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Towards a Creative Health Strategy

A review of recommendations and strategic priorities
in the UK culture and public health domain

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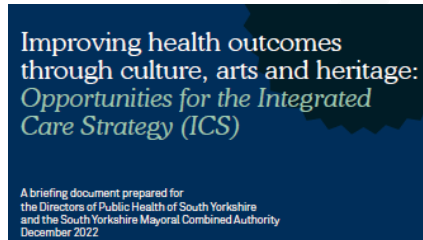
Summary Findings

1. Work on creative health is often led by culture teams, but this work is most advanced when there is public health buy-in and leadership.
2. Public health teams may benefit from culture team's better track record in delivering truly community-led work.
3. Collaboration/partnership working across sectors is most frequently recognised as necessary for delivering creative health. But partnerships between the two sectors are relatively lower (compared to with, e.g., VCSE).
4. Policy and strategy in this area can still draw on much more evidence and target a wider range of benefits to realise from a creative health approach (especially where aligned with local priorities). There is an opportunity to pioneer novel/lesser studied creative health benefits (e.g., tackling mis/disinformation, neighbourhood planning)

What did we review?

**Methodology for document search presented on final slide*

4 Policy Briefs



14 Evaluation Reports



9 Director of Public Health Reports



42 Strategies

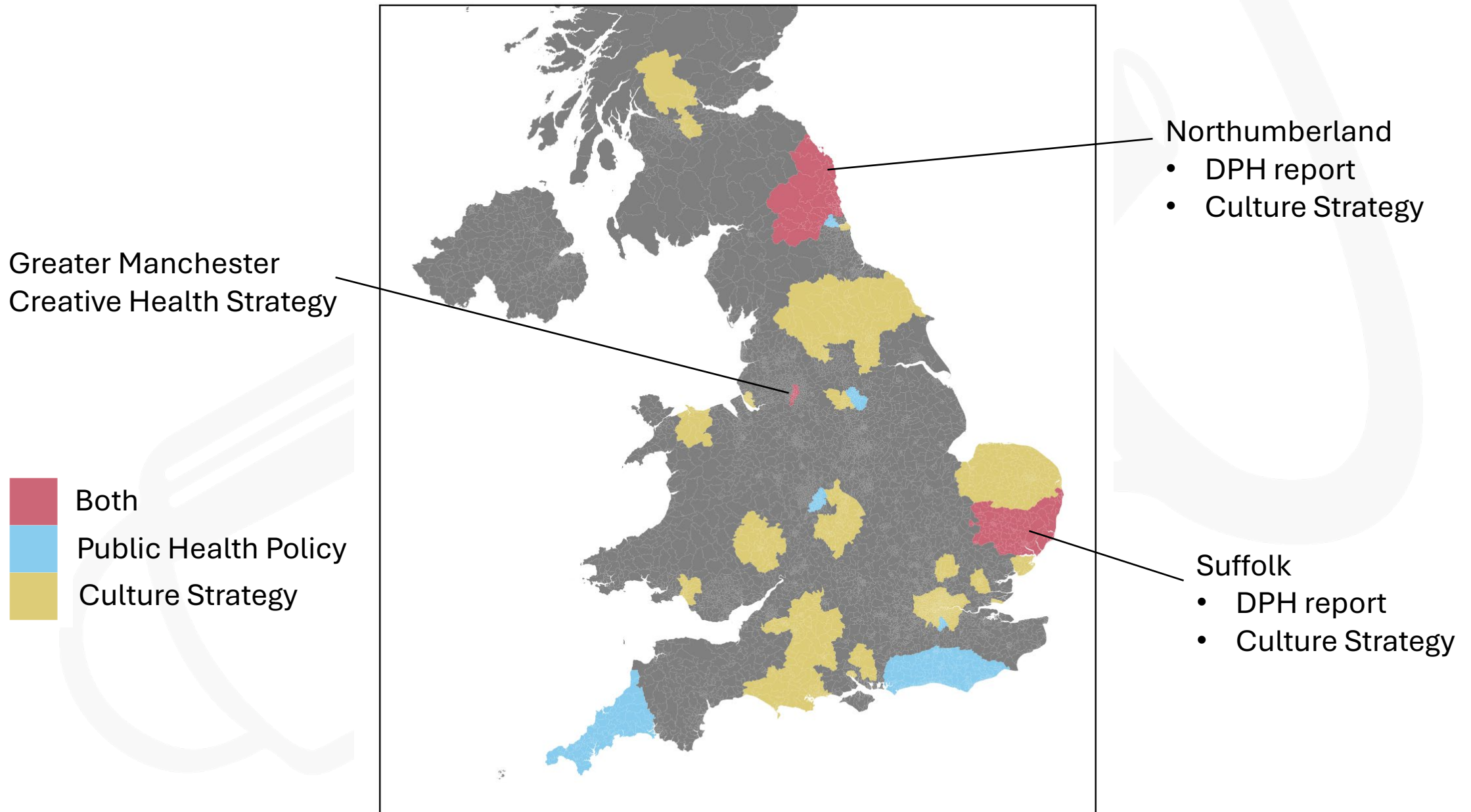


Most focused on creative health.

All focused on public health.

Most focused on culture, arts, and creativity.

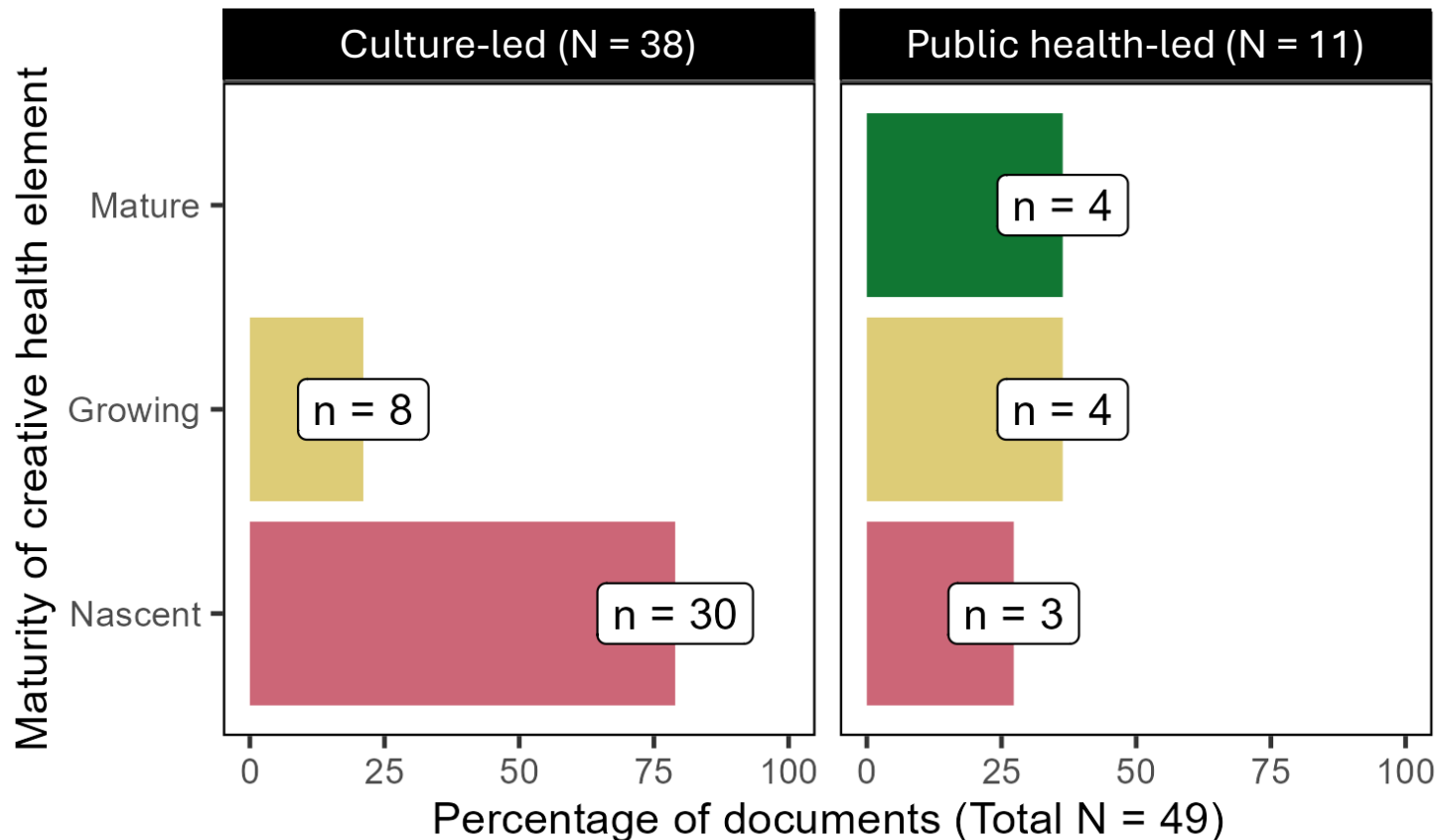
Geographical distribution of strategies and public health policy with creative health



