding and contextualising 'offender behaviour', *incarceration* is critical in appreciating that the environment (both physical and social) has a significant bearing on that behaviour, and *institutionalisation* is critical in understanding that not only is this another way in which prison does not offer an easy route to desistance but that it is also a challenging and complex structure to 'intervene' in, as an artist or cultural practitioner from the 'outside'.

Although most research in this field is focused on results, it does provide some insights into the ways in which arts and culture sets about achieving those outcomes.

1.2.2 Identifying how and why it works

Pedagogical approach

First, there is pedagogy, or how the artist or cultural practitioner engages and works with offenders. The best interventions are personalised, responsive to participants' individual needs, and participative, enabling individuals to begin to redefine themselves.

Instructors on programmes analysed by Kougiali et al were 'non-directive, nonauthoritative, and nonjudgmental, encouraging creativity rather than employing a unidirectional teacher-centred approach'. In this, they follow a 'democratic pedagogical approach' whereby:

- the teachers act as facilitator
- musical knowledge is perceived as creative self-expression
- the classroom is community, and
- performance is action

Kougiali et al, 2017: 15,19

What this requires in practice is a range of skills:

[The musicians] needed to be flexible, compromising and adaptive... [They] had to establish rapport very quickly, set realistic expectations, manage group dynamics, cope with disruptions and make the best use of scarce resources (space, time and equipment), while balancing the sometimes conflicting needs of participants... the skills and aptitudes of the musicians emerged as a critical mediating force.

Daykin et al, 2017: 7,11

Researchers and often supportive prison staff note that prisoners respond in a different way to an artist than they might with one of the education staff. The status of cultural practitioners as professional artists can be highly significant in their impact on participants and thus the success of the project. The 'destigmatising' effect that this can achieve is encapsulated in this revealing comment from a young offender:

They treated you like a normal person, not like a criminal. Some of the gobs in here, they see it as, like, 'you're a criminal', like, 'an' we don't care'.

Daykin et al: 8

Participation, 'group climate' and sharing

Participation itself can be an effective and pleasurable way for prisoners to explore their capabilities.

Taking risks, being vulnerable in front of others and overcoming these feelings led, in turn, to a sense of pride and achievement... Within a climate that favoured open expression of feelings prisoners sought group membership, engaged actively, worked together and contributed equally in the music outcomes.

Kougiali et al, 2017: 16

Interestingly, given the endless debate around 'process' and 'product' in socially engaged culture practice, several researchers have found that prisoners being able to perform or show what they have created during the process is powerfully affirming and contributes to the desistance process.

McNeill et al, for example, write that prisoners involved in arts-based interventions in Scotland who took part in public performances or exhibitions before their 'significant others', were able to develop a new personal and social identity, as an artist or performer (McNeill et al, 2011). This kind of experience helps to confirm to the individual that they can positively change their identity or character and progress towards desistance (Clinks, 2013: 6).

Creating an affective space

It made you feel like you're somewhere else.

Young offender, quoted in Daykin et al, 2017: 8

In their examination of a dozen qualitative accounts of the impact of music-making in prisons, Kougiali et al identified two themes: the therapeutic effects of music and the therapeutic processes within groups. The authors discovered that these activities create 'affective spaces that prisoners can escape to and use as a way to cope and regain hope before returning to their everyday routine'. Both 'spatially but also temporally nullifying', these sessions seemed to reduce the time spent 'in prison' (Kougiali et al, 2017: 12).

The authors describe these processes as 'rhizomatic', using Deleuze and Guattari's notion of the rhizome as 'non-hierarchical, multiple, complex and nonlinear, with ceaseless and shifting connections, attractions, meanings, and influences'. As in other arts and literature-based 'growth-oriented' programmes, these processes are 'stretching and remedial, or healing', offering

'a means through which prisoners could express their feelings and alleviate the stress caused by an overwhelming captive experience' (Kougiali et al, 2017: passim).

Another researcher writes of two levels of interconnectedness between the spatial and the therapeutic as 'emotion zones': 'socially safe spaces' disrupting prison space and time. This can be related to a phenomenon that any visitor to a prison might see, where an inmate has turned their cell into a kind of gallery or museum, where objects and pictures speak of their agency and their desire to 'make their own spaces, material and imagined' outside, as it were, of carceral space.

Artform affordances

Although there is much yet to be researched in this field, some recent work has focused on what a particular artform or cultural discipline can bring to a project and to the process of desistance. A dance project, for example, can enable offenders to literally carve out a space of freedom where, unselfconsciously, they can interact with their peers in an intimate and expressive way. A drama class can foreground both physical and emotional intimacy, as in the work of Clean Break. Two examples evaluated in the evidence reviewed here were in literature and music.

Literature

The idea of 'rewriting' one's life story, deliberately changing the script from an offending to a non-offending narrative in order to support the process of desistance and re-joining society was developed by Shadd Maruna in *Making Good* (2001). Maruna proposed that the offender would be able to 'make sense' of their criminal past by setting it in a reformed present.

Drawing on this work and on existing research into bibliotherapy, Colvin (2015) combines this idea of the 'redemption script' with literary and cognitive theory and experimental psychology to argue that literary

fiction can enhance the theory and practice of narrative work with offenders. The 'complex contradictions, shifts and ambiguities of human experience' that literary fiction offers can usefully challenge the oversimplification of personal change. Rather than turning in one plot move from 'bad' to 'good', these narratives offer a more realistic story, reflecting the temptations and failures that are part of the 'zigzag' journey towards becoming a non-offender. Engaging with such stories both challenges the reader and reassures them that things are not just black and white in life: complexities have to be negotiated.

Music

Daykin et al explore what music uniquely offers and how it does so within situated action:

Rather than participants simply receiving music, or music serving to depict society... [the] focus is on what music makes possible, including physical action, thought, emotions and social relations... they are not automatically accessed: they can be realised only through active appropriation.

Daykin et al, 2017: 3

The researchers argue that this activity is not like a prescription drug that can produce a set response:

Rather, musical affordances, including speech, thought and action, are actively appropriated by participants in situated contexts. The music activity allowed the young people a certain level of exuberance and spontaneity in what were otherwise extremely restrictive environments.

ibid: 11

1.3 New areas for research

As this account of the evidence base may have implied, there is potentially a much wider terrain for research than is currently being pursued. 'Towards a rounded evidence base', concluding this report, suggests a range of alternative methodologies to experimental approaches that may be applicable for cultural interventions both in criminal justice and health and wellbeing. In the following section, new areas specific to the criminal justice work are proposed, both to help practitioners and other stakeholders make a better case for this work and to find ways to understand and improve practice.

Through the gate: social reintegration and resettlement

This lack of a connection between 'being inside' and the outside world is also writ large across the research, where there is considerably more attention paid to work in secure settings like prisons than with most offenders, who serve out their sentence in the community. Only in the case of young offenders, most of whom are no longer held in custody, and young people at risk of offending, is there a substantial body of research about cultural work with offenders 'on the outside'. Equally, there is very little research on cultural provision for ex-prisoners following their release.

The limited research on the part that culture can play in resettlement suggests that, as an arts intervention is unlikely to trigger desistance by itself, this process of change needs to be supported and sustained through programmes like the Koestler Trust's mentoring scheme for former prisoners (Cheliotis, 2014a). As very few offenders will remain in custody for long and will at some point return to live alongside us, research and policy urgently need to address what should be put in place to support people 'through the gate'.

That this may require more than simply focusing on offender rehabilitation is illustrated by Discovering Desistance, an Economic and Social Research Council (ESRC) knowledge exchange project based in Scotland, which is currently exploring the other side of the desistance process: social reintegration. Distant Voices, an action research project it runs, engages offenders in popular music, politics and other disciplines not to 'correct' them, but to explore and change 'how they are received when "coming home" after punishment'. The project aims to improve academic and public understanding of social (re-)integration after punishment, to develop innovative practices to better support (re-)integration, and to better engage a range of citizens, communities and civil society institutions in re-integration. (McNeill et al, 2011: 1)

Impact on public opinion

... ex-offender integration is not only a matter of coming to embody positive changes in the ways in which one narrates one's present and future to oneself. Ex-offender integration is also, and just as importantly, a 'relational' matter insofar as it requires that one communicates the fact of (or, at least, one's efforts towards) personal reform to one's community.

Cheliotis, 2014a: 81

The reintegration process is challenging, given what has been a largely negative media and public narrative about crime and punishment. Arts and cultural work with offenders has often been vilified, particularly in the tabloid press, as providing unearned privileges for criminals. That attitude has at times even influenced government policy.

As this affects 'making a case', there is a need for further research into what impact work shared with the general public, such as the annual Koestler Trust exhibition at the Southbank Centre, has on this narrative. The

Shakespeare trilogy set in a women's prison, created by Donmar Warehouse with Clean Break Theatre Company; the Ikon exhibition of Edmund Clark of his work at HMP Grendon; the work that the Watts Gallery creates with HMP Send: these and more low-key occasions, when prisons share inmates' work, need to be evaluated for their impact on public awareness and opinion about the criminal justice system. Research is needed into how the prisoner's voice is made audible through such collaborations and with what social and political effect.

Sectoral studies

In 2014 the NCJAA published a report, *Write to be heard*, exploring the impact of a creative writing programme designed to engage 'hard to reach' learners in prison. A creative writing competition was held, incorporating a schedule of workshops in 28 prisons, encouraging entrants to write pieces for broadcast on National Prison Radio (NPR). Using qualitative and quantitative data, the report established a link between the participants' positive experiences of attending workshops and entering the competition with factors that influence desistance (Hurry et al, 2014).

This kind of sectoral study is highly unusual and could be usefully replicated to research a number of aspects of delivery, practice and impact that would be difficult to achieve through a single site.

Impact of physical environment

A meta-analysis of 15 longitudinal studies in 2014 called for more primary studies on the effects of environmental factors on the mental health of prisoners – architecture, the size of cells, the number of inmates in each cell, communal space and light. The role of the physical environment is generally omitted, even in studies on resilience in prisoners (Piotrowski and Florek, 2015).

Comparative studies

There is very little comparative research examining the impact of different kinds of intervention, such as psychiatric or cognitive behavioural therapy (CBT), or the impact of using different creative disciplines. *Re-imagining Futures* is a rare example of study covering a range of artforms: music, visual arts and theatre (Bilby et al, 2013).

International research exchange

International research exchange is underdeveloped, although the NCJAA has recently shared its Evidence Library with its US counterparts.

Critiquing practice

A significant absence in much of the current evidence base is any deep examination of how the practice of arts and culture in the criminal justice system is understood within wider economic, social and political conditions and discourses – or indeed, how (or if) this work relates to cultural practices outside the system.

Researching the politics of practice

In her discussion of prison theatre as ‘the vehicle for and articulation of a humanist concern for the ideological and material reform of penal practice’, McAviney argues that it may ‘contribute to new understandings about the role of incarceration as a mechanism of state punishment and how policy frameworks around criminal justice, arts and education play out in these practices’ (McAviney, 2017: 151,149).

This foregrounding of the political potential of the art created by prisoners themselves, whether produced independently or as a result of a cultural intervention, is also discussed by Cheliotis, who argues for its authenticity (Cheliotis, 2014b).

Research of impact on/by socially engaged cultural practice

Arts and cultural interventions in settings like the prison system are sometimes defined as a kind of sub-set of ‘socially engaged practice’, where practitioners have long debated whether the critical emphasis should be on the quality of the process rather than a final ‘product’. In arts in criminal justice projects, research shows that a sharing of what has been created can be read as reaffirming or reflecting back to the prisoner their new, ‘non-offending’ identity, thus potentially contributing to desistance. There is potential benefit in exploring what this and other aspects of work in the criminal justice system might contribute to current thinking in the wider cultural sector around the quality, value, and potential impact of socially engaged practice in general.

‘Care-full’ research

The ethics of research and evaluation in criminal justice settings, especially with vulnerable offenders, need further consideration. Chrissie Rogers is publishing two papers later this year, exploring what she calls ‘care-full research’, explaining that ‘particular types of data collection can be messy, chaotic and emotional’ (Rogers, 2018a, 2018b). One essay draws upon a care ethics model of disability that includes justice-based positions to understand social divisions, injustice and everyday experience:

In response to the continued dehumanisation of intellectually disabled people... home, school and prison life is influenced by the macro and micro politics of bureaucratic systems, that are increasingly restrictive and bounded and do not promote caring relations.

Historical and descriptive studies

There is a need for more historical and descriptive studies of the sector, detailing the context, exploring the range of techniques

and approaches used by arts practitioners in criminal justice settings and identifying political and other drivers. Caoimhe McAvinchey has been commissioned to write a history of Clean Break Theatre Company, which may be the first account devoted to a single company working in the field. Postgraduate work in the field is growing, so this may not be the last.

1.4 Research, policy and practice

Looking for an integrated approach

Meanwhile, the work goes on and artists and cultural organisations continue to evaluate their work as far as sometimes limited resources allow, while the research community continues to grow. There is a constant search for new methodologies and ways of measuring and accounting for the evident impact of these interventions, recognised by many in the criminal justice system as worthwhile and productive. In its recommendation for 'developing the personalised offer', the Coates review states:

The provision of art, drama and music courses is not a core part of current OLASS [Offenders' Learning and Skills Service] arrangements. Where they do operate, and where there have been one-off projects or performances with visiting arts companies, they are often the first thing that prisoners, staff and Governors tell me about. The arts are one route towards engaging prisoners when they have had negative experience of traditional classroom subjects, or struggle with self-esteem and communication. They can be the first step towards building confidence for more formal learning.

Coates, 2016: 29

Research, practice and policy are increasingly being brought together across the sector, in particular through the work of the Arts Forum,

the NCJAA and other initiatives described below.

Arts Forum

The Arts Forum brings together the major national stakeholders in criminal justice and key representatives from the cultural sector and organisations providing probation and other services. It is hosted three times a year at the MoJ, in partnership with the NCJAA.

- **Networking and brokerage**

Aim: to increase access to the arts in prisons and CRCs

Objective: to promote opportunities for brokering relationships between arts and CJS organisations to strengthen creative pathways between custody and community, thereby further enabling routes to employment

- **Defining impact and developing the evidence**

Aim: to continue to build the evidence base to make the case for arts in criminal justice

Objective: to support building the evidence base demonstrating the impact of arts on re-offending behaviour

- **Celebrating and improving external communications**

Aim: for ministers and key influencers to talk about arts and criminal justice with confidence and pride, citing evidence of success and case studies

Objective 1: to continue to develop a narrative and communications strategy to support arts and criminal justice
Objective 2: to develop a strategy for working with restorative justice and victims of crime

Among the actions under evidence are: to support NCJAA's Inspiring Futures national research project (see below); to strengthen links between the MoJ and DCMS research and evidence departments; and to explore case studies and links across education, health, safety, families work and employment.

National Criminal Justice Arts Alliance (NCJAA)

To address the lack of longer-term research in the field of arts and culture in criminal justice, the NCJAA has proposed a two- to three-year research programme, developed in collaboration with the Department of Criminology at the University of Cambridge. In gestation for several years, Inspiring Futures is now awaiting approval and match-funding from a research council.

This large-scale project will bring together arts organisations specialising in this work in action research and will be participant- and practice-led. It will capture and measure data around mood change through the use of a specially created app. It will have a focus on narrative enquiry – on what is important to people and what their personal experience is. It also aims to develop tools to support data collection across the arts and criminal justice sector and share mechanisms of good practice for delivery and ongoing evaluation.

The NCJAA argues that further work is needed to develop the Justice Data Lab, to pool data from a range of arts projects and perhaps include data on the impact of courses in art, drama and music.

PIPES (Psychologically Informed Planned Environments)

Funded by the Department of Health and NOMS, PIPES was commissioned in two phases from an NHS professional working with ‘personality disordered offenders’ and highly committed to arts and culture. This is currently being evaluated by a researcher at Queen Mary, University of London (QMUL) and likely to be published later this year. The potential of this model is illustrated in this account from Clean Break Theatre Company’s annual report.

Working through the arts with women with complex mental health needs in prisons (HMP Send, HMP Low Newton) and approved premises in the community (Edith Rigby House)... [t]his significant enrichment project was commissioned by the Department of Health and NOMS, and delivered in partnership with the Reader, RideOut and Hoot Creative Arts. It concluded with an evaluation report and recommendations for how commissioners could take this work forward. We await news of the next steps from the DoH and the newly formed HM Prison and Probation Service.

Higher education partnerships

The growing engagement of higher education with criminal justice has resulted in the innovative PUPiL network – the Prison University Partnership in Learning, where each institution ‘learns together’ in a development that goes beyond pure research.

The Learning Together educational initiative was first piloted in 2012 and highlighted as an example of best practice in the Coates review (2016), bringing people in criminal justice and higher education together to ‘study alongside each other in inclusive and transformative learning communities’, a process which ‘advances educational, sociological and criminological research and best practice’ (‘Learning together’, Prison Research Centre).

Several are linking through arts and culture, such as York St John University, whose BA and MA drama students are running weekly workshops at HMP New Hall and HMP Askham Grange women’s prisons. Edinburgh Napier University’s School of Arts and Creative Industries places literature students with HMP Edinburgh’s education staff to work on literacy, while undergraduate students in photography, film and television work collaboratively with young people at HMYOI Polmont.

The research potential of such direct engagements in practice by academic researchers and their arts and humanities students is clear.

Repositories

NCJAA Evidence Library

The UK leads the world in arts and criminal justice research.

To broaden support for arts and criminal justice work and to deepen understanding about its methodologies and its potential outputs, outcomes and impacts, the National Criminal Justice Arts Alliance provides an online Evidence Library. Established in 2012, it acts as a repository for a range of academic papers and independent evaluations of arts in criminal justice projects and programmes, providing the arts and criminal justice sector with useful evidence. Academics and other researchers and independent evaluators are invited to submit peer-reviewed and other research papers relevant to the field.

This appears to be the most comprehensive resource of such material and it is significant that the equivalent library in the United States (see below) has received permission to copy it over into its own, smaller repository.

The NCJAA is planning to review, update and strengthen the Evidence Library within the next 12 months, hoping to draw out the main themes and provide greater accessibility.

Prison Arts Resource Project: An Annotated Bibliography

(May 2014)

The Prison Arts Resource Project includes evidence-based studies evaluating the impact of arts programmes in United States correctional settings. Each of around 50 entries includes information about the art programme as well as the study research goals, methods and a summary of findings.

This publicly available material, divided into adult and juvenile offender arts programmes and arranged alphabetically, can be accessed by 'individuals and organisations seeking to develop their own evaluation or research, or who are seeking evidence of impact for the purposes of programme development and policy improvement'.

Chapter 2

Arts and culture in health and wellbeing

2.0 Introduction

Context and rationale

In the space of a generation, there has been a significant shift from a medical model of health based on illness and clinical settings to a social model based on wellbeing, prevention and the community. This has been accompanied by increased attention upon non-communicable diseases and the management of chronic or long-term conditions such as diabetes, respiratory disease, stroke and dementias, which now account for 70 per cent of the health and social care budget.

Alongside this increased emphasis on prevention, there has been a greater focus on mental health, which is now widely recognised as being as significant as physical health, the two often interconnected and reciprocal. Currently, mental health issues account for 40 per cent of all morbidities and are seen both as more debilitating than many physical diseases and as increasing the cost of treating the latter. Severe and prolonged mental health illness reduces life expectancy by 15 to 20 years, two-thirds from avoidable physical illnesses and slow recovery rates, linked with depression and resistance to anti-depressants.

Over the last few years, these changes have been reflected in health policy and strategy. NHS England's *Five Year Forward View for Mental Health*, published in 2014, describes mental health as the most significant cause of disability, affecting one in four of the population at some point in their lives. Public Health England (PHE) has also published the *Prevention Concordat Programme for Better Mental Health*. There is also increasing recognition, following the findings of the

Marmot Review, that social and health inequalities lie behind some of these figures; for example, children from disadvantaged backgrounds are three times more likely to develop mental health problems, including depression, than the rest of the population. It is now generally accepted that the most deprived communities also have the poorest health and wellbeing.

Partly as a result of these changes and partly due to increased pressures on the health and social care system – not least as a result of demographic change, with an ageing population vulnerable to multiple morbidities – there has been a move towards community-based care. This is exemplified by programmes like Think Local Act Personal (TLAP), a Department of Health-funded partnership of central and local government, NHS, service providers and users, and carers, hosted by the Social Care Institute for Excellence (SCIE) and committed to 'transforming health and care through personalisation and community-based support'. Alongside such 'co-production' initiatives, which encourage people to shape the context and delivery of their services, from design and delivery to evaluation, is the rapid growth in social prescribing, where people are referred by GPs or care workers to programmes run by third or voluntary sector bodies, including arts organisations providing creative engagement.

Finally, there is increasing interest in 'wellbeing' which, in various guises including 'happiness', has become a focus of government policy; wellbeing measures are now in the Treasury Green Book. The 'five ways to wellbeing' developed by the New Economics Foundation – connect, be active, take notice, keep learning, and give – are now widely promoted by government and the NHS.

The notion of wellbeing fits well with the World Health Organisation's celebrated definition of health in 1946 as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. It is now widely felt that lower levels of wellbeing will lead to poorer health and lower life expectancy.

Through all these changes, the cultural sector has continued to work in partnership with healthcare professionals to support patients and staff. It has also played a significant public health role, through mainstream programmes as well as more targeted interventions, supporting people's wellbeing and the pursuit of healthy lifestyles. Despite public spending constraints and increasing pressures on health and social care services and budgets, arts and health practice seems to be thriving both here and internationally.

One illustration of this was the second Culture, Health and Wellbeing Conference, held by the National Alliance for Arts, Health and Wellbeing in Bristol in June 2017. This drew 453 speakers and delegates from 23 countries, from Australia and Canada to Uganda and the USA, and it explored through research and practice the part that arts and cultural work is playing in reducing health inequalities, promoting resilience, prevention and early intervention, improving mental health and wellbeing, and creative ageing.

Even more influential in conveying the range and dynamism of the sector was the publication a month later of *Creative Health: The Arts for Health and Wellbeing*, the inquiry report from the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPAHW). This substantial volume presents a compelling case for the value of this work, bringing together expert testimony from numerous authorities, including academic researchers, who contributed to the inquiry, peer-reviewed research, grey literature (including programme evaluations) and a range of in-depth case studies illustrating broader descriptions of practice and larded with thumbnail observations on many other projects from around the UK.

Note on methodology

This chapter reviews the rapidly expanding evidence base for the value and impact of arts and culture in healthcare settings, including targeted health projects located in cultural and community venues. The focus here is on academic research but the growing library of 'grey literature' – evaluations, policy documents, manifestoes and strategies – needs to be acknowledged as complementary, particularly in making the case for this work more widely.

There is a rapidly expanding body of evidence for arts and cultural work in health and wellbeing developed through ongoing scholarly work, disseminated through academic journals and accessible through a variety of specialist search engines. There is also a steadily expanding 'Repository for Arts and Health Resources' – an international library of 'grey literature', including national arts strategies, programme evaluations and other material – which is being compiled by Canterbury Christchurch University in partnership with the Royal Society for Public Health (RSPH). Added to this is a growing shelf of books about the field, most of them drawing on international practice and research to explore the work in general or a particular aspect of it.

Research consulted

The selection of these materials has been guided by the need to develop a clear picture of current concerns and trends in research and evaluation and, by extension, in the field of practice. This report does not present itself as a formal evidence review, which would be an enormous undertaking, given the many thousands of papers that have been published on the subject.

Instead the report draws, first, on books published since 2016 where leading academics in the field have reported on, analysed and distilled a range of expert knowledge, peer-reviewed research,

independent evaluations and grey literature from the last decade or more.

Secondly, a range of evidence reviews have been consulted, from Staricoff (2004) onwards, as well as a number of systematic reviews collating and analysing a range of research and evaluation on specific practices and approaches in the field. It is important to note that recent evidence reviews have tended to focus on one specific area of practice rather than a global review, as the arts and health and wellbeing field has proliferated into around a dozen different disciplines and approaches, each of which has attracted its own body of research and evaluation.

Thirdly, it is informed by papers sent in response to the general call for evidence, made by the Arts Council earlier this year, as well as a number of recent papers sent in response to a late request for further material from researchers at the RSPH Special Interest Group (SIG) in Arts and Health.

Fourthly, a search was made of systematic reviews in the Cochrane Library over the last two years. Unfortunately, the Cochrane database has only a few systematic reviews of arts for health, as distinct from the work of accredited (and clinically-focused) arts therapy, which lends itself more easily to the rigorous methodology of randomized controlled trials (RCTs). Apart from some evidence that music therapy reduces depression, results are not conclusive.

Fifthly, relevant papers (ie those addressing arts and culture interventions) found through a search of PubMed (selecting from a total of 285 papers published in 2017/18) were consulted, supplemented by a brief foray into Google Scholar (which shows nearly 75,000 'hits' for arts and health promotion). As there are at least half a dozen other specialist academic search engines, the papers read should be considered as a very small sample of current research rather than fully representative of it.

A note on book publications consulted

In the last three years, a number of books and reports have emerged that provide a good overview of the considerable body of research now available and, in some cases, add to it. The key ones consulted for this report are:

- *Creative Health: The Arts for Health and Wellbeing*
This is the inquiry report from the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW), written by researcher Rebecca Gordon-Nesbitt and published in July 2017. This publication brings together the expert testimony heard by the APPGAHW, a variety of case studies of good and innovative practice from around the UK, and a comprehensive review of the most relevant research and evaluation, all of which is intended to 'make the case' for the value of arts and culture in health and wellbeing. A selection from this research is included in the next section.
- *Arts in Health: Designing and Researching Interventions*
Also published in 2017, Dr Daisy Fancourt's book, *Arts in Health*, provides a comprehensive account of the field, including its theoretical and political history, as well practical guidance on how to produce robust research designs for projects. Perhaps most usefully for this report, she includes a 'fact file' of arts in health research findings, which range from interventions with healthcare staff to dentistry and neurology.
- *Arts, Health and Wellbeing: A Theoretical Inquiry for Practice*
This book, edited by two other leading researchers in the field, Theo Stickley and Stephen Clift, and again published in 2017, includes a range of essays first presented as research papers at a UK seminar series funded by the ESRC. They explore theoretical and evidence-based aspects of arts and health practice, drawing again on recent research and evaluation.

- *Oxford Textbook of Creative Arts, Health, and Wellbeing*
Edited by Stephen Clift and Paul M Camic, the subtitle of this book, published in 2016, is 'International perspectives on practice, policy, and research'. Its four sections cover 'setting the scene', national and international developments in practice', 'creative arts and public health across the life-course' and 'creative arts and public health in different settings', with 39 essays in all, each underpinned by relevant research.

All the research papers consulted in this research are included in the bibliography.

2.1 The health perspective

Scoping the practice

The evidence base for arts in health and wellbeing is dominated by research into its clinical impacts. Usually, the distinction between arts therapy and arts in health practice is elided, as the creative activity in both cases is generally viewed instrumentally, as a means of improving physical or mental health. This is reflected in two of the most significant publications about arts and health published over the last year: *Creative Health: The Arts for Health and Wellbeing* and *Arts in Health: Designing and researching interventions*, by Dr Daisy Fancourt.

Creative Health describes the arts as 'a key individual and community asset in achieving and maintaining wellness.' It goes on to argue that the arts should be thought of as 'an integral part of person- and community-centred care aimed at the management of long-term physical and mental conditions' and should therefore be 'used more extensively in preventative and restorative strategies and fully integrated into health and social services in ways that would alleviate some of the pressures on them.'

Although good practice is described in these publications and both writers – active researchers in the field with direct experience of projects – provide often impassioned advocacy for the value and impact of the arts, they are writing from a health and wellbeing perspective and thus only rarely examine the artistic motivations and achievements of this kind of work.

Each provides useful, overlapping taxonomies of arts and health that, combined here, provide a map of the different areas of practice, each of which has developed or is developing its own body of research and evaluation. These applications are divided between targeted health and wellbeing interventions, more general arts and culture activities that can boost people's health and wellbeing, and arts projects aimed at healthcare professionals.

As with any attempt to fit a multifaceted area of practice into fixed categories, there are clearly overlaps. For example, another way of organising the following list would be by settings rather than practices, such as hospitals. Hospital settings can host public or participatory arts or arts therapy and there is value in research that looks at the work in this way, perhaps exploring the impact of a particular artform in that space. An early example of this is *Arts and Music in Healthcare*, Clift and Staricoff's overview of the medical literature from 2004 to 2011. This identified 103 studies offering strong evidence of positive physical and psychological patient outcomes from music interventions in a variety of hospital settings: maternity, neonatal, children, cardiovascular, surgery and pain management, lung disease and oncology. Among the findings were decreased levels of stress, anxiety and depression, reduced drug consumption and shortened length of stay.

2.1.1 A taxonomy for arts and health

Targeted interventions

- *Arts in health and care environments*

- o hospitals
- o GP surgeries
- o hospices
- o care homes

Defined by Fancourt as ‘the use of the arts in the design or enhancement of space within healthcare institutions such as hospitals, doctors’ surgeries, hospices, care homes, and community clinics’, this ranges from colour schemes and background music to exhibitions and public concerts, and from Paintings in Hospitals, founded in 1959, to the King’s Fund’s £2.5 million programme, Enhancing the Healthcare Environment.

- *Participatory arts programmes in health and wellbeing*

These are individual and group arts activities intended to improve and maintain health and wellbeing in health and social care settings, community locations and people’s own homes. In addressing health and wellbeing vulnerabilities and inequalities, this work (which includes a network of ‘hospital arts’ programmes) is targeted at specific individuals or populations, such as a patient and/or carer group, with identified health or wellbeing needs.

There is a growing number of systematic and evidence reviews suggesting that creative and cultural participation enhances human health and wellbeing. One – a large population study in Norway involving over 50,000 adult participants – assessed the role of cultural activities on perceptions of health, anxiety, depression and satisfaction with life. Results showed that participation in both receptive and creative cultural activities was significantly associated with good health, good satisfaction with life, and low anxiety and depression, even when the data was adjusted for confounding factors.

Typical findings include:

- positive social experiences, leading to reduced social isolation
- opportunities for learning and acquiring new skills
- calming experiences, leading to decreased anxiety
- increased positive emotions, such as optimism, hope and enjoyment
- increased self-esteem and sense of identity
- increased inspiration and opportunities for meaning-making
- a positive distraction from clinical environments, including hospitals and care homes
- increased communication between families, carers and health professionals

- *Arts therapies*

Drama, music and visual arts activities offered to individuals, usually in clinical settings by practitioners accredited by the Health and Care Professions Council.

- *Arts on prescription*

Part of social prescribing, for people in psychological or physical distress being referred or self-referring to engage with the arts in the community, including museums and libraries.

- *Arts in healthcare technology*

Integration of technology into arts in health projects. Fancourt cites an early example in musicmedicine (recorded music to support patients) and highlights the recent development of integrated hardware and software to incentivise health behaviours through gaming, and of wearable technologies incorporating biofeedback to monitor arousal states and moods, as well as streaming possibilities for new audiences.

- *Arts in public health education and promotion*

Arts used as part of health promotion, taking and shaping public understanding of public health messages and supporting greater engagement in and agency over their own health behaviours.

Broader arts and cultural engagement

- *General arts activities in everyday life*

A growing interest in the impact of both active and more passive engagement in arts and culture in terms of their impact on health and wellbeing, whether programmed as such or not. Fancourt cites examples: learning an instrument, which supports cognition; taking up ballet for bone strength; visiting a gallery to feel inspired; and leading a book club to develop social support networks.

Fancourt suggests that there is a growing congruence between general arts engagement and targeted participatory programmes in healthcare settings. This, she states, is for several reasons: the increasing drive to deliver health and social care in the community to relieve overstretched facilities; greater awareness of health and wellbeing benefits achieved in arts practice in healthcare settings; the renewed interest in socially engaged arts; and the requirement for cultural organisations to measure impact.

To this might be added the growth in asset-based and co-produced/designed programmes, which both public health and cultural practitioners (and funders) are pursuing, and the ongoing inquiries into social impact and the civic role of funded cultural organisations. Museums provide a promising example here with over 600 (out of approximately 2,500 in England) already running programmes targeting health and wellbeing. General cultural programmes aimed at older people, such as those developed by the Arts Council with the

Baring Foundation, including Celebrating Age, will almost invariably have a health and wellbeing impact, given the demographic.

Creative healthcare

- *Medical training*

Arts used in the training and professional development of health and social care professionals and to improve healthcare.

- *Medical and health humanities*

Academic disciplines applied to understanding more about the social, historical and cultural dimensions of medicine, including the arts, humanities and social sciences, eg:

- o narratives from doctors and patients
- o artistic representations of health conditions
- o literary exploration of sensitive topics such as death and bereavement
- o cultural analyses of ethical challenges in medicine etc

Health humanities is more recent and addresses wider health, wellbeing and social care to create healthier and more compassionate societies.

2.1.2 Arts and health through life

Creative Health is structured differently, choosing to present its overview of current practice and research through the human life cycle, showing how arts and culture can play its part in health and wellbeing from birth to death. As the following summary shows, a number of claims are made here for the impact of arts and health. These are based on a mixture of peer-reviewed research papers, robust independent evaluations, case studies and references to actual practice, alongside a wide range of expert evidence submitted to the inquiry of the APPG on arts, health and wellbeing.

Childhood, adolescence and young adulthood

- Arts engagement can support women through pregnancy and the transition to motherhood, for example:
 - visual art and music can distract from the pain of childbirth
 - arts participation can increase the confidence, self-esteem and wellbeing of new mothers
 - live music can significantly improve the clinical and behavioural states in premature babies
- Early years crucial in fostering and developing cognitive and socio-emotional skills, for example:
 - reading aloud to children develops language
 - learning to play music changes the morphology of the brain, improving literacy and spatial reasoning
 - behavioural problems can be addressed through participatory arts and arts therapy
- Importance of arts in schools.
- Arts supporting recovery from illness and the management of long-term conditions, for example:
 - improvised dance diminishes acute pain, accelerates rehabilitation from brain damage, and helps to regulate chronic conditions
- Arts participation can increase physical activity, contributing to a reduction in childhood obesity.
- Arts in children's hospitals distract from boredom and the anxiety and pain of invasive processes.
- Mental health and related physical health problems, which affect approximately

850,000 young people in Britain, can be addressed through participatory arts, to overcome anxiety, depression and stress in parents and their children, encouraging bonding and emotional expression.

- Government and the NHS are making mental health a priority, so arts should be adopted in prevention and early intervention, perhaps especially in Black and minority ethnic communities.

Working-age adulthood

- Mental health problems in the under-65s account for nearly half of NHS diagnoses: arts engagement at work and in leisure time can address work-related anxiety, depression and stress.
- Arts can support recovery from illness and long-term conditions, for example:
 - listening to music after a stroke speeds recovery and lifts mood
 - dancing and group singing enhance cognition, communication and physical functioning in people with Parkinson's
 - singing alleviates chronic respiratory conditions and cystic fibrosis
 - arts engagement plays a part in diminishing the physical and emotional effects of heart disease and cancer
- In the criminal justice system, arts engagement encourages the healthy expression of suppressed emotions and processing of experiences.
- Art therapy provides an effective non-verbal means of dealing with memories for people with post-traumatic stress disorder.
- There is an increasing recognition of the value of (and the need to integrate) the arts in the training and professional development of health and social care professionals.

Older adulthood

- Arts can play a part in fostering healthy ageing and staving off frailty.
- Arts engagement can diminish anxiety, depression and stress, and increase self-esteem, confidence and purpose.
- Arts can also address some of the health inequalities affecting older people, for example:
 - o music training can help people to differentiate sounds in noisy environments
 - o dance can help prevent falls
- Arts-based social participation can have a protective effect on health, comparable to giving up smoking.
- The arts can help meet the major health challenge of dementias, which affect approximately 850,000 older people (and predicted to reach 2 million by 2051) and currently cost the UK £26.3 billion annually, for example:
 - o by boosting brain function and memory recall
 - o by enhancing quality of life for those with dementia and their carers

End of life

- Participatory arts and arts therapies can provide physical, psychological, spiritual and social support to people facing death.
- Arts can form part of a legacy for the bereaved and open up a healthier conversation about death and dying.

2.1.3 Addressing a range of health and wellbeing conditions

In part IV of *Arts in Health*, Daisy Fancourt presents a succinct 'fact file of arts in health

research and practice', which examines 13 major areas of health and medicine. This draws on an impressive range of homegrown and international research: 65 research findings, over 100 research articles, 40 project ideas and over 80 resources. This is aimed at healthcare professionals, artists and cultural organisations, and researchers. From the cultural point of view, this evidence shows how and where the arts might be 'applied' and what health and wellbeing or clinical outcomes they might support.

As in the *Creative Health* report, the focus is on these outcomes, whether or not they come about as a result of arts therapy or of the therapeutic impact of broader arts in health practice – or simply from exposure to or use of the artform, as in the first two examples below. In each of the 13 areas, five key research findings are listed, one of which is cited below to exemplify the range and variety of evidence available:

Critical care and emergency care

Recorded music in intensive care can reduce the quantity of sedative drugs needed, decrease stress hormones, blood pressure and inflammation, and increase growth hormones.

Dentistry

A singing toothbrush guiding blind children on how to brush their teeth has been shown to reduce plaque and bacteria over six weeks.

Geriatric medicine

Dance and movement workshops can improve gait and lead to a reduction in falls among older adults.

Healthcare staff

Visual arts can be used to enhance the visual diagnostic skills of trainee doctors.

Neurology

Music can improve social responsiveness in children with autistic spectrum disorders.

Obstetrics, gynaecology and neonatology

Hip-hop videos have been used with African-American teenagers to improve awareness about HIV prevention, condom use, and protective sexual behaviours among teenage girls.

Oncology

Singing for one hour reduces stress hormones and increases proteins of the immune system in cancer patients, carers and people who have been bereaved.

Paediatrics

Dance interventions can be more effective than regular physical activity in reducing BMI and heart rate as well as reducing unhealthy behaviours in adolescents.

Palliative care

Collaborative arts projects between school children and terminally ill patients have been shown to promote healthier attitudes towards death and dying and support coping with loss.

Public health

Stimulating leisure activities, including reading, painting, and attending cultural events may protect against dementia in later life.

Psychiatry

The use of arts therapies in forensic psychiatry can reduce destructive aggression and promote self-expression, self-control and empathy.

Rehabilitation medicine

Dance can lead to increased lumbar bone mineral density and markers of osteoblastic activity in osteoporotic older women.

Surgery

Tablet devices using arts, music and games can reduce delirium and time-to-discharge in children undergoing anaesthetic.

2.2 A biopsychosocial framing

Scoping the evidence base

In her account of the theoretical background to arts in health, Fancourt argues that the 'biopsychosocial model' is now the dominant theoretical model in health. It draws on aspects of public health, psychosomatic and behavioural medicine, as well as health psychology and other disciplines, to provide an alternative to the 'biomedical' model that has shaped modern Western medicine until very recently.

The biomedical model defines disease as 'external', something beyond the patient's control that can only be treated by medical professionals. As Fancourt explains:

...by placing responsibility for health and illness in the hands of professionals, it diminished some of the responsibility among individuals. The development of a larger scientific vocabulary also increased the mystification around medicine and decreased public accessibility, further distancing people from their own health.

Fancourt, 2017: 24

Its achievements, too, have been limited, with success in areas where surgery is required balanced by much lower impacts on reducing mortality from disease or treating chronic or incurable conditions. With the eradication of

most communicable diseases, a large proportion of the healthcare budget is spent directly or indirectly on treating those longer-term conditions, such as dementias, and the multiple morbidities of older people.

Public health, also originally focused on disease, has broadened out to consider the social determinants of ill health and is now focused on the prevention agenda and health promotion. Behavioural medicine is closely linked to this work, as it examines the impact of risky behaviours, such as smoking, that cause physical damage. Fancourt reports that around 50 per cent of mortality from the 10 leading causes of death is related to behaviours; perhaps the most striking example, aside from smoking-related lung cancer, is that 75 per cent of all deaths from cancer can be tracked back to such unhealthy habits.