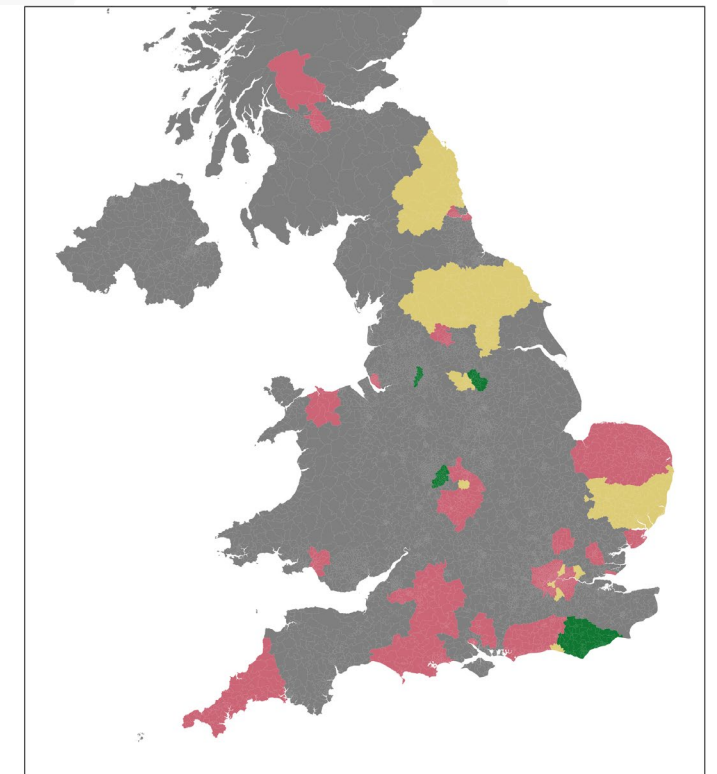
How close are these creative health approaches to “maturity” in the system?

**Maturity categorised into 3 groups on a continuum towards implementing a creative health strategy:*

1. “Nascent” - creative health is on the agenda and developing, but yet to have concrete actions & programmes.
2. “*Growing*” - action has been taken, pilots and partnerships started with case studies to review and build on.
3. “*Mature*” - a full, evaluated programme taken place, contributing evidence to develop a full strategy.



Where are these?



Map including Greater Manchester's Creative Health Strategy (which is not in the graph)

The value of creative health: what benefits can we realise?

Framework showed 11 “outcome areas” where the arts and cultural sector could produce positive outcomes.

- Used as a starting point for coding the type of (additional) value envisioned from creative health.
- These health outcome categories could be expanded to look as well at health inequality and prevention.

Note: There are potentially areas missed in this framework, showing understudied areas of activity for arts and creativity, including:

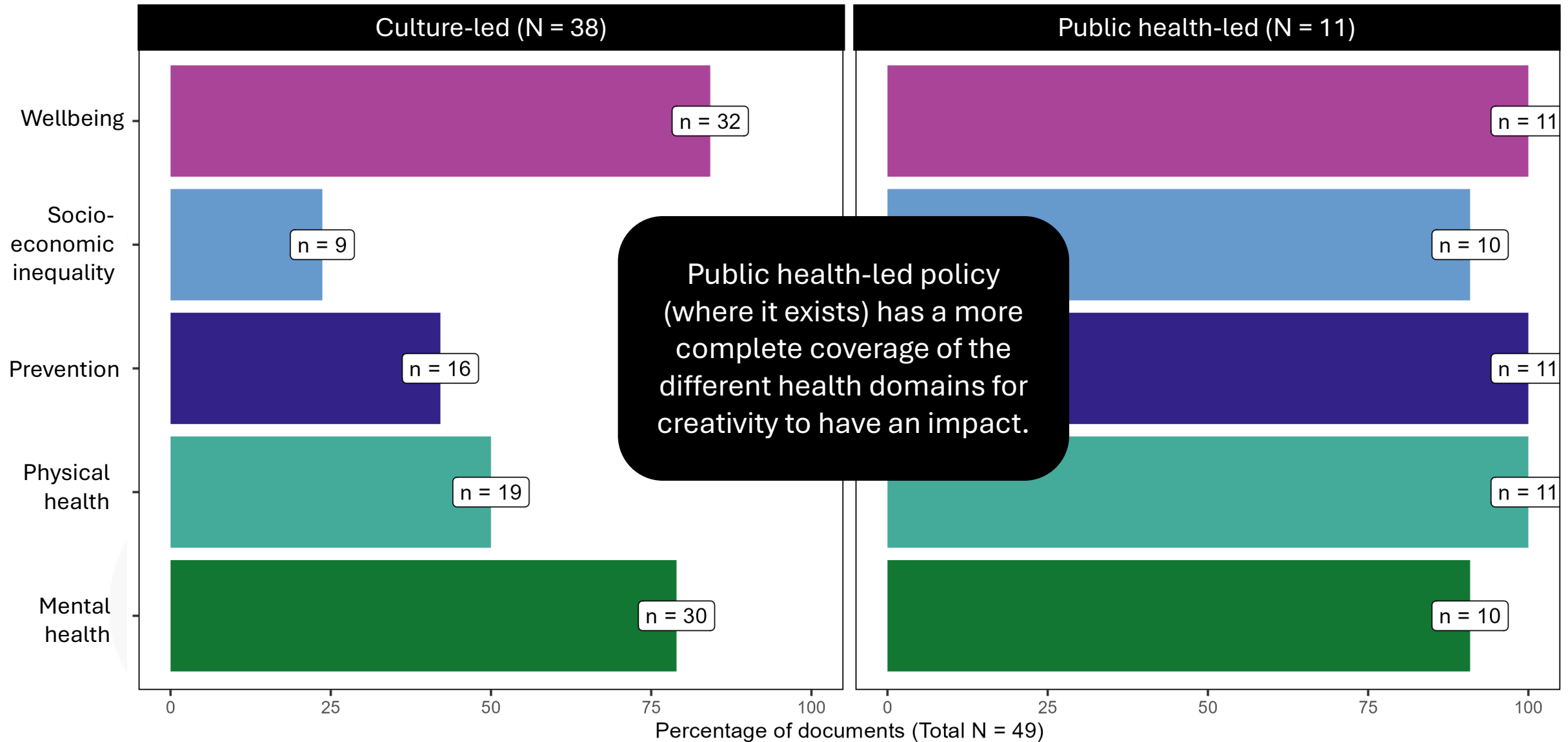
- Addressing and mitigating the impact of mis/disinformation
- Provision for statutory & non-statutory advocacy
- Transport and infrastructure planning

These areas were not evident in the strategies and policies either so may represent potential for pioneering work.