The biopsychosocial model, which draws on this widening understanding of health, has recently been strengthened by developments in psychoneuroimmunology. As a number of research papers from Fancourt and others illustrate, this is one of the most promising areas for producing clinical evidence of the impact of creative activities, as it demonstrates a two-way link between the mind and the immune system. As Fancourt states, its importance was that:

...it provided further weight to the biopsychosocial model by showing that incorporating psychological and environmental factors into the clinical practice of medicine was not just an idealist position but was fundamental to understanding and treating diseases.

Fancourt, 2017: 30

Another key development has been an increasing focus on mental health, which is now broadly recognised as 'about both the absence of mental illness and the presence of wellbeing' (ibid: 33).

Fancourt believes that the biopsychosocial model offers a strong framework for understanding how arts in health work is being applied. Breaking that long word into three, she explores the 'biological' element first: how creative activity can affect the body and its physical functions. The 'psychological' element includes mental health, cognitive and neurological conditions such as dementia, while the 'social' covers public health and the wellbeing benefits of engagement in creative and cultural activities.

In the following review of research, this three-part framework will be used as a simple way to give a flavour of the wide range of research on the health and wellbeing benefits and impact of arts and cultural interventions.

2.2.1 Physical health

Drawing on physiological research, Fancourt describes how the arts can affect the body and its physical functions (the 'bio' in 'biopsychosocial'). A lot of research has focused on the effects in the brain, not only through creative engagement stimulating the senses and the areas where emotion is processed, but also in altering its very structure – for example, learning to play music at an early age can result in 'larger motor, auditory and visual-spatial brain regions and... enhanced brain plasticity'. Other organs can be affected, for example the lungs through singing, the heart through dancing and even the digestive system through music.

As these examples suggest (and as other research demonstrates), the arts can enhance physical functions. Rhythmic music, such as djembe drumming, can help people in physiotherapy, including those who have sustained physical trauma – strokes, spinal cord injuries and brain injury – and those who have long-term conditions like Parkinson's or COPD (chronic obstructive pulmonary disease). Fancourt's own research has identified this impact through 'biomarkers', a clinical measure showing positive impact on stress hormones such as cortisol.

Although much of the *Creative Health* report focuses on the psychosocial benefits and impact of arts and culture, it does make frequent reference to studies on how the arts impact physical health. Three edited examples of these are given here:

- Between 2013 and 2015, a study was led by the Centre for Performance Science at the Royal College of Music to assess the impact of participating in a series of drumming sessions on adults experiencing mild to moderate mental distress. Although there were no specific therapeutic aims, the activity was developed further over time. A mixed methods evaluation used psychological scales, interviews, blood pressure tests and saliva analyses. Stress and tiredness lessened and energy increased with single sessions, but over the course of the study the activity reduced cortisol and enhanced immune response, combined with a reduction in inflammatory activity after six weeks and an anti-inflammatory response over 10 weeks.
- A 2014, analysis of cystic fibrosis pointed to the beneficial impact of singing on respiratory function and psychological wellbeing. A Cochrane Review identified 52 randomised and quasi-randomised controlled trials investigating the relationship between musical interventions and the physical and psychological effects of cancer. This found that musical interventions were associated with modest reductions in heart rate, respiratory rate and blood pressure and modest to moderate reductions in fatigue; by far the largest physical effect was on pain reduction.
- Dance to Health is a programme designed by Aesop in partnership with dance organisations funded by the Arts Council to prevent falls in older people. Professional dance artists combine physiotherapy in creative and enjoyable dance workshops aimed at primary (high risk of falling) and secondary prevention (post-falling). Evaluation has shown completion rates of 72 per cent which is higher than NHS

alternative programmes and thus potentially represents better cost effectiveness.

Of the papers submitted to the Arts Council's calls for evidence, five addressed physical health, again with a focus on music and dance.

- 'A mixed-methods study into ballet for people living with Parkinson's'

This paper set out to investigate claims that dance can benefit people with Parkinson's, a neurological disease that is physically debilitating and can be socially isolating. The effects on balance, stability and posture were measured, using the Fullerton Advanced Balance Scale and a plumb-line analysis. The value of participation and movement quality were interpreted through ethnographic methods, grounded theory and Effort analysis. Triangulation of results shows that people were highly motivated and valued the classes. There was an improvement in balance and stability, though not in posture.

The paper suggests that a range of research methods is fundamental to capture the importance of a multifaceted activity, such as dance, to those with Parkinson's, as the perceived benefits are not simply physical but intellectual, artistic and social.

Houston and McGill, 2013

- 'The psychoneuroimmunological effects of music: A systematic review'

When it was published, in 2013, this was claimed as the first systematic review of this aspect of music. Sixty-three studies were selected from the previous 22 years, covering a range of effect of music on neurotransmitters, hormones, cytokines, lymphocytes, vital signs and immunoglobulins as well as psychological assessments. These studies pointed to the pivotal role of stress pathways in linking music to an immune response but provided little insights into the possible mechanisms behind this, with most focusing exclusively on biomarkers.

The authors propose a new model framework for developing a taxonomy of musical and stress-relatable variables in research design, and tracing the broad pathways that are involved in its influence on the body, arguing that if 'music is found to have a significant effect on the immune system's ability to fight disease, it will have a profound effect on its incorporation into healthcare settings... ; procedures such as surgery; and treatments such as chemotherapy; as well as placing a larger significance... on our day-to-day consumption of music. This could not just affect the domain of medicine, but also the roles of musicians and the missions of arts organizations.'

Fancourt et al, 2013

The remaining three papers examine the effect of singing on lung health, notably chronic obstructive pulmonary disease (COPD). In a modest way, they may illustrate the gradual development of knowledge through research, moving here towards a more confident assessment of the benefits of singing for physical health as well as for wellbeing.

- 'Can Singing have a Beneficial Effect on Lung Function and Breathing for People with Respiratory Illness?'

While research shows that regular group singing can have measurable benefits for mental and social wellbeing, findings are not so clear for physical wellbeing and health. One promising area is singing for breathing, especially for people with COPD. Three controlled trials so far have showed improvements in self-reported health states but little evidence of improvement in lung function or exercised capability. One recent community-based feasibility study suggests that those interventions were too short to produce physical benefits.

More robust community-based research on singing and respiratory illness is called for.

Clift and Gilbert (2016) from *The Oxford Handbook of Singing*

- 'Singing for Lung Health – a systematic review of the literature and consensus statement'

This systematic review found quantitative data suggesting that singing has the potential to improve quality of life, particularly in terms of physical health and levels of anxiety. Qualitative data indicated that singing is an enjoyable experience which patients report helps them to cope better with their condition.

Although only six studies were finally included in this systematic review, the authors noted a risk of bias, heterogeneous research designs and small samples, meaning that larger and longer-term trials are needed. A consensus group was convened to address this area: its distinctiveness from other forms of participation in singing; the evidence base; gaps including defining value-based outcome measures for sustainable commissioning; defining measures to evaluate both individual responses and quality of programmes; core training, expertise and competencies for leaders

Lewis et al, 2016)

- 'Community singing groups for people with chronic obstructive pulmonary disease: participant perspectives'

Chronic obstructive pulmonary disease (COPD) is a major public health issue, as the condition is irreversible and progressive. Previous research has suggested that singing may have beneficial effects, so this paper set out to establish the view of participants with COPD taking part in a singing for better breathing programme.

This research was carried out as a descriptive qualitative study nested within a single-cohort feasibility study, which included measures of lung function and wellbeing. 37 participants were interviewed

after a 10-month community singing programme. The majority reported improvements in respiratory symptoms, including breath control, relaxation and breathing exercises, and distraction from breathing problems as well as improved mental and social wellbeing through mutual support for respiratory problems and increased activity levels following the programme.

Skingley et al (2018)

2.2.2 Psychological health

The second element in *biopsychosocial* is 'psychological', focusing on mental health, cognition and neurological conditions. As Fancourt points out, this area includes a range of applications for arts and culture, where they have been shown to have an impact. As well as improving learning and social development in general, engagement in the arts has helped people with neurological conditions, such as dementia, in terms of cognition and psychological support. It can also positively affect levels of stress, anxiety and both short-term and chronic pain – music, for example, may 'evoke activation of the descending analgesia pathway in the brain and lead to a reduced need for sedatives and analgesics'.

Arts and culture can also modulate 'health beliefs' through their enhancement of individuals' sense of control over their own lives (or agency), making it more possible, for example, to adopt healthier eating and exercise regimes. This links to 'selfhood' and 'self-efficacy', reinforcing a healthier attitude, including one towards illness itself, where people can develop better coping strategies and find personal benefits through dealing more effectively with trauma.

In terms of the evidence reviewed here, there is a focus on three main areas where the arts are having an impact: addressing a range of mental health problems; mitigating stress and anxiety in medical settings and situations; and – what seems the fastest developing area of

inquiry – helping people with dementias to manage their condition.

Mental health

In their review of the arts and health literature a decade ago, Daykin, Orme et al (2008) reported that the majority of studies were complex as they concerned mental health and the mental dimensions of physical health. These mental issues were difficult to identify, assess and treat compared with physical conditions, where progress and recovery were more measurable and objective. This had (and has) obvious implications for research and evaluation, where quantitative analysis is generally favoured over qualitative or mixed methods approaches. The authors stress the need for more rigorous qualitative evidence and ideally a synthesis of both quantitative and qualitative data: 'by focusing on impact and process, rather than too narrowly-defined outcomes, qualitative research on arts and health can show its value'.

The *Creative Health* report helpfully rounds up some of the recent studies in this area, three of which are reproduced in edited form here:

- One in five mothers suffers from anxiety, depression or psychosis during pregnancy or in the first year after childbirth. One example of how arts can help in perinatal mental health is a study undertaken by a consortium comprising Imperial College London, the Royal College of Music and Chelsea and Westminster Hospital and funded by the Arts Council. This examined the impact of a 10-week course of group singing on women with postnatal depression, compared to creative play or combined antidepressants and psychotherapy. The *Music and Motherhood* study suggested that singing led to faster recovery than the other two (control) groups, reducing cortisol and promoting mother-infant bonding.
- An independent evaluation of the Art Room, which offers therapeutic interventions for young people aged 5-16 with emotional or

behavioural difficulties, demonstrated an increase in prosocial behaviours; and those with clinical levels of difficulty at the beginning of the sessions showed an 87.5 per cent improvement in their self-reported mood and self-esteem.

- The Alchemy Project used dance as a form of early intervention in psychosis. Developed in 2015 by Dance United and South London and Maudsley NHS Foundation Trust with input from King's College London, this project brought two cohorts of 12 patients aged 18-35 together. With no previous experience of dance, they worked as dance artists alongside professional dancers and healthcare staff and produced a commissioned dance piece within four weeks, presented at Sadler's Wells. The project was evaluated by independent assessors using WEMWBS (the Warwick-Edinburgh Mental Wellbeing Scale) and EQ-5D. Both cohorts demonstrated clinically significant improvements in wellbeing, communication, concentration and focus, trust in others, team working and quality of life.

Thirteen papers submitted to the Arts Council's calls for evidence address mental health. Of these, the first three noted here examine physiological evidence (or 'biomarkers') to see whether and how far cultural engagement might affect the many mental health conditions that are characterised by underlying inflammatory immune responses. Other papers take different approaches to measuring or assessing impact, from employing standardised wellbeing scales to applying interpretative phenomenological analysis.

Of particular interest to the Arts Council, which funded some of the research, are papers on the impact of singing on postnatal depression. The final three papers here are on theatre, music and visual arts, illustrating perhaps what each discipline might bring to improving mental health. A focus on the

particular mechanisms and outcomes that individual arts disciplines might generate could be a fruitful area for further research, particularly in addressing dementias, where different forms of that condition disfavour different brain functions, such as visualisation or verbal skills.

- 'The biological impact of listening to music in clinical and nonclinical settings: A systematic review'

This paper reviewed studies on the effects of listening to recorded music on biological response in both clinical and nonclinical settings. Forty-four studies met the criteria, which included a non-musical control condition. Twenty-seven of these studies were based in clinical settings, eight were longitudinal studies. Half demonstrated stress-reducing effects (cortisol) and other biomarkers (eg blood glucose) were similar. The authors comment that this 'suggests that the primary way by which music listening affects us biologically is via modulations of stress response' which, in turn, supports the practice of listening to music for stress reduction, especially in clinical settings.

Finn and Fancourt (2018)

- 'Singing modulates mood, stress, cortisol, cytokine and neuropeptide activity in cancer patients and carers'

There is growing evidence for the psychological benefits of psychosocial interventions, including improved mental health symptoms and optimised immune responses (for example, in cancer care). This multicentre, single-arm preliminary study investigated the impact of music (singing) interventions on mood, stress and immune response in three populations affected by cancer: carers, bereaved carers and patients. Before and after an hour of singing, visual analogue mood scales, stress scales and saliva samples testing for cortisol, beta-endorphin, oxytocin and ten cytokines were taken. Across all centres

and populations, singing was associated with significant reductions in negative affect and increases in positive affect, alongside significant increases in cytokines. There were also reductions in cortisol, beta-endorphin and oxytocin levels.

The authors conclude that this study 'provides preliminary evidence that singing improves mood state and modulates components of the immune system.'

Fancourt et al, 2016a

- 'Effects of Group Drumming Interventions on Anxiety, Depression, Social Resilience and Inflammatory Immune Response among Mental Health Service Users'

This was an exploratory examination of whether 10 weeks of group drumming could have a positive health and wellbeing effect compared with a non-musical control group. Participants provided saliva samples to test for cortisol and some cytokines. Results showed significant improvements in the drumming group but not the control group. By week six participants showed decreases in depression and increases in social resilience; this was further improved by week 10, along with reductions in anxiety and improved mental wellbeing. Across the ten weeks there was a shift away from a pro-inflammatory towards an anti-inflammatory immune profile. All these positive effects had been maintained three months after the end of the drumming course.

This study demonstrates the psychological benefits of group drumming and also suggests underlying biological effects, supporting its therapeutic potential for mental health.

Fancourt et al, 2016b

- 'Making music for mental health: how group drumming mediates recovery'

To learn more about why music-making interventions enhance mental health, this qualitative research was conducted with 39

mental health patients and carers who had demonstrated recovery following a programme of djembe drumming. Data was collected through semi-structured interviews and focus groups to understand the links between drumming and recovery and analysed using interpretative phenomenological analysis (IPA), an approach to psychological qualitative research that balances phenomenological description with insightful interpretation, and which anchors these interpretations in the participants' accounts.

Three overarching features of the drumming emerged: the specific features of the drumming itself (non-verbal communication, connection to life through rhythm, grounding experience generating energy); the specific features of the group (a space for connecting through rhythm, feelings of belonging, safety and care); and the specific features of the learning (inclusive, no mistakes, musical freedom, supported by an embodied learning process by facilitator). The authors comment that these findings 'provide support for the conceptual notion of 'creative practice as mutual recovery', demonstrating that group drumming provides a creative and mutual learning space in which mental health recovery can take place.

Perkins et al, 2016

- 'Effects of singing interventions on symptoms of postnatal depression: three-arm randomised controlled trial'

This RCT assessed whether a novel psychosocial intervention could reduce symptoms of postnatal depression (PND) in the first 40 weeks post-birth. An analysis was carried out with 134 mothers with symptoms of PND, randomised into 10 weeks of group singing workshops, or group play workshops for them and their babies, or usual care. Overall, among all mothers, there was a non-significant faster improvement in symptoms in the singing group. When isolating mothers with moderate-severe PND, this result became significant, with a

faster improvement in symptoms in the singing group.

Fancourt and Perkins, 2018b

- ‘Associations between singing to babies and symptoms of postnatal depression, wellbeing, self-esteem and mother-infant bond’

Although there is research on the impact of singing on babies, there is less on whether there is any benefit for their mothers. This is an important issue as research suggests that pharmacological or psychotherapeutic intervention models do not provide a complete solution for mothers suffering from postnatal mental health problems – as the authors comment, ‘identifying psychosocial interventions and positive parenting practices that can be encouraged among new mothers is of importance’. With ethical approval from the UK NHS Research Ethics Service, this study drew total of 391 new mothers from a larger sample of 2,306 adult women in the last trimester of pregnancy (28 weeks or more) and the first nine months post-birth. New statistical data emerged demonstrating that daily singing to babies is associated with the mental health of mothers and suggest that this can have a positive impact on mother-infant bond.

Fancourt and Perkins, 2017b

- ‘Creative interventions for symptoms of postnatal depression: A process evaluation of implementation’

At least 12.9 per cent of mothers are affected by PND. Although pharmacological treatment has had positive results, there is low uptake and adherence amongst mothers, as has psychotherapy. This is a process evaluation of a three-arm RCT comparing the effects of creative interventions on symptoms of PND in new mothers. This analyses quantitative evaluation data from 91 participants and qualitative interviews and focus groups with 80 participants and three staff.

The aim is to illuminate the outcome and mechanisms data from the RCT and enable organisations or individuals to ascertain the feasibility of establishing their own creative classes for women with symptoms of PND.

Fancourt and Perkins, 2018c

- ‘Does attending community music interventions lead to changes in wider musical behaviours? The effect of mother-infant singing classes on musical behaviours amongst mothers with symptoms of postnatal depression’

Although there is research on the impact of music interventions on wider behaviours, for example in the classroom or in addressing anti-social behaviour, there has been little on whether engagement in structured music programmes leads to wider changes in *musical* behaviours amongst participants. In this study, 93 women with PND symptoms were randomised to ten weeks of group singing classes or usual care. This is the first demonstration that weekly singing programmes can alter musical behaviours in new mothers (and their partners), in terms of frequency, confidence and range of repertoire.

Fancourt and Perkins, 2017c

- ‘Mapping the waters: A scoping review of the use of visual arts in pediatric [sic] populations with health conditions’

For this systematic search for studies and data (2001-11), 16 studies (out of 1,767) met criteria. The aim was to understand how visual arts (drawing and painting) are used in paediatric populations with health (medical and psychiatric) conditions. Visual arts are mainly used with conditions of autism and PTSD. The findings also show how visual arts are used as mechanism to facilitate or reduce child attributes (eg self-efficacy, anxiety) and to facilitate understanding through communication or assessment.

Archibald et al, 2014

- ‘Participatory theatre and mental health recovery: a narrative inquiry’

This paper sets out to identify the potential relationship between participation in theatre and mental health recovery and to give voice to the stories told by participants of Teater Vildenvei, a theatre company that has been part of the rehabilitation programme for mental health service users in Oslo since 1995. Twelve narrative interviews were conducted among participants and the data were subject to a narrative analysis process. The authors comment that it is ‘through the richness of the data that the depth of the significance of meaning that people ascribe to their stories demonstrates the potential power of participatory theatre for mental health recovery. Because of its effects, people make life-changing and life-saving claims’. Each participant had experienced a transformation in identity; the sense of belonging within the group was perceived as highly important to their mental health; engagement with the theatre company gives people something meaningful to do, a sense of hope and individuals feel empowered.

Torrissen and Stickley, 2018

- ‘Further evidence that singing fosters health and wellbeing: the West Kent and Medway project’

This is claimed to be the first attempt to test the transferability of a singing for health model to a new geographical area and evaluated using the same validated measures. The earlier project (2011) found that weekly singing over 8 months for people with enduring mental health issues led to clinically important reductions in mental distress. Four weekly community singing groups (November 2014 to December 2015) were held for people with mental health issues. This was evaluated over a six-month period, using two validated questionnaires: the short Clinical Outcomes

in Routine Evaluation (CORE-10) and WEMWBS. 26 participants completed baseline and follow-up questionnaires – CORE-10 scores were significantly reduced and WEMWBS significantly increased. Comparison with the earlier study showed similar improvements on ‘problems’ items in full CORE questionnaire and both showed clinically important improvements in CORE-10 scores.

Clift et al, 2017

Dementias

The increase in diagnoses of dementias has major implications, from the impact on the individual’s quality of life to the rising cost implications for the health and social care system given demographic trends towards a growing older population. In 2012, the Alzheimer’s Society reported that 670,000 people were living with dementia, two-thirds of them suffering loneliness, isolation, anxiety and depression. There are currently few clinical and pharmacological interventions other than palliative.

The potential for arts and culture to play a part in addressing dementias was recognised early on by the Baring Foundation, which published *Ageing Artfully* (Baring) in 2009, a mapping exercise that led to a series of funding programmes, including partnership with the Arts Council. In 2011, it commissioned the Mental Health Foundation to produce a synthesis of systematic reviews and meta-analyses of the impact of participatory arts on older people (notably, half of these programmes used music and singing). This showed (with the usual caveats around variable quality of research) improvements in mental health and wellbeing, physical health and engagement with others, as well as attitudes to older people.