Outcome	Activity level	Commentary	Example organisations
Education and learning	Most activity	Using cultural resources to supplement school learning. Participatory experiences for cognitive development and academic achievement. Development of soft skills such as collaboration and problem solving. Re-engaging with learning, particularly for adult education.	Sage Gateshead delivers In Harmony – music and orchestra activity for children.
Mental health		Recurring theme that overlaps with wellbeing and physical health. Organisations working to demonstrate relevance of arts and culture in clinical settings.	Jack Drum Arts – ‘Colour your Life’ arts on prescription to support mental health.
Physical health		Dance and physical health; particularly preventing falls among older people. Rehabilitation and building motor skills following physical trauma.	Breathe Magic – magic tricks for rehabilitation following stroke or brain injury.
Wellbeing		Important outcome for almost all interventions and also for many commissioners.	Luton Culture – intergenerational work: wellbeing for older people.
Crime and public safety		Various aspects, including working on wellbeing and personal development for offenders which encourages people to make positive life choices, including not offending.	Safe Ground – prison-based ‘Family Man’ desistance programme.
Employment and training		Mostly in combination with specific beneficiary group: homeless people, offenders, people with mental health problems.	Helix Arts – developing skills towards employment-readiness.
Inclusion/participation/community cohesion		Relationship between cultural engagement and civic engagement. An interest of Arts Council England, for example through its Creative People and Places fund.	Multistory – local community works with professional artists to tell their stories.
Regeneration		Strong theme in some areas: Southampton is using arts and culture to drive tourism and job creation. Many developers will invest in an arts and culture strategy under community engagement obligations.	The Brick Box – regeneration of disused areas.
Conservation and environment		Some examples, but not a strong theme in survey or interviews. Arts used as a tool to explain ideas and prompt debate about climate change.	Homiman Museum – education sessions looking at traditionally made objects and manufactured counterparts.
Substance misuse		Relatively little specifically addressing this issue, but may overlap with other outcomes or beneficiary groups, for example offenders.	Action on Addiction, Hope House – support includes art therapy.
Housing	Least activity	Secure and stable housing can underpin the pursuit of a number of other outcomes, and progress in other outcomes may include developing the skills to maintain a tenancy. Housing associations may invest in public art to help build a positive and enjoyable living environment.	Sovereign Housing has commissioned a sculpture for a new housing development in Torquay.

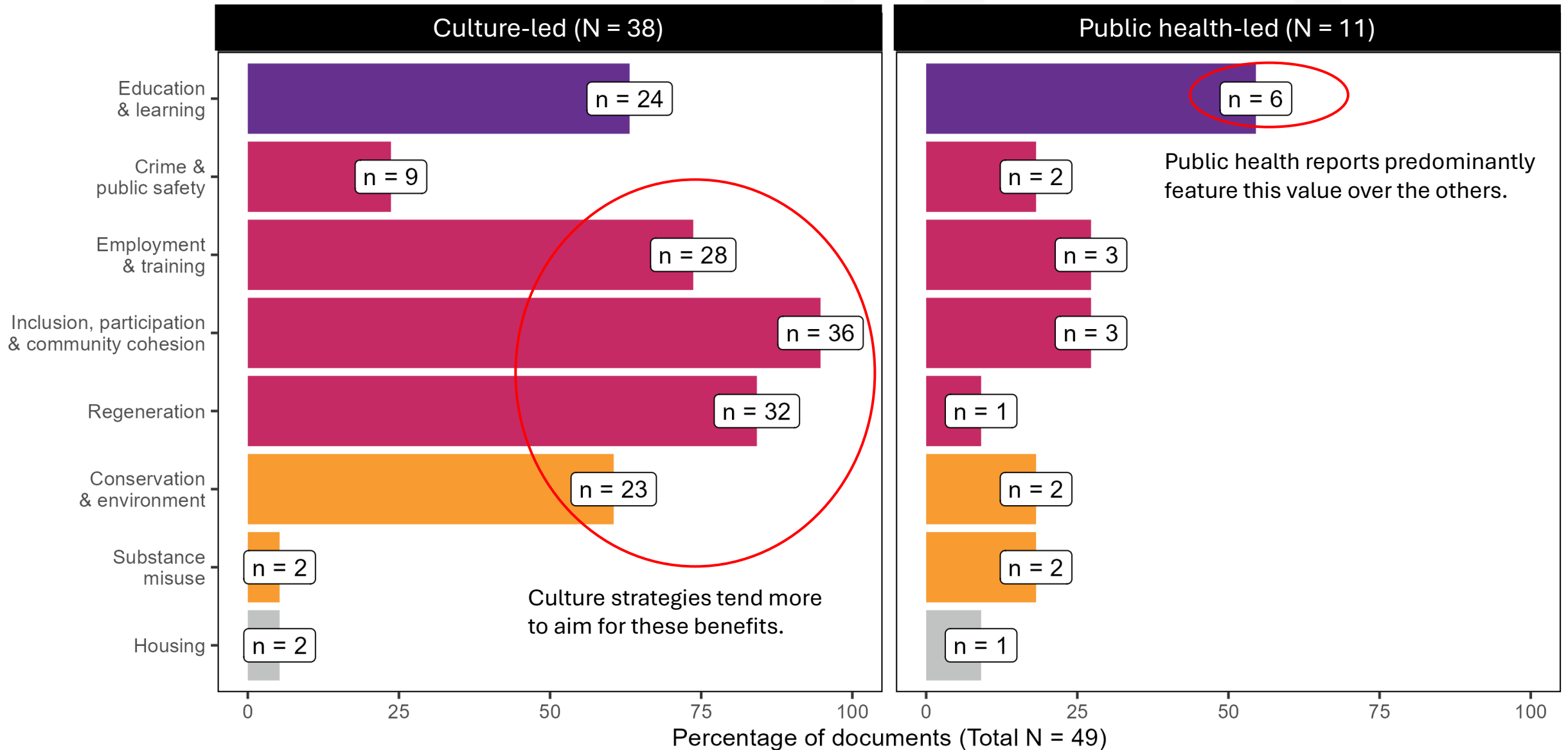
Outcome areas where the arts could deliver benefits, with darker areas showing where there is more activity by arts organisations.
Source: New Economics Foundation (2016).