The *Creative Health* report has a section on cultural work with people with dementia:

Several quantitative and mixed methods studies have shown the impact of music

on dementia – Arts 4 Dementia provides an overview in its report *Music Reawakening: Musicianship and access of early to mid-stage dementia*. Arts & Health South West ran the *Music for a While* project with Bournemouth Symphony Orchestra, providing music for people with dementia in three acute hospitals. Funded by the Wessex Academic Health Science Network, it comprised weekly two-hour music sessions – listening, singing, playing percussion and occasionally composing. The University of Winchester carried out a research study at Winchester Hospital that found length of stay was reduced by 6.2%, number of falls from 47 to 31, and decreased use of anti-psychotic drugs by 4.26% during the intervention and 27.7% on music days.

Understanding the value of arts & culture, the AHRC Cultural Value report, lists a number of studies showing the application and impact of arts and culture on older people with dementias (Crossick and Kaszynska, 2016).

- The Bronx Aging Study 2003 longitudinal cohort study showed a lower likelihood of developing dementia for those engaging frequently in leisure activities, especially reading, board games, playing an instrument and dance.
 - Arts4Dementia 2012 London Arts Challenge, a series of 18 pilot projects, showed that the cognitive stimulus of arts combats the stresses of dementia and improves memory, thinking and social interaction.
 - Storybox in Manchester ran singing, poetry, storytelling and crafts activities, assessing process as well as outcomes as ‘simple clinical measures miss much of what is going on’ including effects of creative activity: ‘the experience and quality of life now, rather than improvement for the future’. This is true also of the Reader Organisation’s Shared Reading benefits, compared to inconclusive results of studies on the value of reminiscence therapy.
- The authors conclude that the most interesting research often ‘confirms the benefits of engaging with people with dementia rather than simply providing activities for them’, with projects like the Bloomsbury ‘Festival in a Box’ project where people with dementias have the freedom to tell their own stories (Crossick and Kaszynska, 2016: 110).
- People with dementia and older adults form the largest target group for museum wellbeing programmes. Most studies tend to favour a qualitative approach to researching museums and health. The following studies were included in Professor Helen Chatterjee’s submission to the Arts Council’s call for evidence:
- In a study by MacPherson et al (2009), people with dementia visited the National Gallery of Australia once a week for six weeks to discuss artworks. Levels of engagement were studied through direct observation and focus group sampling using a qualitative approach. Results revealed that participants showed increased levels of engagement, and this was particularly apparent for those individuals who were generally withdrawn or behaviourally disturbed in their usual environments.
 - In a similar study involving people with dementia and their carers at Auckland Museum in New Zealand, observational methods, focus groups and interviews revealed that the museum sessions provided opportunities to socialise and create positive shared experiences (McGuigan et al, 2015).
 - A recent programme co-funded by the Arts Council, entitled *Not So Grim Up North*, exemplified the value of co-production in research between museums (Whitworth Art Gallery, Manchester Museum, and Tyne & Wear Archives & Museums [TWAM]), academics (UCL), health/social care and third sector partners (across Greater Manchester and Tyne & Wear). The aim of the project was to investigate the health

and wellbeing impacts of museum and gallery activities for three audience groups: people living with dementia, stroke survivors and mental health service users. The research used a mixed-methods evaluation that co-developed fit-for-purpose methodological approaches for each museum setting to assess health and wellbeing across different contexts. The study explored participants' and carers perceptions of their own health and wellbeing, and whether arts- and culturally-based activities had a measurable and clinical impact on their health and wellbeing.

- Providing activity-based care is increasingly seen as a central aspect of care for people with cognitive impairments, including dementia. At the study site of Castleside Inpatient Dementia Service, Newcastle-upon-Tyne, UK activities were delivered by TWAM staff utilising the museum's object handling collection, predominantly social history objects from the 1950s to the 1970s. The study sought to examine the impact of object handling sessions within a dementia-specialist hospital context to assess the effects of engagement for people with moderate-to-severe dementia in relation to mood and social interaction (resident-to-resident and resident-to-care staff), and patient agitation. A new coding protocol, The Museum Engagement Observation Tool, (Morse and Chatterjee, 2011) was developed to evidence these effects. The study added support to the value of museum object handling for activity-based dementia care as part of a non-pharmacological intervention.

Of the papers submitted to the Arts Council's calls for evidence, six addressed dementias, half in the museum context:

- 'Cultural engagement and cognitive reserve: museum attendance is inversely associated with dementia incidence over a 10-year period'

This study used data from the English Longitudinal Study of Ageing to test

whether activities that are 'mentally engaging, enjoyable and socially interactive could be protective against the development of dementia'. It accounted for confounding variables of demography, socio-economic status, health-related factors including sensory impairment, depression, vascular conditions and other forms of community engagement. It found that adults aged 50+ visiting museums every few months or more associated with a lower incidence rate of dementia over a 10-year period compared with less frequent attendance, suggesting that visiting museums 'may be a promising psychosocial activity to support the prevention of dementia'.

Fancourt et al, 2018

- 'Museums, health and wellbeing research: Co-developing a new observational method for people with dementia in hospital contexts'

This is a report on meetings and workshops held with museum and healthcare partners to identify commonly used assessments and their perspectives on the objectives and possible outcomes of object-handling activities; this was integrated with review findings about concepts of engagement with people with dementia. This resulted in a 'Museum Engagement Observation Tool' for use in hospital settings for people with moderate-to-severe dementia, ie 'a fit-for-purpose video evaluation method' of the health and wellbeing impact of these programmes.

Morse and Chatterjee, 2017

- 'Museum object-handling: A health-promoting community-based activity for dementia care'

This paper sets out to examine the wellbeing impact of handling museum artefacts, by testing for differences across domain, time, gender and stages of dementia. A quasi-experimental design was chosen, with 80 participants. Results

indicated that people with early and moderate impairment showed positive increases in wellbeing, regardless of the type of dementia but those with early stage dementia showed larger increases. The authors conclude that 'for most people with early- to middle-stage dementia, handling museum objects in a supportive group environment increases subjective wellbeing and should be considered part of a health promotion strategy in dementia care.

Camic et al, 2017

- 'The impact of community-based arts and health interventions on cognition in people with dementia: a systematic literature review'

This literature search produced 17 studies, including those relating to literary, performing and visual arts in order to evaluate research pertaining to the impact of arts and health interventions on cognition in people with dementia. While all suggested a positive impact (particularly on attention, stimulation of memories, enhanced communication and engagement with creative activities), these were largely small-scale studies with methodological limitations (no control group and poorly defined samples).

The authors conclude that a 'consensus has yet to emerge... about the direction for future research including the challenge of measurement and the importance of methodological flexibility. It is suggested that further research [examines] whether the impact of interventions vary depending on cognitive ability and to continue to assess how arts interventions can be of use across the stages of dementia.'

Young et al, 2016

- 'Measuring physiological responses to the arts in people with a dementia'

This paper aimed to provide a critical overview of studies measuring physiological outcomes in response to an arts

intervention in people with dementia (13 studies met the criteria) and to suggest future research to broaden understanding of its effect. Qualitative research has been able to describe emotional responses but quantifiable changes are not well documented. Despite methodological limitations and variance, seven studies measured a cardiovascular outcome, eight an endocrinological outcome, one galvanic skin responses, and one rate of respiration. Such physiological measures are promising.

Thomas et al, 2017

Mental health and wellbeing in healthcare settings

Both *Creative Health* and the AHRC Cultural Value report highlight the Enhancing the Healing Environment programme initiated by the King's Fund in 2000 as a milestone in arts and design being used to make healthcare settings less stressful and raising the mood of staff as well as patients.

- The King's Fund's Enhancing the Healing Environment programme was rolled out from acute hospital trusts in London to 250 health social care organisations nationwide, including care homes, hospices and prisons. Early evaluation showed how an improved environment using art and design had a positive impact on relationships, created a sense of calm and raised staff morale. Longer term impacts were reduced aggression from patients and better staff recruitment and retention. This was borne out by a systematic review of evidence for the impact of visual arts and design on the health and wellbeing of staff and service users in adult mental health and by a three-year study of an arts-based collaboration with Avon & Wiltshire Mental Health Partnership Trust supporting a healing environment.

(from *Creative Health* report)

This development can perhaps be traced back thirty years or so, to St Mary's Hospital on the Isle of Wight, the first new-build to integrate visual arts in its design. Crossick and Kaszynska (2016) refer to the rigorous evaluation that found clinical benefits, reduced anxiety and depression among chemotherapy patients and mood enhancement among patients, staff and visitors. They cite other examples, which include the impact of live arts activities as well as visual and architectural enhancements:

- the Elevate project at Salisbury District Hospital with music, storytelling and reminiscence activities
- Barts' new Breast Care Centre 2004, part of Vital Arts programme
- Bristol's Royal Children's Hospital commissioned research before the old hospital closed showing a positive impact on children by the new space

Daykin & Byrne (2006) stress 'the importance of patient involvement and control in mediating the impact of arts and health and wellbeing', which they see as being enhanced by good design and cultural participation. 'The sense of empowerment and self-determination that patients may feel through artistic as well as design engagement contrast with the lack of control that is often experienced in medical settings.'

In her submission, Helen Chatterjee cites the Heritage in Hospitals project run by UCL, as an example of how cultural organisations can intervene in hospital and other health and social care settings.

- This project took handling collections from UCL Museums and partner museums (the British Museum, Reading Museum, Oxford University Museums) into hospitals and care homes in London, Reading, and Oxford. It involved over 300 hospital patients and care home residents. It used a mixed-methods framework to assess the impact of museum object handling sessions on participants. Psychological and

subjective wellbeing measures before and after the session were used alongside qualitative methods based on grounded theory. Quantitative measures showed that significant increases in participants' wellness and happiness scores. Qualitative analysis revealed that museum objects 'provided unique and idiosyncratic routes to stimulation and distraction'. This research also produced a guide to using museum collections in hospitals and other healthcare settings.

Two other papers received exemplify the range of research in this area:

- 'The effects of arts-in-medicine programming on the medical-surgical work environment'

While arts in medicine programmes have significant impacts on patients and staff in long-term care environments, the literature lacks evidence of effectiveness on hospital units with shorter average lengths of stay. This qualitative study used structured interviews to assess impact on job satisfaction, stress, unit culture, support, quality of care, and patient outcomes on a short-term medical-surgical unit – and a qualitative cross-comparison grounded theory methodology to analyse data. The authors confirm a positive impact overall, noting some potential negatives, such as distracting staff.

Sonke et al, 2015

- 'The transformative potential of the arts in mental health recovery – an Irish research project'

This paper explores the potential of integrating the arts into mental health care, based on the Arts+Minds research project, which investigated the experience of arts participation for mental health service users. Based on user-controlled definitions of recovery, the participant voice was central to this research. Participatory observation and qualitative interviews were carried out with service users, artists and MH staff.

The research demonstrated the transformative potential of the arts to create environments conducive to recovery through empowerment, connection-making, confidence-building, hope, storytelling and story-making. The authors conclude that ‘a meaningful partnership between the arts sector and mental health services is not just a technical measure but requires a radical shift in the way we understand, respond to and engage with human distress.’

Sapouna and Pamer, 2014

2.2.3 Social health

‘Social’ applications of arts in health range from engaging people who are otherwise isolated or lonely (factors that can lead to ill-health) to encouraging social interaction, community cohesion and bonding, and more pro-social and socially inclusive behaviours. Fancourt quotes from the European Communities Summit in 2005 that ‘effective access to participation in cultural activities [is] an essential dimension of promoting an inclusive society’. There is a shift from an acute, hospital-centred, illness-based system to person-centred, place-based care, using individual and community assets.

As health and social care delivery moves into the community, social prescribing is set to be universalised by 2023 – bridging primary care and the third/voluntary sector, including arts and culture organisations. Both public health and participatory artists are engaging with people where they live, co-producing the design and delivery of services. There is increasing awareness of the value of public spaces to health and wellbeing, both outdoor – the natural environment, parks and so on – and in the shape of museums and libraries, which provide a non-clinical environment for activities to support wellbeing.

Community health and wellbeing

The AHRC Cultural Value report explores how arts and culture engages with the social model of health, using participatory (or socially engaged) arts activities ‘to engage people in thinking about their own health, and help individuals in disadvantaged areas (and with health problems) to build the capacity to address them’ (Crossick and Kaszynska, 2016: 104).

This kind of initiative has been happening all around the country, as part of funding programmes such as the Arts Council’s Cultural Commissioning Programme and Creative People and Places and through the work of individual arts organisations, museums and libraries, often working with local health and social care commissioners. In terms of research as well as activism, museums and galleries have set a positive example in promoting wellbeing, as indicated in Professor Helen Chatterjee’s submission to the call for evidence and the work of the National Alliance for Museums, Health & Wellbeing (now merged with its sister arts alliance into the Culture, Health and Wellbeing Alliance), which she has led.

Be Creative Be Well, the Arts Council’s strand in Well London (2007-11), was an unprecedented city-wide attempt to address health inequalities through a variety of interventions, including gardening and youth work as well as arts and culture. This was the subject of a major research study run by the University of East London, which included a control element, and a more qualitative ‘realist’ evaluation, commissioned by the Arts Council and published online in 2012. This report found strong correspondences between the New Economics Foundation’s ‘5 ways to wellbeing’ and the evidenced outcomes of high quality participatory arts practice, an approach that could be usefully explored further, both in terms of understanding the mechanisms that make the arts effective in enhancing wellbeing and as part of a renewed focus on socially engaged cultural practices.

One of the research projects in the AHRC Cultural Value programme argued that participatory arts contribute positively in 'aiding communication, encouraging residual creative abilities, promoting new learning, enhancing cognitive function, increasing confidence, self-esteem and social participation and generating a sense of freedom' (Zeilig, 2013: 109). Another study, of The Reader Organisation's Shared Reading Scheme, established the value of qualitative research on wellbeing, using standard scales for mental health and subjective wellbeing to demonstrate different aspects of psychological wellbeing.

There is growing research around the benefits of arts and culture for particular groups in society, defined by age, as in the case of older people (see separate section below) or by disadvantage of some kind. Equally, there is more general research into the wellbeing impact of cultural engagement on the population as a whole, notably the work that Dr Daisy Fancourt and University of Central London (UCL) are doing in triangulating life and health histories through the post-war cohort studies. This will add to the international work on longitudinal research, which – after controlling for relevant social, economic and demographic variables – has shown an association between long-term arts engagement and positive health outcomes.

A Swedish report from 2003 showed that attendance at cinema, theatre, art galleries, concerts and museums was associated with lower rates of cancer-related mortality. The Italian Culture and Wellbeing Project found cultural access the second most important determinant of psychological subjective wellbeing after multiple morbidities, outperforming factors such as occupation, age, income and education (2010/12). The All-Party Parliamentary Group (APPG) on Wellbeing Economics highlighted arts and culture as one of four areas where policy could directly contribute to wellbeing.

In the Nordic countries, studies such as those described here have led to policy change and the wider rollout of arts and wellbeing programmes. This is the level of influence to which we should aspire, as our growing evidence of impact attains wider acknowledgement and understanding.

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

This paper examines the influence of national, social and political contexts on art and health community projects by comparing practice and project outcomes. Based on two case studies, it uses a psychosocial approach to reflect on practice, including participants' testimonies. It shows that both countries have comparable problems with restricted resources, funding and organisational limitations to service delivery. Outcomes are also similar: identity, wellbeing and self-confidence. The main difference is the British case study shows a bottom-up approach in contrast to the Danish case study where the approach is top-down.

Jensen (2013)

This is positive in terms of the importance of 'co-production' approaches, but there is still work to do to build UK Government willingness to support such interventions directly through health or social care budgets. Research may be the key to enabling the arts and cultural sector to help policy makers in healthcare to fully understand and recognise the value of the work but, as another paper argues, we can and should build a broader, more nuanced approach to what kinds of research are deemed relevant.

- 'Creative arts as a public health resource: moving from practice-based research to evidence-based practice'

This paper reviews some of the population-level evidence from epidemiological studies on cultural participation and health and then to consider research on active initiatives

that draw on the creative arts in healthcare settings and communities to support health and wellbeing. The author argues for recognising the value of concrete case studies, qualitative research and the testimonies of participants and professionals alike in assessing the value of these activities and their impact, whilst acknowledging that robust controlled studies with precise measurable health outcomes are needed in order to scale the work up.

Clift (2012)

Other recent research and wider material reviewed for this report is organised below into some key areas of activity.

Creative engagement and wellbeing

The following six papers convey something of the variety of approaches to researching the links between creative engagement and wellbeing. The first suggests that even simply attending a concert might have a measurable impact, while other papers examine the psychosocial and even physiological effects more active engagement can have. Two papers link to wider research into maternal wellbeing and the last study examines the eudemonic wellbeing involved in creating art, giving the art-maker a feeling of purpose as well as pleasure.

- 'Attending a concert reduces glucocorticoids, progesterone and the cortisol/DHEA ratio'

Following earlier research (2014) that showed a six-week music-making intervention led to reductions in glucocorticoids matched with increases in immune response, this study looks at impact of attending concerts. Although this was an uncontrolled trial, relying on replication to confirm findings, using only classical music concerts, it does provide preliminary evidence that attending a concert can have an impact on endocrine activity and lead to reductions in stress response.

The authors point out that there have been no previous studies exploring the impact of listening to live singing through attending a public concert, 'despite the significant attention given to the impact of attending cultural events and visiting cultural venues among policy makers.'

Fancourt and Williamon (2016)

- 'The effects of recreational dance interventions on the health and wellbeing of children and young people: A systematic review'

This paper examines 14 controlled studies of recreational dance activity involving 5-21 year-olds in order to explore the effects of participating in recreational dance on the physical health and psychosocial outcomes of children and adolescents. The authors find a consistency of association across different populations and settings that suggests recreational dance can improve cardiovascular fitness and bone health of children and young people, whilst also contributing to prevention or reduction of obesity. There is evidence to suggest that involvement in dance may have positive outcomes on psychosocial as well as physical wellbeing.

Burkhardt and Brennan (2012)

- 'Maternal engagement with music up to nine months post-birth: Findings from a cross-sectional study in England'

This cross-sectional survey study uses descriptive and inferential statistics to examine how 473 mothers engaged with music 1-9 months post-birth, and regression models to examine demographic and musical predictors of this engagement. Findings indicate that the most frequently reported musical activities were daily listening to music (71%) and daily singing to babies (59%) The authors comment that these findings could 'support practitioners in designing music activities for mothers... highlighting... mothers with very young

infants, with little or no previous musical experience or with more than one child.'

Fancourt and Perkins (2017a)

- 'The effects of mother-infant singing on emotional closeness, affect, anxiety, and stress hormones'

This within-subjects study compares effects of mother-infant singing with other mother-infant interactions among 43 mothers and their infants, demonstrating quantitatively what effect mother-infant singing has on mothers and bonding with their infants (as argued in anthropological theory). The study shows that singing is associated with greater increases in maternal perceptions of emotional closeness in comparison to social interactions. It is also associated with greater increases in positive affect and greater decreases both in negative affect and in psychological and biological markers of anxiety.

Fancourt and Perkins (2018a)

- 'What works for wellbeing? A systematic review of wellbeing outcomes for music and singing in adults'

This article aims to identify subjective wellbeing outcomes for music and singing in adults. It is the first of four reviews of Culture, Sport and Wellbeing commissioned by the Economic and Social Research Council (ESRC)-funded What Works Centre for Wellbeing. Comprehensive literature searches were conducted in all the major databases. From 5,397 records identified, 61 relevant records were assessed. A wide range of wellbeing measures was used, with no consistency in how subjective wellbeing was measured across the studies. A wide range of activities was reported, most commonly music listening and regular group singing. Music has been associated with reduced anxiety in young adults, enhanced mood and purpose in adults and mental wellbeing, quality of life, self-awareness and coping in people with diagnosed health conditions. Music and

singing have been shown to be effective in enhancing morale and reducing risk of depression in older people. Few studies address subjective wellbeing in people with dementia. While there is reliable evidence for positive effects of music and singing on wellbeing in adults, there remains a need for research with sub-groups who are at greater risk of lower levels of wellbeing, and on the processes by which wellbeing outcomes are, or are not, achieved.