The value of creative health: Health outcome benefits



**Note: Most documents tackle more than one domain!*

The value of creative health: Beyond health outcomes



**Note: Most documents tackle more than one domain!*

A thematic analysis of the key recommendations and strategic actions

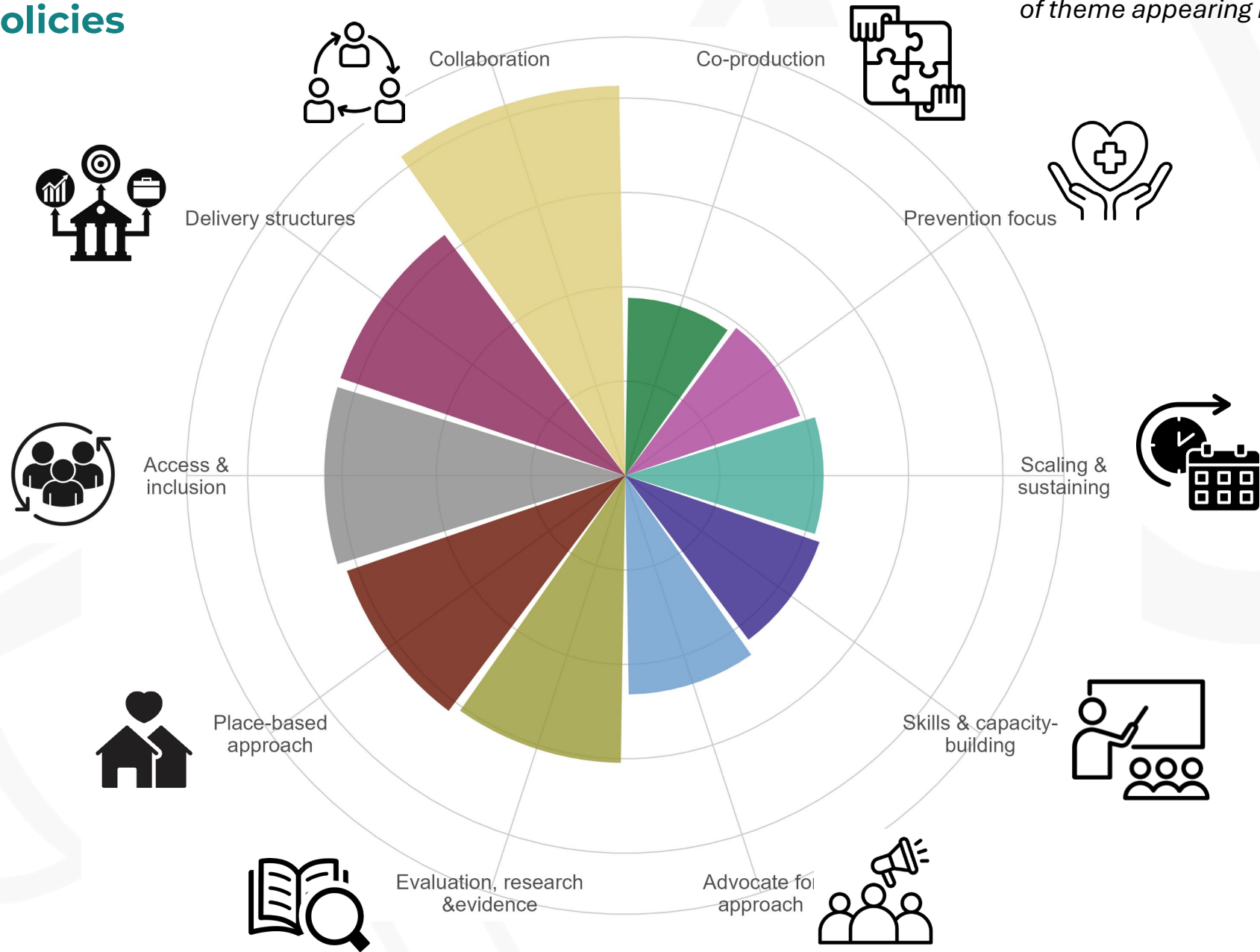
Analysis is across all documents (N = 69)

For strategies and public health policies, only the recommendations/actions specific to *creative health* included in analysis.

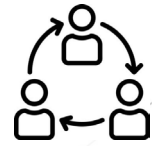
Where overarching principles specified that were applied to all elements (including the creative health ones), those were included.

Themes in recommendations, strategies & policies

**Size of wedge indicates relative frequency of theme appearing in documents*



Themes in recommendations, strategies & policies



Collaboration

Discusses **partnership working**, **cross-sectoral** and **joined-up** approaches, and the building of **networks** and **fostering connections**.

- ! Collaboration is both recommended by briefings/evaluations and features strongly in strategies & policy.

Example:

“Strengthen links and collaboration between cultural sector and health and care system.” [Suffolk DPH report]