Daykin et al (2018)

- 'Using the experience-sampling method to examine the psychological mechanisms by which participatory art improves wellbeing'

This study measures the immediate impact of art-making in everyday life on diverse indices of wellbeing ('in the moment' and longer term), in order to improve understanding of the psychological mechanisms by which art may improve mental health. Art-making has both immediate and long-term associations with wellbeing. At the experiential level, art-making affects multiple dimensions of conscious experience: affective, cognitive and state factors. This suggests that there are multiple routes to wellbeing (improving hedonic tone, making meaning through inner dialogue and experiencing the flow state). Recommendations are made to consider these factors when both developing and evaluating public health interventions that involve participatory arts.

Using the experience-sampling method, 41 artists were prompted (with a 'beep' on a handheld computer) at random intervals (10 times a day, for one week) to answer a short questionnaire. The questionnaire tracked art-making and enquired about mood, cognition and state of consciousness. This resulted in 2,495 sampled experiences, with a high response rate in which 89% of questionnaires were completed. Multi-level modelling was used to evaluate the impact of art-making on experience, with 2,495 'experiences'

(experiential-level) drawn from 41 participants (person-level). Recent art-making was significantly associated with experiential shifts: improvement in hedonic tone, vivid internal imagery and the flow state. Furthermore, the frequency of art-making across the week was associated with person-level measures of wellbeing: eudemonic happiness and self-regulation.

Holt (2018)

Museums and wellbeing

There is now a range of evidence that suggests that museums and galleries can help with a range of health issues, enhance wellbeing, and build social capital and resilience. These organisations have the potential to address a wide spectrum of health, wellbeing, and social needs, including: healthy ageing; health education; reduction of stress; social isolation; pain intensity (possibly linked to reduced drug consumption); enhanced mental health (possibly linked to reduced reliance on mental health services); increased mobility; cognitive stimulation; and sociality and employability.

There are examples of museum evaluations that have employed quantitative health measures, with the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) being a popular choice. The Artefact project carried out in museums in North Wales used WEMWBS to assess the mental wellbeing of participants at the start and end of the project, and the Museum of Hartlepool used the shortened version of the scale in their evaluation of an intergenerational dance project.

Museums are also increasingly turning their attention to how their outdoor spaces can be used for health and wellbeing projects.

- *Grow: Art, Park & Wellbeing* was a 10-week programme employing therapeutic horticultural- and arts-based activities inspired by nature using the Whitworth Art Gallery's indoor and outdoor spaces. The

project involved a mixed methods approach. Participants reported that session had a positive impact on their self-esteem, confidence, and sense of subjective wellbeing; increased participant confidence over the weeks was also frequently reported by facilitators. Effects on motivation levels seemed to have a far-reaching impact as follow-on interviews indicated that several participants made positive personal changes that they attributed to taking part in the programme, such as getting back in touch with friends and family, moving to a different area outside of the city to reconnect with nature, or taking up a volunteer role.

- 'Who Cares? Museums Health and Well-being: a study of the Renaissance North West Programme'

This paper investigates the effect of access to museum activities on health and wellbeing across disadvantaged groups in each museum, focusing on the meaning and uses of objects and artworks by individuals, the relationships between participants and museum staff and partners, and the implications of the programmes for cultural inclusion. The researchers use a qualitative psychosocial framework, using self-evaluation questionnaires, video, semi-structured and narrative style interviews, in-depth observation of groups, and creative outputs such as artworks. The research demonstrates the unique potential of multisensory interaction with museum objects as a vehicle for improving aspects of health and wellbeing. As the authors put it, 'interaction with museum collections in favourable conditions offers people the opportunity to find new cultural forms in which to express their experience'.

Froggett et al (2011)

- 'Museum programs for socially isolated older adults: Understanding what works'

This paper examines how museum programmes create opportunities to

enhance health and wellbeing and mitigate the experience of social isolation in older adults. To support socially isolated older people as part of local public health strategies, museums need to be accessible and engaging places that purposively support social interaction by involving people and objects, participating in multiple sessions over time, that are facilitated by skilled and knowledgeable staff.

Todd et al (2017)

Older people

Given the demographics of our society, there is increasing attention to our older people and how they can be supported at a time of life when many are subject to a variety of health challenges or, in medical parlance, 'multiple morbidities'. The Baring Foundation has over recent years partnered with the Arts Council on a number of funding programmes focused on, for example, care homes, where one key aim was to show the care sector that arts and culture could play a significant part in supporting and empowering older vulnerable people. The current programme, *Celebrating Age*, is being evaluated from the outset, using a novel qualitative approach based on participants ranking the stories that they tell about the programme as it develops.

The *Creative Health* report, as part of its 'lifecycle' approach, provides a number of examples of research in this area, such as this one:

- In the USA the Creativity and Ageing Study, supported by the National Endowment for the Arts, researched the impact of weekly participatory arts programmes over two years. Three hundred participants aged 65-103 took part in a variety of activities, including painting, poetry and drama. The evidence found for health promotion and disease prevention benefits included reductions in medical appointments and requests for medication. Participants also became more independent, 'reducing risk

factors that drive the need for long-term care', including falls. The lead researcher later reviewed research suggesting that social, psychological and neurobiological mechanisms were in play.

The AHRC Cultural Value report also reports on a number of research studies around culture and older people, including one of its own systematic reviews, focused on ageing, drama and creativity. This found that, although there were clearly benefits for health and wellbeing, group relationships, learning and creativity, few of the 75 studies used control groups and none looked at long-term effects, and even fewer looked at the cultural and aesthetic value of arts participation for older people.

A range of papers were received examining this area of research:

- 'The value of the use of participatory arts activities in residential care settings to enhance the well-being and quality of life of older people: A rapid review of the literature'

There is some evidence that participating in arts-based activities has a role to play in improving the quality of life of older people living in residential care settings. This rapid review of the literature published in 2000-13 focuses on participants aged 65+ engaged in activities including dance, music, singing and the visual arts. Studies used a range of methods and outcome measures, making synthesis difficult. Despite methodological limitations, studies suggest that in the short term, participating in arts activities improves mood, engagement and memory.

Fraser et al (2014)

- 'Community group membership and multidimensional subjective wellbeing in older age'

This study explores whether membership in eight different community groups was associated with enhanced experienced, evaluative and eudemonic wellbeing among older adults. It analyses data from 2,548 adults aged 55+ from the English

Longitudinal Study of Ageing, using multivariate logistic and linear regression models to compare changes in baseline and follow-up ten years later in relationship to membership of different community groups, while controlling for potential confounding variables. The research found that membership in two types of group was associated with enhanced wellbeing: religious and education, arts or music classes were both longitudinally associated with lower negative affect and life satisfaction.

The authors suggest on the basis of this research that 'education, arts or music classes... may well support well-being in older age. Programmes to encourage engagement could be designed for older adults who may not normally access these community resources.'

Fancourt and Steptoe (2018)

Arts on prescription

An estimated one in five visits to GPs are made for psychosocial rather than medical reasons. It is partly to alleviate pressure on primary care and save costs in general that the notion of social prescribing – which includes 'arts on prescription' – has taken root in healthcare policy, even though its efficacy has yet to be fully tested through research. The Care Services Improvement Partnership (North West Development Centre) has published a guide to commissioning and delivery, *Social Prescribing for Mental Health*, which recommends that evidence should address:

- the impact of participation in the arts on self-esteem, self-worth and identity
- the role of creativity in reducing symptoms (anxiety, depression, feelings of hopelessness)
- arts and creativity as resources for promoting social inclusion and strengthening communities

Friedli, 2012 :40

An outcomes framework has since been developed by NHS England, which should help to shape and evaluate the programme as it is rolled out across England over the next five years (and planned by 2020, in London's case). In a 2013 report taking stock of progress in arts and health, the RSPH observed that, because arts on prescription links healthcare with social, voluntary or private sectors in the community, 'it is a model for multisectoral working which fits well with current government policy for public health. It bridges healthcare and community arts, with some projects open to self-referrers and not all activities taking place in healthcare premises' (Royal Society for Public Health, 2013: 43).

Although the Social Prescribing Network was launched only in 2016, arts on prescription programmes have been running for some years in a number of areas in England and the UK. One example is Arts and Minds, which is the leading arts and mental health charity in Cambridgeshire with a national reputation for contributing to the evidence base and policy developments around non-clinical interventions for medical conditions. Another well-known example is a primary-care based scheme in Gloucestershire, funded by the Arts Council and run by Artlift. This has been subject to ongoing evaluation using quantitative measures (WEMWBS) to look at the wellbeing impact of referrals, while a qualitative approach has focused on the experiences and opinions of the arts and health practitioners and patients involved. A cost-benefit analysis showed that GP consultation rates dropped by 37 per cent and hospital admissions by 27 per cent: this represented a saving of £216 per patient (cited in the *Creative Health* report).

That economic argument – often described as Social Return on Investment (SROI) – is perhaps easier to research in this case than in other areas of arts and health work. A number of savings have been claimed by different projects ranging from an estimated SROI of £4 for every pound invested at the South West Yorkshire Partnership NHS Foundation Trust, where social prescribing has been integrated

into its whole delivery, to the St Helens arts on prescription programme which shows an SROI of £11.55.

A recent study exploring the (non-financial) value of museum-based social prescribing programmes for lonely older adults at risk of social isolation, using a mix of qualitative and quantitative measures (including the UCL Museum Wellbeing Measure and WEMWBS), showed significant individual and group increases in psychological wellbeing occurring across a 10 week programme; participants particularly enjoyed meeting new people, doing creative activities, gaining confidence and learning new skills.

Two further submitted papers are relevant here:

- ‘Non-clinical community interventions: a systematised review of social prescribing schemes’

This systematised review appraises primary research material evaluating social prescribing schemes published in peer-reviewed journals and reports 2000-15. These show a range of outcomes, including increase in self-esteem and confidence, improvement in mental wellbeing and positive mood; and reduction in anxiety, depression and negative mood. There are still gaps in the evidence base, however, and the paper makes recommendations on future evaluation and implementation of referral pathways.

Chatterjee et al (2017)

- ‘Effects of a museum-based social prescription intervention on quantitative measures of psychological wellbeing in older adults’

This paper set out to assess psychological wellbeing in a novel social prescription intervention for older adults called Museums on Prescription, and to explore the extent of change over time in six self-rated emotions (absorbed, active, cheerful, encouraged, enlightened, inspired) through 12

programmes in seven museums in central London and Kent. 115 participants aged 65-94 were referred by healthcare and third sector organisations (using inclusion and exclusion criteria) to museum-based programmes comprising 10 weekly sessions. The Museum Wellbeing Measure for Older Adults (MWM-OA) was administered at start, middle and end-of-programme. Multivariate analysis showed significant participant improvements in all MWM-OA at all stages, with ‘absorbed’ and ‘enlightened’ increased disproportionately to the others – ‘cheerful’ scored highest and ‘active’ lowest.

This demonstrated to the authors that museums ‘can be instrumental in offering museum-based programmes for older people to improve psychological wellbeing over time.’ It is also worth noting that the most effective referral route involved a local navigator in a primary care or third sector organisation informed of non-clinical community interventions.

Thomson et al (2017)

2.3 The health question

Critiquing the hierarchy of evidence

As with academic research into arts and culture in the criminal justice system, there is a general adherence in healthcare to a ‘hierarchy of evidence’, which places qualitative and practice-based research below experimental approaches, above all the randomized controlled trial (RCT). In medicine, the RCT is considered the gold standard, producing robust evidence of the efficacy (or otherwise) of a drug or other intervention in addressing a health condition. It carries considerable weight in the healthcare profession, as Crossick and Kaszynska explain:

... healthcare and medicine are founded on evidence-based models from predominantly experimental methods such as RCTs.

Researchers and commissioners within healthcare and medicine will generally look to these experimental methods as the best form of evidence (and attempting to change that would require a seismic shift). (Crossick and Kaszynska, 2016: 200).

This is not, they write, 'because of snobbery or a dislike of more complex interventions, but rather a desire to select the most effective and safe tools for patient care'. However, it does mean that building a case for such complex interventions as arts and culture is particularly challenging.

A case in point is the National Institute for Health and Care Excellence (NICE), which provides evidence-based guidance on social care, public health and clinical topics. It favours RCTs and large-scale studies although it does on occasion consider other robust research methodologies. However, when NICE produced the first revisions in dementia guidance since 2006 earlier this year, it failed to cite arts and culture, despite the wealth of arts-related research in this field being undertaken here and internationally. This includes a substantial body of evidence for the benefits of singing for people with dementia.

Although running an RCT is challenging in terms of logistics, and although the results may not capture all the knowledge that can be learned from complex interventions like these, there are (as researcher Dr Daisy Fancourt suggests) good reasons for arts and cultural organisations not to dismiss their use. This is especially true in healthcare, where 'systematically investigating arts interventions through research is essential to understand the extent and nature of these effects, produce generalizable knowledge, and engage stakeholders, especially those who may be more cautious as to the potential benefits of the arts for health' (Fancourt, 2017: 192).

Fancourt understands the resistance to the idea that the arts should – or could – adopt 'the clinical objectivity of the pharmaceutical industry' but argues that arts projects are not the only 'complex intervention' that has to face

the challenge of experimental approaches. The Medical Research Council has produced a framework for developing and evaluating RCTs for such interventions, updated in 2013. This does not prescribe that RCTs have to be used, but warns against dispensing with them altogether, not least as a way of avoiding selection bias. Fancourt wants to dispel the common impression that RCTs are in some way unethical, by leaving one group without 'treatment' (there are options of wait-list designs, cluster randomized trials, and 'stepped wedge' designs), or that they only allow for one outcome (they can in fact measure multiple constructs) or that, if chosen, no other design can be used. Other models can be nested within a trial, for example, process evaluations or assessments of cost effectiveness, case studies and evaluations.

Despite the challenges, some RCTs for arts interventions have been tried and are being planned. For example, the Sidney de Haan Centre has worked with the British Lung Foundation on RCT trials to determine the benefits of singing on patients with COPD (chronic obstructive pulmonary disease). AESOP's Dance to Health initiative is designed to persuade health commissioners across the country to invest in dance programmes for older people in order to prevent falls. It has worked with a range of dance companies, some of them National Portfolio Organisations, and partnered them with local health providers. AESOP's ultimate tactic in achieving its ambitious goal of scaling this pilot up to national adoption will be to fund a major RCT to test the relative utility of creative dance activity compared to basic exercise regimes in achieving a reduction in falls. Apart from the intrinsic health benefits to older people, there will be a clear cost benefit to healthcare providers should dance prove effective in preventing falls and to dance providers should the RCT prove the discipline's relative superiority to basic exercise routines.

One way forward in developing more robust measures and data in arts and health projects is suggested by a recent book recommending

greater sharing and exchange between artists working in arts and health and accredited arts therapists. The authors of *A Guide to Evaluation for Arts Therapists and Arts & Health Practitioners* argue that there are more similarities than differences between the two:

All are arts-based and many engage similar populations in the same settings, and any of these practices, in whatever site or sector, face the same conundrums of assessing and conveying arts-based values in contexts that privilege quantity and generalizable (outcome) measures.

Tsirir et al, 2014: 19

As Mike White suggests in his foreword to this book, a greater alliance between the two sets of practitioners (as well as medical humanities) might 'help maintain a balance between sociological and clinical investigation' that could, in turn, 'help overcome many of the difficulties and dilemmas that have so far hampered the development of a credible evidence base for the effectiveness of participatory arts in health'.

The AHRC Cultural Value report notes that 'the appropriateness of clinical outcomes alone in capturing the changes brought about by arts interventions has... come into question in recent years'. This is thought by some to be particularly true in areas like mental health, where over-rigorous questionnaires and testing might impact on care for vulnerable people.

One expert workshop run for the Cultural Value report concluded (in the words of the researcher) that the 'artfulness' of these interventions 'found in the relational, affective space they create, is lost in the epistemological orthodoxies of clinical and quantitative research methodologies' (Crossick and Kaszynska, 2016: 110). In an evaluation of English National Ballet's Dance for Parkinson's programme, the clinical results were not significant, except for a modest improvement in postural stability, yet the researcher noticed the data that wasn't captured 'scientifically': greater fluency, balance and gait and non-motor activity and improved

cognitive functioning, psychological health, relationships and participant interaction.

Arguably, the variety of applications – from arts in clinical settings to public health projects to epidemiological studies – demand a variety of approaches to research and evaluation. There is perhaps a shift towards this, for example with some researchers bringing quantitative and qualitative approaches and insights into closer alignment, arguing that good outcomes are being missed through an exclusive focus on clinical outcomes. For example, Professor Norma Daykin, a leading authority on this area of work, points out that sociological perspectives have been overlooked in the broader arts and health literature in favour of biomedical perspectives. Others point to practice-based research or other ways of gaining useful knowledge about projects that an RCT could hardly elicit.

However, long-held beliefs in what makes the most reliable evidence remain challenging: 'even if more appropriate methods to capture these effects [of the arts] were found, it is not clear how they would be regarded, given the evidence hierarchy in medical discourse' (Crossick and Kaszynska, 2016: 111).

2.4 Research, policy and practice

Looking for an integrated approach

As in arts in criminal justice, research, practice and policy are increasingly being brought together across the sector, in particular through the work of the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPAHW), the Culture, Health and Wellbeing Alliance (CHWA), the Royal Society of Public Health's Arts, Health & Wellbeing Special Interest Group (RPSH SIG), AESOP and other initiatives.

Overall, much is being done to try to improve the quality of research and evaluation in arts and health and wellbeing and to develop more

systematic approaches – one current example of this is the Arts Observational Scale (ArtsObS) developed at Chelsea & Westminster NHS Foundation Trust and used as a mixed-methods tool to evaluate performing arts activities in healthcare settings (see Fancourt and Poon, 2015).

APPG on Arts, Health and Wellbeing

www.artshealthandwellbeing.org.uk/APPG

In liaison with the Arts Council, the Culture, Health and Wellbeing Alliance (CHWA) has been holding a series of regional meetings across England to promote and discuss *Creative Health: The Arts for Health and Wellbeing*, the inquiry report published in July 2017.

Compiled and written by an experienced arts and health researcher, Rebecca Gordon-Nesbitt, *Creative Health* combines elements of an academic literature review, a descriptive analysis of the field and what amounts to a polemic on the need for a radical rethink of health and wellbeing and the greater part that arts and culture might play in it.

This report is envisaged as ‘a first step’ toward achieving ‘a national framework for cultural health policy interventions in the artistic sense’. As befits a campaigning document, rather than conclusions it offers three ‘messages’ based on its review of research and practice:

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

It goes on to make 10 recommendations that are rather more detailed and specific, targeted at all the major stakeholders, from the

Secretaries of State for Culture, Media and Sport, Health, Education, and Communities and Local Government to Public Health England, the NHS, the research councils and the Arts Council and the organisations it funds. Each has a part to play in embedding arts and culture in the fabric of the health and social care, including aspects of the criminal justice system. The aim is ‘to secure greater recognition of the beneficial impact of arts engagement upon health and wellbeing and to ensure that the assistance offered by the arts to some of the most pressing challenges in health and social care is embraced.’ A key recommendation is to establish a national strategic centre to develop arts and health work.

Recommendations 9 and 10 refer directly to the need for a stronger evidence base and for recognition of the value of arts and culture in health and wellbeing.

9. We recommend that Research Councils UK and individual research councils consider an interdisciplinary, cross-council research funding initiative in the area of participatory arts, health and wellbeing, and that other research-funding bodies express willingness to contribute resources to advancement of the arts, health and wellbeing evidence base. We recommend that commissioners of large-scale, long-term health surveys include questions about the impacts of arts engagement on health and wellbeing.

10. We recommend that the National Institute for Health and Care Excellence regularly examines evidence as to the efficacy of the arts in benefiting health, and, where the evidence justifies it, includes in its guidance the use of the arts in healthcare.

Culture, Health and Wellbeing Alliance (CHWA)

<https://www.culturehealthandwellbeing.org.uk>

Until March this year, national support for the arts and health sector was led on behalf of the sector by two regional networks, both funded by the Arts Council: the London Arts and Health

Forum and Arts and Health South West. That national entity has now merged with the National Alliance for Museums, Health & Wellbeing to form a new national organisation, the Culture, Health and Wellbeing Alliance (CHWA), funded by the Arts Council as a Sector Support Organisation. A regular bulletin, covering news, policy developments and opportunities for the sector, is sent out to anyone who signs up on the website.

The Culture, Health and Wellbeing Alliance steering group includes Arts Derbyshire, Arts & Health South West, Arts & Minds, Beaney House of Art and Knowledge, Birmingham Museums Trust, British Museum, Creative Health CIC, Equal Arts, London Arts in Health Forum, Manchester Metropolitan University, Mansfield Museum, Ministry of Others, National Museums Liverpool, Royal Albert Memorial Museum & Art Gallery, Thackray Medical Museum, Tyne & Wear Archives and Museums, University College London and University of Cambridge Museums.

Strategic Alliance Members supporting this group include 64 Million Artists, Age Friendly Museums Network, Age of Creativity, Art Fund, Association of British Orchestras, Breathe Arts Health Research, British Association of Art Therapists, British Association of Dramatherapists, British Association for Music Therapy, Creative Dementia Arts Network, Culture 24, Group for Education in Museums GEM, Happy Museum, Historic England, Lapidus, Live Music Now, Making Music, Museums and Participation Network, Music in Hospitals & Care, National Criminal Justice Arts Alliance, Nordoff Robbins, Paintings in Hospitals, People Dancing, Royal Society for Public Health Special Interest Group for Arts, Health & Wellbeing, Snape Maltings, Social Prescribing Network, Sport in Museums Network, The Reader, The Whitworth and Manchester Museums, Voluntary Arts, Willis Newson, Yorkshire Sculpture Park.

RSPH Arts, Health and Wellbeing Special Interest Group

<https://www.rsph.org.uk/membership/special-interest-groups.html>

RSPH has made important contributions over a number of years in supporting the development of the arts and health field in the UK. This group helps to further establish RSPH's role in helping to support research, evidence-based practice and policy development in this vibrant field, and is supported by a steering group.

Aims of the group

- sharing current research and best practice
- organising conferences, seminars and workshops
- influencing government policy as a professional body

This Special Interest Group is open to all RSPH members with an interest in the contribution the creative arts can make to health and wellbeing.

AESOP

<http://www.ae-sop.org>

Aesop is a charity and social enterprise, connecting the worlds of health and the arts. Its strategic aims are to:

- generate health demand for the arts – including through The Aesop Marketplace, which acts as meeting point for health providers and leading arts in health programmes, and a biennial National Arts in Health Conference & Showcase for health decision-makers
- develop arts programmes that the health sector wants – eg its Dance to Health Falls Prevention Dance Programme for older people
- develop the knowledge base to support growth of arts enterprises in health – including the Aesop PHE evaluation framework for arts in health commissioned by Public Health England and the Aesop Institute, offering accredited arts in health

training in running successful arts in health programmes (launching April 2019).

In September this year, Aesop also launched the Active Ingredients Project, developed with BOP Consulting. This aims to 'deepen our understanding of the ways in which arts interventions in health and social contexts work – and to improve the ways these are designed and their impacts measured'. The report uses the medical/pharmaceutical metaphor of the 'active ingredient' to emphasise that there is something particular in the arts experience itself which enables certain outcomes to occur. More information is available at <http://www.ae-sop.org/2018/09/14/aesop-launches-active-ingredients/>.

Arts Health Early Career Research Network

<https://www.artshealthecrn.com>

The Arts Health Early Career Research Network brings together early career researchers working on projects that lie at the intersection of the arts, humanities, health and medicine. It has three aims:

- to link together early career researchers through social events, networking opportunities and workshops
- to provide podcasts, newsletters and resources to help early career researchers learn more about the field
- to run training events and promote conferences to enable early career researchers to lead their own research

Repository for Arts and Health Resources

www.artshealthresources.org.uk

This website, based at Canterbury Christchurch University, houses a range of 'grey literature' and other resources not easily found on the main websites dedicated to covering arts for health practice as it has grown and diversified.

It provides a chronological overview of the significant publications not captured by major research databases that have documented and guided the development of the arts and health field in the UK over the last 20 years.

It also has links to the key research centres and departments pivotal to the development and establishment of robust evaluation and research. These centres and departments have been concerned with building theoretical models and robust secure evidence to explain and document the benefits that the arts can bring to health and wellbeing.

What Works Centre for Wellbeing

<https://whatworkswellbeing.org/>

The What Works Centre for Wellbeing has invested in a three-year evidence review programme examining the impacts of culture and sport on wellbeing. The Evidence Review team has examined music, dance and visual arts respectively with adults, young people and people with mental health conditions. While these reviews show that more work needs to be done to improve methodologies, they also show that there is a large amount of evidence, much of it from quantitative research, including RCTs, as well as qualitative research that reveals the processes by which wellbeing outcomes are achieved.

As part of the What Works reviews, it has produced a methods guide and there are tools to support organisations in measuring wellbeing. Public Health England has supported this work, commissioning the Arts, Health and Wellbeing Evaluation Framework, authored by Professor Norma Daykin. The Creative and Credible website – <http://creativeandcredible.co.uk/> – provides additional support in this area. More information, including summaries, can be found on the What Works for Wellbeing website.

Conclusions

Towards a rounded evidence base

A meeting of the All-Party Parliamentary Group on Arts, Health & Wellbeing was held to discuss how organisations in the Arts Council's National Portfolio might embed health and wellbeing into their core work. As at many other meetings held to discuss the recommendations made in its report, *Creative Health*, the question of evidence came up, particularly in terms of how it might help in arguing for the value of this kind of work. This was directed as much to the Arts Council as to healthcare funders, given that it, too, has to be persuaded that a project meets its own criteria before agreeing to invest.

One of the National Portfolio Organisation directors present argued for a 'more rounded evidence base'. Such an evidence base would presumably combine quantitative and qualitative evaluation, cultural and healthcare aims and outcomes, goals of excellence and access and so forth. This could augment efforts to secure funding and support for continuing the work – helping to make the case – but it could also do justice to the creative side of the work as well as to its benefits for health and wellbeing. By capturing the learning from projects, it could also help to develop and improve practice in future.

3.1 The role of research in making the case

Research and evaluation is seen as one very important way to make the case for greater recognition, involvement and investment. Persuasive and reliable evidence is needed to show that arts and culture can deliver tangible benefits that will deliver measurable health outcomes and, ultimately, save the NHS money in the process. It is needed to show that arts interventions in youth offending

teams or prisons can play a significant part in protecting the public and rehabilitating offenders.

In a number of ways, the ground is well prepared for these arguments to be heard. The Culture White Paper, published in 2016, highlighted the cultural work being done in health and wellbeing and in criminal justice, as well as in education and other areas of people's lives, and the Department for Digital, Culture, Media & Sport (DDCMS) continues to fund the Arts Council to continue supporting it. The APPG on Arts, Health & Wellbeing is working hard to bring health policy-makers into the room and there has been a roundtable bringing the Justice and Culture ministers together with representatives of the arts in the criminal justice sector to try and find common ground. The Ministry of Justice hosts regular meetings with other stakeholders, including the Arts Council, to discuss how to strengthen the case for arts and culture in the criminal justice system. Similarly, the Culture, Health and Wellbeing Alliance has set up a Strategic Partners Group, with representation from the Department of Health, Public Health England and the Local Government Association as well as the Arts Council.

The picture at the grassroots is also promising. A number of clinical commissioning groups (CCGs), which hold substantial amounts of health funding, are putting some of their money into arts on prescription schemes, for example. Some NHS Foundation Trusts are integrating arts across all their mental health services or even more widely in their delivery. Some governors recognise the value of bringing artists into their prison without needing to set desistance targets. These are vital champions and advocates for this kind of work.

The APPG on Arts, Health & Wellbeing calls for much greater collaboration and exchange between all those involved in health and social care (and criminal justice) so that – as with the accumulation of evidence – a joined-up approach can hopefully mitigate the fragmented nature of the ‘sector’ and of the practices that come under the heading of ‘arts and health’ – and of the research and evaluation that is carried out on it. The APPG’s primary recommendation – for a strategic centre – is of particular significance, given the need to make this work publicly and politically visible and coherent.

3.2 The need for research funding

However, as this report has shown, the research effort is still largely shaped by the criminal justice and healthcare systems, which seems to mean adopting the hierarchy of evidence and scientific positivism that places the RCT at the top as the most persuasive and reliable evidence for the value of this work.

This has serious practical implications for those wanting to secure recognition for the value and impact of arts and culture on many public policy areas. Not the least of these is the high costs and logistical challenge of running a trial: few organisations specialising in this work are resourced sufficiently either to do this or to meet the other demands often made for longitudinal evidence, which is demanding in terms of time as well as cost. Indeed, most organisations struggle to meet the costs of having their work independently evaluated to the standard of quality that the health and criminal justice systems would like to see. Who, then, funds either the research or the evaluation to help test the case that the cultural sector is trying to make?

In comparison to other kinds of health research, arts and cultural interventions have received relatively little funding – cognitive behavioural therapy (CBT), in contrast, is a global business worth billions of dollars worldwide. The low level of research funding has led inevitably to small-scale research,

involving small groups of people (often less than 100) for short-lived projects for which qualitative methods are often used.

Among research councils, the AHRC has been the leader in this area and has funded projects through open calls, but it is limited by the scale of its budget. The Wellcome Trust supports projects through research fellowships and public engagement, including a two-year residency at the Wellcome Hub. Many other funders have dipped into this area – some from the research side and some from the practice side. As well as funding for some studies from the Arts Council’s Research Grants Programme (where applications had to be led by arts organisations), several trusts and foundations, as well as charities, have made a significant impact on both areas, including the Esmée Fairbairn Foundation, the Paul Hamlyn Foundation, the Monument Trust, the Baring Foundation, the Alzheimer’s Society and others.

There is clearly potential for greater liaison between these funders to provide a more coherent approach to supporting high quality research.

3.3 The need to standardise research and evaluation

Other than the relative scarcity of funding to support better research and evaluation, there is a related challenge in the sector itself. Despite limited resources, the organisations working in these fields produce a large number of evaluations, either from independent researchers or, more commonly, undertaken by the organisation itself. While the best individual results provide insights into their particular practice and local outcomes, they rarely match up with other studies across the sector.

Too often, partly as a result of a lack of infrastructure, organisations employ different evaluation measures and research methods or may even set their own measures – or might, for example, use questionnaires at only one

point during the project rather than iteratively to measure change. As the RSPH has pointed out, few use validated outcome measures. This lack of consistency can make assessing the impact of the work harder and inhibit the potential scaling up or operationalisation of this work, including the creation of a coherent and robust evidence base, all of which might attract more sustained support and funding. Standardisation in outcomes and methods would make comparison between studies easier – and thus help to make a more global case for recognition and support.

The other main challenge faced in researching these interventions is that, too often, they lack scale and clinical or criminological validity. Some study findings and conclusions are difficult to justify due to modest sample sizes and/or an absence of controls or comparison groups, or because the methodology is not recognised as sufficiently robust. Too few attempts are made to replicate (and thus test) results or to scale up pilot projects.

3.4 The potential of other approaches to research

While RCTs and experimental approaches are clearly important in both sectors, even essential in the current culture of healthcare where there is the need to be specific about clinical outcomes, some researchers feel that the hierarchy of methods needs to be rethought. Different designs and methodology, including participatory designs and mixed methods, are needed to tell the full story. As the AHRC Cultural Value report puts it:

... unless the nature of what counts as acceptable evidence changes, our understanding of the contribution of arts and culture to health and wellbeing is likely to remain partial at best.

Crossick and Kaszynska, 2016: 111

The outcome that's the easiest to measure is not necessarily the best thing to measure. Is a different type of 'gold standard' possible? For example, using mixed methods can achieve the best of both worlds in offering 'the dual benefits of scientific rigour backed up by the statistical power afforded by quantitative methods, coupled with the richness and deeper, more contextualised understanding afforded by qualitative approaches' (ibid).

There is a growing recognition among researchers that the quantifying approach many have been obliged to adopt has meant that their accounts often fail to capture the nuances that a qualitative, mixed methods or practice-based approach might elicit. This evidence, which could help to improve practice and build the sector's 'community of knowledge', is – it has been argued – lost in an overly narrow focus on data and measurements.

One approach that could help to strengthen qualitative studies undertaken in both health and criminal justice work is suggested by the approach taken by Kougiali et al. In their meta-synthesis of a dozen papers on music in prison programmes, they do not offer a simple summary of findings but instead, through a process of 'comparing, contrasting, and synthesising a larger number of studies', provide 'access to an underlying reality which is not apparent in the examination of individual articles' (Kougiali et al 2017: 7).

Meta-synthetic methodologies firstly allow researchers to access key information, such as contextual factors, processes, and subjective experiences – the 'how' of whether programmes work – and enable the synthesis of information found in sources such as grey literature or programme evaluation, which can produce valuable knowledge which is non-accessible or dismissed in other methodologies.

ibid: 19

This is a promising approach that could help to capture data that would otherwise be lost and could be reframed in a more robust way, to sit alongside evidence from quantitative studies.

Similarly, in the Cultural Value report, the authors hope that more robust data can be gleaned from case studies, which capture the grain of cause and effect. Although, ideally, case studies will need to be selected without bias according to defined criteria, this will allow for the inclusion of the viewpoint and voice of artists and participants that is often absent in quantitative research – and thus neglected as a source of knowledge. Indeed, there is a need for more rigorous sampling of testimony as a whole, collected through semi-structured interviews or focus groups, and enhanced through participant observation and reflexive diaries and so on. As one researcher argues, ‘narrative ways of knowing are legitimate and potentially more truthful alternatives to the dominant discourse of scientific positivism’ (Meekums, 2010: 37).

Caulfield highlights that much research literature ‘has failed to include the experience of the experts themselves: the testimony of the individuals taking part in these projects’. In an essay on prison theatre, McAvinchey argues that an ethnographic (rather than evaluative) approach will reveal what is happening in the process – discovering ‘not only what is known but how it is known’. Working in this way gives researchers ‘the opportunity to identify, articulate and evidence observations that emerge *through* the practice, to develop conceptual resources that frame and analyse work in ways that extend beyond any prescribed notion of what it reveals’ (McAvinchey, 2017: 148-149 – author’s italics).

An example of this approach was given to a meeting of the APPGAHWB, when a doctoral student described her one-year study on the Dragon Café:

I’ve just started my interviews – it’s really messy and complicated. Unless I understand the spaces these people are in,

I can’t understand them so I had to become one of them. We need people who understand the culture of quantitative studies but we also need people who understand others. We have different languages.

This echoes the comment in the AHRC Cultural Value report that:

... there are many questions that quantitative research cannot answer, including the ways that participants respond to interventions, the ability of interventions to meet participants’ needs, the satisfaction of service users and, most strikingly, how it is that different arts have these effects.

Crossick and Kaszysnska, 2016: 111

McAvinchey notes that the testimony so often neglected in the literature is of vital importance and value to practitioners – to the ‘community of knowledge’. In this case, the focus is on prison theatre but her insights could be applied to other areas of arts and health and criminal justice practice:

...it is possible to see the evidence supporting the value of arts in criminal justice as having been relegated to testimony, and thereby considered by particular and powerful audiences to be methodologically flawed. However, this testimony is still in circulation, shared by... a community of knowledge: this recognizes others who share in that knowledge, ‘so each can act on the assumption of knowledge in the other and they will be able to act co-operatively’. In this context, the community of knowledge is participants, artists, prison staff, audiences for prison theatre and external agencies who encounter the work or witness participants’ reflection on it. Some of this may be formally articulated and recorded through interviews, observations or insights too often dismissed as anecdote but, fundamentally, these anti-reductionist testimonial iterations extend the epistemological base for prison theatre practice.

McAvinchey, 2017: 146

3.5 The role of research in addressing and improving cultural practice

Many artists and cultural organisations are usually not primarily driven by the same agenda(s) as their health or criminal justice partners. With the exception of arts therapists, who are usually paid as healthcare workers, most arts and cultural practitioners see their role as creative rather than clinical or focused on encouraging criminal rehabilitation. Some may be motivated by a sense of social justice or a desire to develop their practice through co-creation or simply a sense of adventure, but any therapeutic effect for prisoner or patient comes about as a result of making art together, not using art as a way into therapy.

Part of the satisfaction of this work for many artists is that they have facilitated and encouraged a kind of epiphany or transformation for the individuals and groups they have been working with. Equally, working in this way and in these settings can also contribute to – even reshape – their own artistic development. Measuring the impact of either side of this creative ‘transaction’ – common and yet highly significant though it is – is very difficult, other than through narrative or other creative means. A randomised controlled trial is unlikely to capture this kind of data.

As this report has made clear, there is relatively little research examining the creative practice itself: what such projects might offer beyond measurable signs of desistance, recovery and so on; what art and culture it might produce; what impact it might have on artists’ own practice; and, in the case of criminal justice, what impact it might have on the families and communities that offenders (now ex-offenders) will return to, and the wider audiences that this work can sometimes reach.

The practical relationship of research to practice is of critical importance and, again, it

is noticeably absent in much of the research literature we have: the AHRC Cultural Value report notes that it ‘currently lacks consideration of the specific skills and attributes of artists which make such projects effective’ (Crossick and Kaszynska, 2016: 37). Although many of the evaluations and research papers offer, usually in passing, some useful thoughts and hints for practitioners on what and what not to do, the overwhelming research emphasis is on ‘making the case’ rather than ‘improving practice’ – on what works rather than how it could work better. This includes ethnography of practice, which enquires into the value of the work for practitioners, approaches to practice and professional development.

Although applying arts and cultural measures to evaluate and research this field is, in contrast, in its infancy, there is a small but growing body of work examining the intrinsic quality of the intervention, the impact on practice and practitioner development, and the way in which co-created work can provide a critical insight into issues around crime and health. Creative activity is also increasingly seen as a research method in itself.

As this report has shown, the ‘burden of proof’ has tended to force arts and cultural projects into a daunting comparison with scientific positivist alternatives. There is a desire to find absolute causality in both the healthcare and criminal justice systems, which poses difficulties for arts projects, where there are so many confounding variables. Perhaps the pragmatic aim should not be absolute ‘proof’ as such but a good association. As Paul Camic, chair of the RSPH SIG puts it, the question should be: ‘Is there sufficient evidence that an assertion, proposition or hypothesis can be supported?’ Or, as Immanuel Kant put it: ‘It is often necessary to make a decision on the basis of knowledge sufficient for action but insufficient to satisfy the intellect.’

3.6 Beyond research

While research continues to proliferate and while attempts continue to make the evidence base more robust and more compelling, there are other ways in which the case can be made.

The approach of the Wellcome Trust, which has recently signed a Memorandum of Understanding with the Arts Council, is interesting in this regard. Simon Chaplin (Director of Culture at Wellcome) told the APPGAHWP meeting on research that it is looking 'beyond the academy'. The traditional approach to peer review tends to militate against interdisciplinary research, which the Wellcome is trying to create a new space for. The question it asks is whether it might be more helpful to frame this not as research but as an issue of translation, opening up a much wider range of methods to enable promising initiatives to be scaled up into real world activity.

It is also clear that evidence is not necessarily the only motivating factor in taking political decisions in these areas. Quite often, the evidence of public opinion is equally if not more influential. In raising the level of understanding and acceptance of the value of cultural interventions in the health and criminal justice sectors, there is also value in creating the space for powerful narratives to sit alongside and complement academic research: stories such as those told by Erwin James, ex-prisoner and Guardian columnist, and work shared with the wider public, such as the Donmar Warehouse and Clean Break partnership's innovative reframing of three Shakespeare plays within a women's prison setting.

Changing government priorities, public opinion and media coverage, and other social factors all play an important role in effecting change and supporting this work with or without the backing of robust research.

One jail was criticised for allowing inmates to take part in an opera but Mr Gauke wants to encourage drama, writing and painting. 'There is a role for the arts. It's a good idea, the creative sector is a big employer, you hear stories of someone involved in a prison production who ends up in the West End as a lighting technician.'

Secretary of State for Justice, David Gauke supporting arts in prison in the Saturday Interview, *The Times* (25 May, 2018)

This suggests that what is required is a social not a scientific process and that 'the political will to effect change and the institutional will to deliver it will be as important as evidence' (Crossick and Kaszynska, 2016: 42).

Accordingly, advocacy to build popular understanding of the importance and value of the work will be crucial in enabling the fruits of an improved research base to be fully harvested.

4 Bibliography

- Archibald, M, Scott, S, and Hartling, L (2014) 'Mapping the waters: A scoping review of the use of visual arts in pediatric populations with health conditions', *Arts and Health* 6 (1) 5-23
- Araujo, LS, Wasley, D, Perkins, R, Atkins, L, Redding, E, Ginsborg, J, and Williamon, A (2017) 'Fit to Perform: An Investigation of Higher Education Music Students' Perceptions, Attitudes, and Behaviors toward Health', *Frontiers in Psychology* 8: 1558
- Arts and Minds (2015) 'Evidence Dossier: The Value of Arts on Prescription Programmes for the Mental Health and Wellbeing of Individuals and Communities' (Costello Medical Consulting Ltd for Arts and Minds)
- Arts Council England (2013) *The Value of Arts and Culture to People and Society: an evidence review* (Arts Council England)
- Ascenso, S, Williamon, A, and Perkins, R (2017) 'Understanding the wellbeing of professional musicians through the lens of Positive Psychology', *Psychology of Music* 45 (1) 65-81
- Ascenso, S (2017) *The Lullaby Project: Areas of Change and Mechanisms of Impact* (The Irene Taylor Trust)
- Asghar, M and Rowe, N (2017a) 'Learning from the unfamiliar: How does working with people who use mental health services impact on students' learning and development', *Journal of Further and Higher Education* 42 (3) 339-351
- Asghar, M and Rowe, N (2017b) 'Reciprocity and critical reflection as the key to social justice in service learning: A case study', *Innovations in Education and Teaching International* 54 (2) 117-125
- Aufegger, L, Perkins, R, Wasley, D, and Williamon, A (2017), 'Musicians' perceptions and experiences of using simulation training to develop performance skills', *Psychology of Music* 45 (3) 417-431
- Banke-Thomas, A, Madaj, B, Charles, A, and van den Broek, N (2015) 'Social Return on Investment (SROI) methodology to account for value for money of public health interventions: a systematic review', *BMC Public Health* 15:582
- Bazalgette, P (2017) *The Empathy Instinct: How to Create a More Civil Society* (London: John Murray)
- Beard, RL (2011) 'Art therapies and dementia care: A systematic review' 0(0)1-24
sagepubcouk/journals DOI:
101177/1471301211421090
- Bilby, C, Caulfield, L and Ridley, L (2013) *Re-imagining futures: Exploring arts interventions and the process of desistance* (NAACJ)
- Boulton, C, Granville, G, Hayden, C, Lee, B, and Musyoki, E (2018) *Library rhyme times and maternal mental health: results of an action research project* (Essex County Council)
- Boydell, KM, Gladstone, BM, Volpe, T, Allemang, B, and Stasiulis, E (2012) 'The Production and Dissemination of Knowledge: A Scoping Review of Arts-Based Health Research', *Forum: Qualitative Social Research* 13 (1) Art 32
- Boydell, KM, Hodgins, M, Gladstone, BM, Stasiulis, E, Belliveau, G, Cheu, H, Kontos, P, and Parsons, J (2016) 'Arts-based health research and academic legitimacy: transcending hegemonic conventions' *Qualitative Research* 16 (6) 681-700

- Bradt, J, Dileo, C, Magill, L, and Teague, A (2016) 'Music interventions for improving psychological and physical outcomes in cancer patients', *The Cochrane Library* DOI: 101002/14651858CD006908pub3
- Bradt, J, Dileo, C, and Shim, M (2013) 'Music interventions for preoperative anxiety' *The Cochrane Library* DOI: 101002/14651858CD006911pub2
- Bradt, J, Dileo, C, and Shim, M (2013) 'Music for stress and anxiety reduction in coronary heart disease patients' *The Cochrane Library* DOI: 101002/14651858CD006577pub3
- Broderick, S (2011) 'Arts practices in unreasonable doubt? Reflections on understandings of arts practices in healthcare contexts', *Arts and Health* 3 (2) 95-109
- Bruce, K (2015) *Evaluation Report: Community Exchange project between detainees at Harmondsworth Immigration Removal Centre and young people at West London YMCA, Hayes March-April 2015*
- Burkhardt, J and Brennan, C (2012) 'The effects of recreational dance interventions on the health and wellbeing of children and young people: A systematic review', *Arts and Health* 4 (2) 148-161
- Burrowes, N, Disley, E, Liddle, M, Maguire, M, Rubin, J, Taylor, J, and Wright, S (2013) *Rapid evidence assessment to identify intermediate outcomes in arts projects* (National Offender Management Service)
- Camic, PM, Eekelaar, C, and Springham, N (2012) 'Art Galleries, Episodic Memory and Verbal Fluency in Dementia: An Exploratory Study', *Psychology of Aesthetics, Creativity and the Arts* 6 (3) pp262-272
- Camic, PM, Hulbert, S, and Kimmel, J (2017) 'Museum object-handling: A health-promoting community-based activity for dementia care', *Journal of Health Psychology* 1-12 DOI: 101177/1359105316685899
- Cantu, AG and Fleuriet, J (2018) ' "Making the Ordinary More Extraordinary": Exploring Creativity as a Health Promotion Practice Among Older Adults in a Community-Based Professionally Taught Arts Program', *Journal of Holistic Nursing* 36 (2) 123-133
- Cartwright, J (2013) *Sounding Out: An evaluation of the Irene Taylor Trust's Sounding Out Programme* (Irene Taylor Trust)
- Caulfield, L, (2015) *Exploring Good Vibrations projects with vulnerable and challenging women in prison* (Bath Spa University)
- Caulfield, L (2014) *Final evaluation of the Artist in Residence at HMP Grendon* (Bath Spa University)
- Caulfield, L, Curtis, K and Simpson, E (2018) *Making for Change: An independent evaluation of Making for Change: Skills in a Fashion Training and Manufacturing Workshop* (London College of Fashion UAL)
- Chanwimalueang, T, Aufegger, L, Adjei, T, Wasley, D, Cruder, C, Mandic, DP, and Williamon, A (2017) 'Stage call: Cardiovascular reactivity to audition stress in musicians', *PLoS ONE* 12 (4): e0176023
- Charon, R (2006) *Narrative Medicine: Honoring the Stories of Illness* (New York: Oxford University Press)
- Chatterjee, H 'Evidence to inform Arts Council England's next 10-year strategy submitted by the National Alliance for Museums, Health and Wellbeing (NAMHW)'
- Chatterjee, H 'Evidence to inform Arts Council England's next 10-year strategy: Museums, Health and Wellbeing: The Research Evidence'
- Chatterjee, H, Camic, PM, Lockyer, B, and Thomson, LJM (2017) 'Non-clinical community interventions: a systematised review of social prescribing schemes', *Arts and Health* DOI: 101080/1753301520171334002

- Chauhan, S (2018) 'Dementia and sculpture-making: Exploring artistic responses of people with dementia', *Dementia* (London) DOI: 10.1177/1471301218777446
- Cheliotis, L K (2014a) *The Arts of Desistance: Evaluation of the Koestler Trust Arts Mentoring Programme for Former Prisoners* (Koestler Trust/Paul Hamlyn Foundation)
- Cheliotis, L K (2014b) 'Decorative Justice: Deconstructing the Relationship between the Arts and Imprisonment', *International Journal for Crime, Justice and Social Democracy*, 3 (1), 16-34
- Cheliotis, L and Jordanoska, A (2016) 'The Art of Desistance: assessing the role of arts-based programmes in reducing offending', *The Howard Journal of Crime and Justice* 55 (1-2) 25-41
- Christensen, JF and Gomila, A (2018) 'Introduction: Art and the brain: From pleasure to well-being', *Progress in Brain Research* 237 xxvii-xlvi
- Clift, S (2012) 'Creative arts as a public health resource: moving from practice-based research to evidence-based practice', *Perspectives in Public Health* 132 (3) 120-127
- Clift, S and Camic, P M eds (2016) *Oxford Textbook of Creative Arts, Health, and Wellbeing: International perspectives on practice, policy, and research* (Oxford: Oxford University Press)
- Clift, S and Gilbert, R (2016) 'Can Singing have a Beneficial Effect on Lung Function and Breathing for People with Respiratory Illness?' from Welch, G, Howard, DM, and Nix, J (2016) *The Oxford Handbook of Singing* (Oxford University Press)
- Clift, S, Manship, S and Stephens, L (2017) 'Further evidence that singing fosters health and wellbeing: the West Kent and Medway project', *Mental Health and Social Inclusion* 21 (1) 53-62
- Clift, S, Skingley, A, Page, S, Stephens, L, Hurley, S, Dickinson, J, Meadows, S, Levai, I, Jackson, A, Sullivan, R, Wren, N, McDaid, D, Park, A, Azhar, S, Baxter, N, Rozenhuler, G, and Shah, S (2017) *Singing for Better Breathing: Findings from the Lambeth and Southwark Singing and COPD Project* (Sidney De Haan Research Centre for Arts and Health)
- Clift, S and Staricoff, R (2011) *Arts and Music in Healthcare: an overview of the medical literature 2004-11* (Chelsea and Westminster Health Charity)
- Clinks (2013) *Introducing Desistance: A Guide for Voluntary, Community and Social Enterprise (VCSE) Sector Organisations* (Clinks)
- Coates, S (May 2016) *Unlocking Potential: A review of education in prison* (MoJ)
- Colvin, S (2015) 'Why should criminology care about literary fiction?: Literature, life narratives and telling untellable stories', *Punishment and Society* 17 (2) 211-229
- Craig, P, Dieppe, P, Macintyre, S, Michie, S, Nazareth, I, and Petticrew, M (2013) 'Developing and evaluating complex interventions: The new Medical Research Council guidance' *International Journal of Nursing Studies* 50 585-592
- Crossick, G and Kaszynska, P (2016) *Understanding the value of arts and culture: The AHRC Cultural Value Project* (Arts and Humanities Research Council)
- Cruder, C, Falla, D, Mangili, F, Azzimonti, L, Araujo, LS, Williamon, A, and Barbero, M (2017) 'Profiling the Location and Extent of Musicians' Pain Using Digital Pain Drawings', *Pain Practice* 18 (1) 53-66
- Cursley, J and Maruna, S (2015) *A Narrative-Based Evaluation of 'Changing Tunes' Music-based Prisoner Reintegration Interventions: Full Report*

- Davies, CR, Rosenberg, M, Knuiman, M, Ferguson, R, Pikora, T, and Slatter, N (2012) 'Defining arts engagement for population-based health research: Art forms, activities and level of engagement', *Arts and Health* 4 (3) 203-216
- Davies, CR, Knuiman, M, Wright, P, and Rosenberg, M (2014) 'The art of being healthy: a qualitative study to develop a thematic framework for understanding the relationship between health and the arts', *BJM Open* 4 (4) <http://dxdoiorg/101136/bmjopen-2014-004790>
- Daykin, N, Byrne, E, Soteriou, T, and O'Connor S (2010) 'Using arts to enhance mental healthcare environments: Findings from qualitative research' *Arts and Health: An International Journal for Research, Policy and Practice* 2 (1)
- Daykin N, de Viggiani N, Moriarty, Y, and Pilkington, P (2017) 'Music-making for health and wellbeing in youth justice settings: mediated affordances and the impact of context and social relations', *Sociology of Health and Illness* 39 (6) 941-958
- Daykin, N, de Viggiani, N, Pilkington, P and Moriarty, Y (2013) 'Music making for health, well-being and behaviour change in youth justice settings: a systematic review', *Health Promotion International* 28 (2) 197-210
- Daykin, N, Gray, K, McCree, M, and Willis, J (2016) 'Creative and credible evaluation for arts, health and well-being: opportunities and challenges of co-production', *Arts and Health* 9 (2) 123-138
- Daykin, N, Mansfield, L, Meads, C, Julier, G, Tomlinson, A, Payne, A, Grigsby Duffy, L, Lane, J, D'Innocenzo, G, Burnett, A, Kay, T, Dolan, P, Testoni, S, and Victor, C (2018) 'What works for wellbeing? A systematic review of wellbeing outcomes for music and singing in adults', *Perspectives in Public Health* 138 (1) 39-46
- Daykin, N, Moriarty, Y, de Viggiani, N and Pilkington, P (2011) *Evidence Review: Music Making with Young Offenders and Young People at Risk of Offending* (University of the West of England/Youth Music)
- Daykin, N., Orme J., Evans D., Salmon D., McEachran M., & Brain S. (2008) 'The impact of participation in performing arts on adolescent health and behaviour: a systematic review of the literature' *Journal of Health Psychology* 13(2) pp 251-64
- Daykin, N, Walters, D, Ball, K, Henry, A, Parry, B, Platten, B, and Hayden, R (2017) *Arts and Dementia: Using Participatory Music Making to Improve Acute Dementia Care in Hospital Environments – An Exploratory Study* (Centre for the Arts as Wellbeing, University of Winchester)
- de Castro, AB and Levesque, S (2017) 'Using a digital storytelling assignment to teach public health advocacy', *Public Health Nursing* 35 (2) 157-164
- Desmarais, S, Bedford, L and Chatterjee, H (2018) *Museums as Spaces for Wellbeing: A Second Report from the National Alliance for Museums, Health and Wellbeing* (NAMHW)
- Dodd, J and Jones, C (2014) *Mind, body, spirit: How museums impact health and wellbeing* (Research Centre for Museums and Galleries, University of Leicester)
- Djurichkovic A (2011) *Art in Prisons: A literature review of the philosophies and impacts of visual arts programs for correctional populations* (UTS (University of Technology Sydney) Centre for Social Justice and Inclusion in partnership with Arts Access Australia)
- Ekholm, O, Juel, K, and Bonde, LO (2015) 'Music and public health - An empirical study of the use of music in the daily life of adult Danes and the health implications of musical participation', *Arts and Health* 8 (2) 154-168

- Fancourt, D (2017) *Arts in Health: Designing and Researching Interventions* (Oxford: Oxford University Press)
- Fancourt, D, Aufegger, L and Williamon, A (2015), 'Low-stress and high-stress singing have contrasting effects on glucocorticoid response', *Frontiers in Psychology* 6:1242
- Fancourt, D and Joss, T (2014) 'Aesop: A framework for developing and researching arts in health programmes' *Arts and Health: An International Journal for Research, Policy and Practice* DOI: 101080/175330152014924974
- Fancourt, D, Ockelford, A, and Belai, A (2014) 'The psychoneuroimmunological effects of music: A systematic review', *Brain, Behaviour and Immunity* 36 (Feb 2014) 15-26
- Fancourt, D and Perkins, R (2017a) 'Maternal engagement with music up to nine months post-birth: Findings from a cross-sectional study in England', *Psychology of Music* 1-14 DOI: 1011770305735617705720
- Fancourt, D and Perkins, R (2017b) 'Associations between singing to babies and symptoms of postnatal depression, wellbeing, self-esteem and mother-infant bond', *Public Health* 145: 149-152
- Fancourt, D and Perkins, R (2017c) 'Does attending community music interventions lead to changes in wider musical behaviours? The effect of mother-infant singing classes on musical behaviours amongst mothers with symptoms of postnatal depression', *Psychology of Music* 1-12 DOI:101177/0305735617742197
- Fancourt, D and Perkins, R (2018a) 'The effects of mother-infant singing on emotional closeness, affect, anxiety, and stress hormones', *Music and Science* 1: 1-10 DOI: 101177/2059204317745746
- Fancourt, D and Perkins, R (2018b) 'Effects of singing interventions on symptoms of postnatal depression: three-arm randomised controlled trial' *The British Journal of Psychiatry* 212: 119-121 DOI: 101192/bjp201729
- Fancourt, D and Perkins, R, (2018c) 'Creative interventions for symptoms of postnatal depression: A process evaluation of implementation', *Arts and Health* DOI: 101080/1753301520171413398
- Fancourt, D, Perkins, R, Ascenso, S, Carvalho, LA, Steptoe, A, and Williamon, A (2016b) 'Effects of Group Drumming Interventions on Anxiety, Depression, Social Resilience and Inflammatory Immune Response among Mental Health Service Users' *PLoS ONE* 11 (3)1-16
- Fancourt, D and Poon, M (2015) 'Validation of the Arts Observational Scale (ArtsObs) for the evaluation of performing arts activities in health care settings' *Arts and Health* 8 (2):1-14
- Fancourt, D and Steptoe, A (2018) 'Community group membership and multidimensional subjective wellbeing in older age', *Epidemiol Community Health* 0: 1-7 DOI: 101136/jech-2017-210260
- Fancourt D, Steptoe, A, and Cadar, D (2018) 'Cultural engagement and cognitive reserve: museum attendance is inversely associated with dementia incidence over a 10-year period', *British Journal of Psychiatry* [Access restricted until 4 December 2018]
- Fancourt, D and Williamon, A (2016) 'Attending a concert reduces glucocorticoids, progesterone and the cortisol/DHEA ratio' *Public Health* <http://dxdoiorg/101016/jpuhe201512005>
- Fancourt, D, Williamon, A, Carvalho, LA, Steptoe, A, Dow, R, and Lewis, I (2016a) 'Singing modulates mood, stress, cortisol, cytokine and neuropeptide activity in cancer patients and carers', *ecancermedicalscience* 10:631

- Fawcett, NJ and Dumitriu, A (2018) 'Bacteria on display – can we, and should we? Artistically exploring the ethics of public engagement with science in microbiology', *FEMS Microbiology Letters* 365(11)
- Findlay, G, Ogilvie, F, Sheridan, K, Harrod, M, Tobi, P and Renton, A (nd) *Well London Phase 1 2007-2011: A Multilevel Evaluation* (GLA)
- Finn, S and Fancourt, D (2018) 'The biological impact of listening to music in clinical and nonclinical settings: A systematic review' *Progress in Brain Research* 237: 173-200
- Fox, A (2018) *A New Health and Care System: Escaping the invisible asylum* (Bristol: Policy Press)
- Fraser, A, Bungay, H Munn-Giddings, C (2014) 'The value of the use of participatory arts activities in residential care settings to enhance the well-being and quality of life of older people: A rapid review of the literature', *Arts and Health* 6 (3) 266-278
- Friedli, L (2012) *Social prescribing for mental health – a guide to commissioning and delivery* (Care Services Improvement Partnership, North West Development Centre)
- Froggett, L et al (2011) *Who Cares? Museums Health and Well-being: a study of the Renaissance North West Programme* (University of Central Lancashire)
- Fujiwara, D, Lawton, R, and Mourato, S (2015) *The health and wellbeing benefits of public libraries* (Arts Council England)
- Froggett, L, Manley, J and Kelley, L (2017) *Creative Leadership and Forum Theatre: An evaluation report for Odd Arts* (Odd Arts/ University of Central Lancashire Psychosocial Research Unit)
- Gordon-Nesbitt, R (2017) *Creative Health: The Arts for Health and Wellbeing* (All-Party Parliamentary Group on Arts, Health and Wellbeing)
- Gregory, H (2011) 'Using poetry to improve the quality of life and care for people with dementia: A qualitative analysis of the Try to Remember programme', *Arts and Health* 3 (2) 160-172
- Gurwin, J, Revere, KE, Davidson, SM, Niepold, S, Mitchell, R, Bassett, B, DeLisser, H, and Binenbaum, G (2018) 'A randomized controlled trial of art observation training to improve medical student ophthalmology skills', *Ophthalmology* 125(1) 8-14
- Harrison, CR and Created Out of Mind team (2018) 'The lines are open: An artist's experience of working with dementia research', *Dementia* (London) 17(6) 755-762
- Ho, RTH, Fong TCT, and Yip PSF (2018) 'Perceived stress moderates the effects of a randomized trial of dance movement therapy on diurnal cortisol slopes in breast cancer patients', *Psychoneuroendocrinology* 87 119-126
- Henley, J (2015) 'Musical Learning and Desistance from Crime: The case of a "Good Vibrations" Javanese Gamelan Project with young offenders', *Music Education Research* 17 (1) 103-120
- Henley, J (2015) 'Prisons and Primary Schools: using CHAT to analyse the relationship between developing identity, developing musicianship and transformative processes', *British Journal of Music Education* 32 (2) 123-141
- Hickey, M (2018) "'We all Come Together to Learn About Music": A Qualitative Analysis of a 5-Year Music Program in a Juvenile Detention Facility', *International Journal of Offender Therapy and Comparative Criminology* March 21, 2018 1-21
- Hogan, S (2018) *The Birth Project: Using the Arts to Explore Birth* (Final research project, part of the AHRC Consortia, Creative Practice as Mutual Recovery: Connecting Communities for Mental Health/University of Derby)

- Holt, NJ (2018) 'Using the experience-sampling method to examine the psychological mechanisms by which participatory art improves wellbeing', *Perspectives in Public Health* 138(1) 55-65
- Houston, S and McGill, A (2013) 'A mixed-methods study into ballet for people living with Parkinson's', *Arts and Health* 5 (2) 103-119
- Hughes, J (2005) *Doing the Arts Justice: A Review of Research Literature, Practice and Theory* (The Unit for Arts and Offenders/ Centre for Applied Theatre Research)
- Hurry, J, Lawrence, P, Plant, J and Wilson A (2014) *Write to be Heard: Supporting Offender Learning through Creative Writing* (NAACJ)
- Ings, R (2014) 'Meeting the others: Jeremy Weller's Grassmarket Project' in McAvinchey, C *Performance and Community: Commentary and Case Studies* (London: Bloomsbury Methuen Drama)
- Ings, R, Crane, N and Cameron, M (2012) *Be Creative Be Well: Arts, wellbeing and local communities – An evaluation* (Arts Council England)
- Jensen, A (2013) 'Beyond the borders: The use of art participation for the promotion of health and well-being in Britain and Denmark', *Arts and Health* 5 (3) 204-215
- Jensen, A, Stickley, T, Torrissen, W and Stigmar, K (2017) 'Arts on prescription in Scandinavia: a review of current practice and future possibilities', *Perspectives in Public Health* 137 (5) 268-274
- Jespersen, KV, Koenig, J, Jennum, P, and Vuust, P (2015) 'Music for insomnia in adults', The Cochrane Library DOI: 101002/14651858CD010459pub2
- Johnson, AB, Montgomery, CM, Dillard, WA, Morrill, K, Hoesli, C, Gillette, WM, Johnson, BK, and Nathaniel, TI (2017) 'Effect of Visual Art School-Based Stroke Intervention for Middle School Students', *Journal of Neuroscience Nursing* 49(4) 214-220
- Johnson, DR (2018) 'Playing off the beat: Applying the jazz paradigm to psychotherapy', *Journal of Clinical Psychology* 74 (2) 249-260
- Johnson, H, Keen, S and Pritchard, D (2011) *Unlocking Value: the economic benefit of the arts in criminal justice* (NPC/NCJAA)
- Kaimal, G, Walker, MS, Herres, J, French, LM, and DeGraba (2018) 'Observational study of associations between visual imagery and measures of depression, anxiety and post-traumatic stress among active-duty military service members with traumatic brain injury at the Walter Reed National Military Medical Center', *BMJ Open* 8 (6) <http://dx.doi.org/10.1136/bmjopen-2017-021448>
- Keightley, M, Agnihotri, S, Subramaniapillai, S, Gray, J, Kresztesi, J, Colantonio, A, Polatajko, HJ, Cameron, D, and Wiseman-Hakes, C (2018) 'Investigating a theatre-based intervention for Indigenous youth with fetal alcohol spectrum disorder', *Canadian Journal of Occupational Therapy* 85(2):128-136
- Kougiali, Z, Eliat, T, and Liebling, A (2017) 'Rhizomatic affective spaces and the therapeutic potential of music in prison: a qualitative meta-synthesis', *Qualitative Research in Psychology* July, 2017
- Lamela, I and Rodrigues, PM (2016) 'Understanding leadership in community music-making projects behind bars: Three experiences in Portuguese prisons', *International Journal of Community Music* 9 (3) 257-270
- Lammy, D (September 2017), *The Lammy Review: an independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System*
- Lange, G, Leonhart, R, Gruber, H, and Koch, SC (2018) 'The Effect of Active Creation on Psychological Health: A Feasibility Study on

- (Therapeutic) Mechanisms', *Behavioral Sciences* (Basel) 8(2): 25
- Leverett-Morris, A (2014) *Women at the HeART: Evaluation report* (ALM Associates Arts Consultancy, Thames Valley Partnership)
- Lewis, A, Cave, P, Stern, M, Welch, L, Taylor, K, Russell, J, Doyle, A-M, McKee, H, Clift, S, Bott, J, and Hopkinson, NS (2016) 'Singing for Lung Health – a systematic review of the literature and consensus statement', *Primary Care Respiratory Medicine* 26, 16080 DOI: 101038/npjpcrm201680
- Magee, WL, Clark, I, Tamplin, J, and Bradt, J (2017) 'Music interventions for acquired brain injury', *The Cochrane Library* DOI: 101002/14651858CD006787pub3
- McAvinchey, C (2011) *Theatre and Prison* (Macmillan: Red Globe Press)
- McAvinchey, C (2014) *Performance and Community: Commentary and Case Studies* (London: Bloomsbury Methuen Drama)
- McAvinchey, C (2017) 'The Performance of Prison Theatre Practices: Questions of Evidence', in Reason, Matthew and Rowe, Nick, *Applied Practice: Evidence and Impact in Theatre, Music and Art* (London: Bloomsbury Methuen Drama)
- McDermott, O, Orrell, M, and Ridder, HM (2014) 'The importance of music for people with dementia, family carers, staff and music therapists' *Aging and Mental Health* 18 (6) 706-716
- McGuire-Snieckus, R and Caulfield, L (2017) 'An evaluation of Talent 4...: a programme to identify talent and skills for prisoners, disadvantaged, unemployed, and vulnerable groups' *International Journal of Offender Therapy and Comparative Criminology* 62 (11) 3460-3484
- McHugh, R and Smithson, H (2018) *Applied Performance Arts Interventions within Justice Services: Moving 'Forward' Toward an Integrated Evaluative Approach* (Odd Arts/ Manchester Metropolitan University (Manchester Centre for Youth Studies)
- McNamara, RJ, Epsley, C, Coren, E, and McKeough, ZJ 'Singing for adults with chronic obstructive pulmonary disease (COPD)' *The Cochrane Library* DOI: 101002/14651858CD012296pub2
- McNeill, F, Anderson, K, Colvin, S, Overy, K, Sparks, R and Tett, L (2011) 'Kunstprojecten en What Works; een stimulans voor desistance?' (Trans 'Inspiring Desistance? Arts projects and 'what works?') *Justitiele verkenningen* 37(5): 80-101
- Meekums, B (2010) 'Moving towards evidence for dance movement therapy: Robin Hood in dialogue with the King' *The Arts in Psychotherapy* 37 (1): 35-41
- Meekums, B, and Daniel, J (2012) 'Arts with Offenders: A literature synthesis' *The Arts in Psychotherapy* 38 229-238
- Morris, JH, Kelly, C, Toma, M, Kroll, T, Joice, S, Mead, G, Donnan, P, and Williams, B (2014) 'Feasibility study of the effects of art as a creative engagement interventions during stroke rehabilitation on improvement of psychosocial outcomes: study protocol for a single blind randomized controlled trial: the ACES study', *Trials* 15:380 DOI: 101186/1745-6215-15-380
- Morse, N, and Chatterjee, H (2018) 'Museums, health and wellbeing research: Co-developing a new observational method for people with dementia in hospital contexts', *Perspectives in Public Health* 138 (3) 152-159
- Moss, H and O'Neill, D (2017) 'Narratives of health and illness: Arts-based research capturing the lived experience of dementia', *Dementia* (London) DOI: 101177/1471301217736163

- MoJ (May 2018) *Education and Employment Strategy*
- MoJ (December 2016) *The government response to Charlie Taylor's Review of the Youth Justice System*
- MoJ (July 2012) *Swift and Sure Justice: The Government's Plans for Reform of the Criminal Justice System*
- New Adventures and Re:Bourne (nd) *Dance for Life: An evaluation of the pilot programme* (Arts Council England)
- Nickeas, S (2016) *Art on the Inside: How Do Prison Art Teachers Maintain Their Professional Practice?* (University of West London)
- O'Keeffe, C (2013) *The Melting Pot: Final evaluation report* (Sheffield Hallam University: Hallam Centre for Community Justice)
- O'Keeffe, C and Albertson, K (2016) 'The Challenges of Outcome Measurement for Arts Practitioners in the Criminal Justice Sector', *The Howard Journal of Crime and Justice*, 55 (4), 496-511
- Parker, A, Marturano N, O'Connor, G and Meek, R (2018) 'Marginalised youth, criminal justice and performing arts: young people's experiences of music-making' *Journal of Youth Studies* 2018 1-16
- Parkinson, C and White, M (2013) 'Inequalities, the arts and public health: Towards an international conversation', *Arts and Health* 5 (3) 177-189
- Pawson, R and Tilley, N (1997) *Realistic Evaluation* (London: Sage Publications)
- Pearson, H (2017) *The Life Project* (London: Penguin)
- Pentassuglia, M (2017) ' "The Art(ist) is present": Arts-based research perspective in educational research' *Cogent Education* 4 (1)
- Perkins, R, Ascenso, S, Atkins, L, Fancourt, D, and Williamon, A (2016) 'Making music for mental health: how group drumming mediates recovery', *Psychology of Well-being* 6: 11
- Perkins, R, Reid, H, Araujo, LS, Clark, T, and Williamon, A (2017) 'Perceived Enablers and Barriers to Optimal Health among Music Students: A Qualitative Study in the Music Conservatoire Setting', *Frontiers in Psychology* 8:968
- Pino, MC and Mazza, M (2016) 'The Use of "Literary Fiction" to Promote Mentalizing Ability', *PLoS ONE* 11 (8): e0160254
- Piotrowski, P and Florek, S (2015) 'Science of Art in Prison', in Ostrowski, TM et al (eds) *Resilience and Health in a Fast-Changing World*, 93-106 (Krakow: Jagiellonian University Press)
- Polley, M, Bertotti, M, Kimberlee, R, Pilkington, K, and Refsum, C (2017) *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications* (University of Westminster)
- Prison Reform Trust (2018) *Prison: the facts – Bromley Briefings Summer 2018* (PRT)
- Reason, M and Rowe, N (2017) *Applied Practice: Evidence and Impact in Theatre, Music and Art* (London: Bloomsbury)
- Richards, AG, Tietyen, AC, Jicha, GA, Bardach, SH, Scmitt, FA, Fardo, DW, Kryscio, RJ, and Abner, EL (2018) 'Visual Arts Education improves self-esteem for persons with dementia and reduces caregiver burden: A randomized controlled trial', *Dementia* (London) DOI: 10.1177/1471301218769071
- Rogers, C (2018a) 'Just Mothers: extended caring and sons with learning difficulties, autism and/or mental health problems in the criminal justice system' *Criminology and Criminal Justice* (Revisions in progress)

- Rogers, C (2018b) 'Life Stories, Criminal Justice and Caring Research' in G Noblit (ed), *Oxford Research Encyclopaedia of Education* (New York: Oxford University Press, in press)
- Ross, PT and Lypton, ML (2014) 'Using artistic-narrative to stimulate reflection on physician bias', *Teaching and Learning in Medicine* 26 (4) 344-349
- Rowe, N (2015) 'Creating a Healing Campus: A Partnership between a University and a Provider of Mental Health Services' in *University Partnerships for Community and School System Development* DOI: 101108/S2055-364120150000005007
- Rowe, N and Forshaw, G (2013) 'A return to ordinariness: How does working alongside people who use mental health service effect theatre students attitudes to mental illness', *Journal of Applied Arts and Health* 4 (2) 151-162
- Royal Society for Public Health (2013) *Arts, Health and Wellbeing Beyond the Millennium: How far have we come in 15 years* (RSPH)
- Stephenson, M, Adams, M and Tarling, R (2014) *The Art of Engagement?: Outcomes and Impact of the Summer Arts College Programme 2007-2012* (Norwich: Unitas)
- Saavedra, J, Perez, E, Crawford, P, Arias, S (2018) 'Recovery and creative practices in people with severe mental illness: evaluating well-being and social inclusion', *Disability and Rehabilitation* 40(8) 905-911
- Sapouna, L and Pamer, E (2014) 'The transformative potential of the arts in mental health recovery – an Irish research project', *Arts and Health* 8 (1) 1-12
- Schall, A, Tesky, VA, Adams, AK (2018) 'Art museum-based intervention to promote emotional well-being and improve quality of life in people with dementia: The ARTEMIS project' *Dementia* (London) 17(6) 728-743
- Schindler, M, Maihofner, C, Bolwerk, A, and Lang, FR (2017) 'Does participation in art classes influence performance on two different cognitive tasks?' *Aging and Mental Health* 21 (4) 439-444
- Skingley, A, Clift, S, Hurley, S, Price, S, and Stephens, L (2018) 'Community singing groups for people with chronic obstructive pulmonary disease: participant perspectives', *Perspectives in Public Health* 138 (1) 66-75
- Sonke, J, Pesata, V, Arce, L, Carytsas, FP, Zemina, K, and Jokisch, C (2015) 'The effects of arts-in-medicine programming on the medical-surgical work environment', *Arts and Health* 7 (1) 27-41
- Staricoff, RL (2004) *Arts in health: a review of the medical literature* (Arts Council England)
- Stickley, T ed (2013) *Qualitative Research in Arts and Mental Health* (Ross-on-Wye: PCCS Books)
- Stickley, T and Clift, S (2017) *Arts, Health and Wellbeing: A Theoretical Inquiry for Practice* (Newcastle upon Tyne: Cambridge Scholars Publishing)
- Stickley, T, Parr, H, Atkinson, S, Daykin, N, Clift, S, De Nora, T, Hacking, S, Camic, PM, Joss, T, White, M, and Hogan, SJ (2017) 'Arts, health and wellbeing: reflections on a national seminar series and building a UK research network', *Arts and Health* 9 (1) 14-25
- Tanquerel, M, Broux, F, Louillet, F, and De Blasi, G (2018) 'The Artist at the hospital: A musical experience in pediatric hemodialysis', *Archives de Pediatrie* 25(4) 251-255
- Taylor, C (December 2016) *Review of the Youth Justice System in England and Wales* (MoJ)
- Tesch, L and Hanson, EC (2013) 'Evaluating effectiveness of arts and health programmes in Primary Health Care: a descriptive review', *Arts and Health* 5 (1) 19-38

- Thomas, GEC, Crutch, S, and Camic, PM (2017) 'Measuring physiological responses to the arts in people with a dementia', *International Journal of Psychophysiology* 123: 64-73 <https://doi.org/10.1016/j.jpsycho.2017.11.008>
- Thomson, LJ, Camic, PM and Chatterjee, HJ (2015) *Social Prescribing: A Review of Community Referral Schemes* (London: University College London)
- Thomson, LJ and Chatterjee, HJ (nd) *UCL Museum Wellbeing Measures Toolkit* (London: University College London)
- Thomson, L J, Lockyer, B, Camic, PM, and Chatterjee, H (2017) 'Effects of a museum-based social prescription intervention on quantitative measures of psychological wellbeing in older adults', *Perspectives in Public Health* 138 (1) 28-38
- Todd, C, Camic, PM, Lockyer, B, Thomson, LJM, and Chatterjee, H (2017) 'Museum programs for socially isolated older adults: Understanding what works', *Health and Place* 48: 47-55
- Torrissen W and Stickley, T (2018) 'Participatory theatre and mental health recovery: a narrative inquiry', *Perspectives in Public Health* 138 (1) 47-54
- Tsiris, G, Pavlicevic, M, and Farrant, C (2014) *A Guide to Evaluation for Arts Therapists and Arts and Health Practitioners* (London and Philadelphia: Jessica Kingsley)
- Uhrig, N (2016) *Black, Asian and Minority Ethnic disproportionality in the Criminal Justice System in England and Wales* (MoJ)
- Unadkat, S, Camic, PM, Vella-Burrows, T (2018) 'Understanding the Experience of Group Singing for Couples Where One Partner Has a Diagnosis of Dementia', *Gerontologist* 57 (3) 469-478
- Van Ark, AE and Wijnen,-Meijer, M (2018) '“Doctor Jazz”: Lessons that medical professionals can learn from jazz musicians', *Medical Teacher* 24:1-6 doi: 10.1080/0142159X.2018.1461205
- Vella-Burrows, T and Wilson, L (2016) *Remember to Dance: Evaluating the impact of dance activities for people in different stages of dementia* (Sidney De Haan Research Centre for Arts and Health)
- White, SC and Blackmore, C (2016) *Cultures of Wellbeing: Method, Place, Policy* (London/New York: Palgrave Macmillan)
- Wilkinson, D (2014) *Good Vibrations: health and wellbeing of older prisoners* (University of Worcester)
- Williamon, A, Aufegger, L and Eiholzer, H (2014) 'Simulating and stimulating performance: introducing distributed simulation to enhance musical learning and performance', *Frontiers in Psychology* 5:25
- Wilson, C, Bungay, H, Munn-Giddings, C, and Boyce, M (2016) 'Healthcare professionals' perceptions of the value and impact of the arts in healthcare settings: A critical review of the literature', *International Journal of Nursing Studies* 56 90-101
- Winder, B, Sperling, V, Elliott, H, Lievesley, R, Faulkner, J and Blagden, N (2015) *Evaluation of the use of 'Good Vibrations' percussion courses to improve motivation to change and treatment readiness with convicted sexual offenders embarking on treatment programmes* (Nottingham Trent University)
- Windle, G, Gregory, S, Howson-Griffiths, T, Newman, A, O'Brien D, and Goulding, A (2018) 'Exploring the theoretical foundations of visual art programmes for people living with dementia', *Dementia* (London) 17(6) 702-727

Woodford, J, Dhuffar, M and Farrand, P (2017) Final Report: *Reading Well Books on Prescription Scheme for Adult Common Mental Health Conditions: Examining acceptability, impact and scheme delivery preferences for end users and library services* (Clinical Education, Development and Research [CEDAR]/University of Exeter)

Young, R, Camic, PM, and Tischler, V (2016) 'The impact of community-based arts and health interventions on cognition in people with dementia: a systematic literature review', *Arts in Health* 20 (4) 337-351

Zarobe, L and Bungay, H (2017) 'The role of arts activities in developing resilience and mental wellbeing in children and young people a rapid review of the literature', *Perspectives in Public Health* 137 (6) pp337-347

Zeilig, H (2013) 'Dementia As a Cultural Metaphor', *Gerontologist* 54 (2) pp258-267

The report also drew on the deliberations of the APPG meeting set up to discuss Creative Health Recommendations 9 and 10 on Monday 14 May 2018

Chair: Lord Howarth of Newport, Co-Chair of the APPG

Professor Paul Camic, Professor of Psychology and Public Health, Canterbury Christ Church University

Professor Helen Chatterjee, Professor of Biology, University College London

Dr Simon Chaplin, Director of Culture and Society, Wellcome

Professor Geoffrey Crossick, Professor of Humanities, School of Advanced Study, University of London

Dr Fiona Glen, Programme Director National Institute for Health and Care Excellence

Professor Martin Green, CEO, Care England

Gary Grubb, Associate Director of Programmes, AHRC

Professor Richard Parish, Executive Chair, National Centre for Rural Health and Care

Anne Sofield, Associate Director of Programmes, AHRC

Professor Jane South, Professor of Healthy Communities, Leeds.

Arts Council England is the trading name of The Arts Council of England.

Charity registration number 1036733.

You can get this document in Braille, in large print, on audio CD, and in various electronic formats. Please contact us if you need any of these.

We are committed to being open and accessible. We welcome all comments on our work.

Please send these comments to our Enquiries Team at:
The Hive, 49 Lever Street, Manchester, M1 1FN. Or use the contact form on our website at: www.artscouncil.org.uk/contact-us

This report has been co-authored by Richard Ings and John McMahon, Arts Council England

© Arts Council England, 2018

Contact us

Arts Council England
The Hive
49 Lever Street
Manchester
M1 1FN

Website: www.artscouncil.org.uk

Phone: 0161 934 4317

Email: enquiries@artscouncil.org.uk

Textphone: +44(0) 161 934 4428