Delivery structures

Access & inclusion

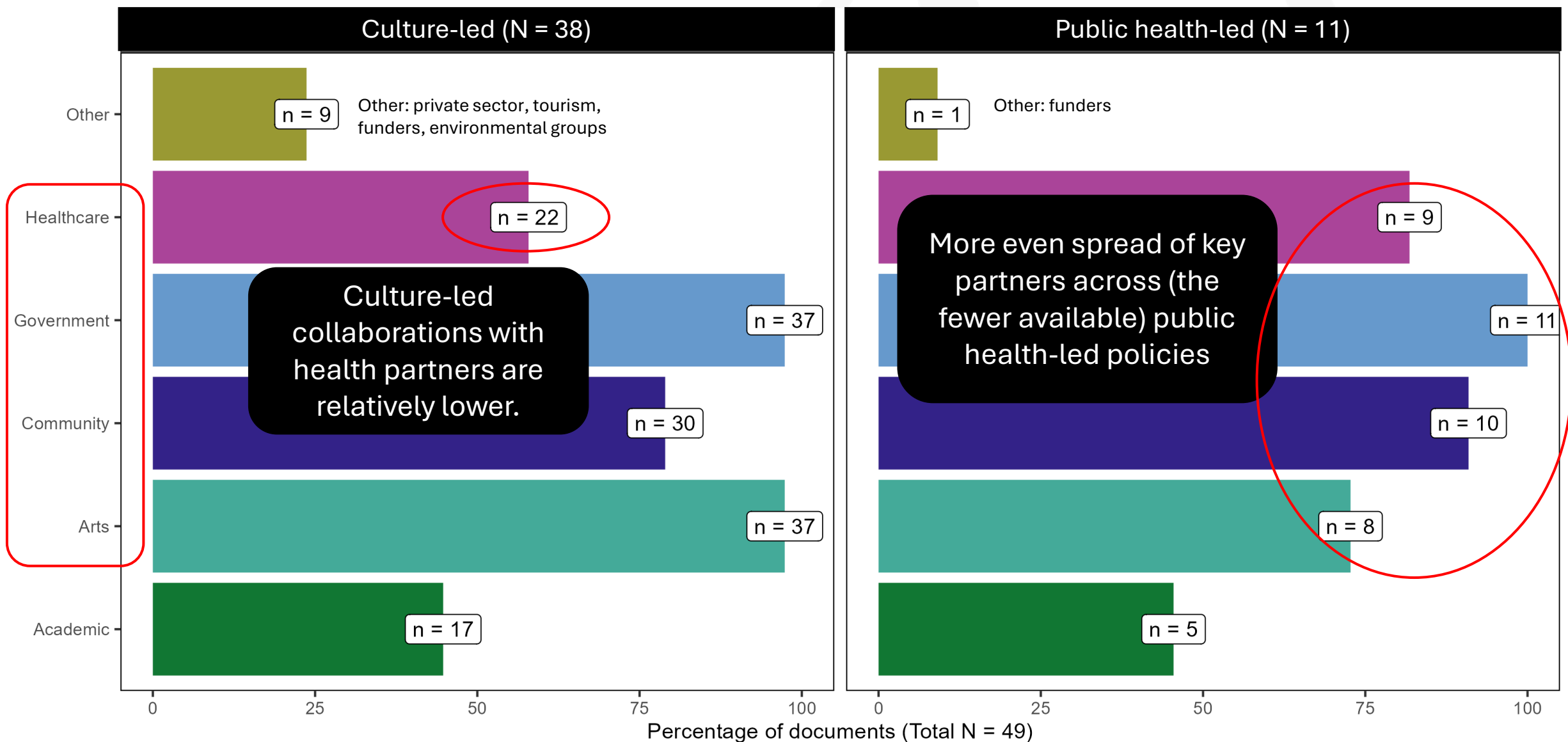
Place-based approach

Evaluation, research & evidence

Advocate for approach

Scaling & sustaining

Who are identified partners for strategies & policies?



*Note: Multiple partners can be identified per document

Themes in recommendations, strategies & policies



Delivery structures

Considers the models of service provision and commissioning that support creative health programmes and policy, including implementation and governance structures.

Example:

“develop a local **Creative Health Quality Framework**”
[Policy Brief on Opportunities for the ICS,
commissioned by SYMCA]

Themes in recommendations, strategies & policies



Access & inclusion

Tackling inclusivity of offer, e.g., improving access for diverse communities, highlighting experiences of marginalised groups, and recognition of diversity for greater inclusion.

Example:

“Cultural and creative activities in Rotherham to strive to be **welcoming and inclusive** for families and to tackle **inequalities in access**”

[Rotherham DPH Report]

Collaboration

Co-production

on focus

Scaling & sustaining

Place-based approach

Evaluation, research & evidence

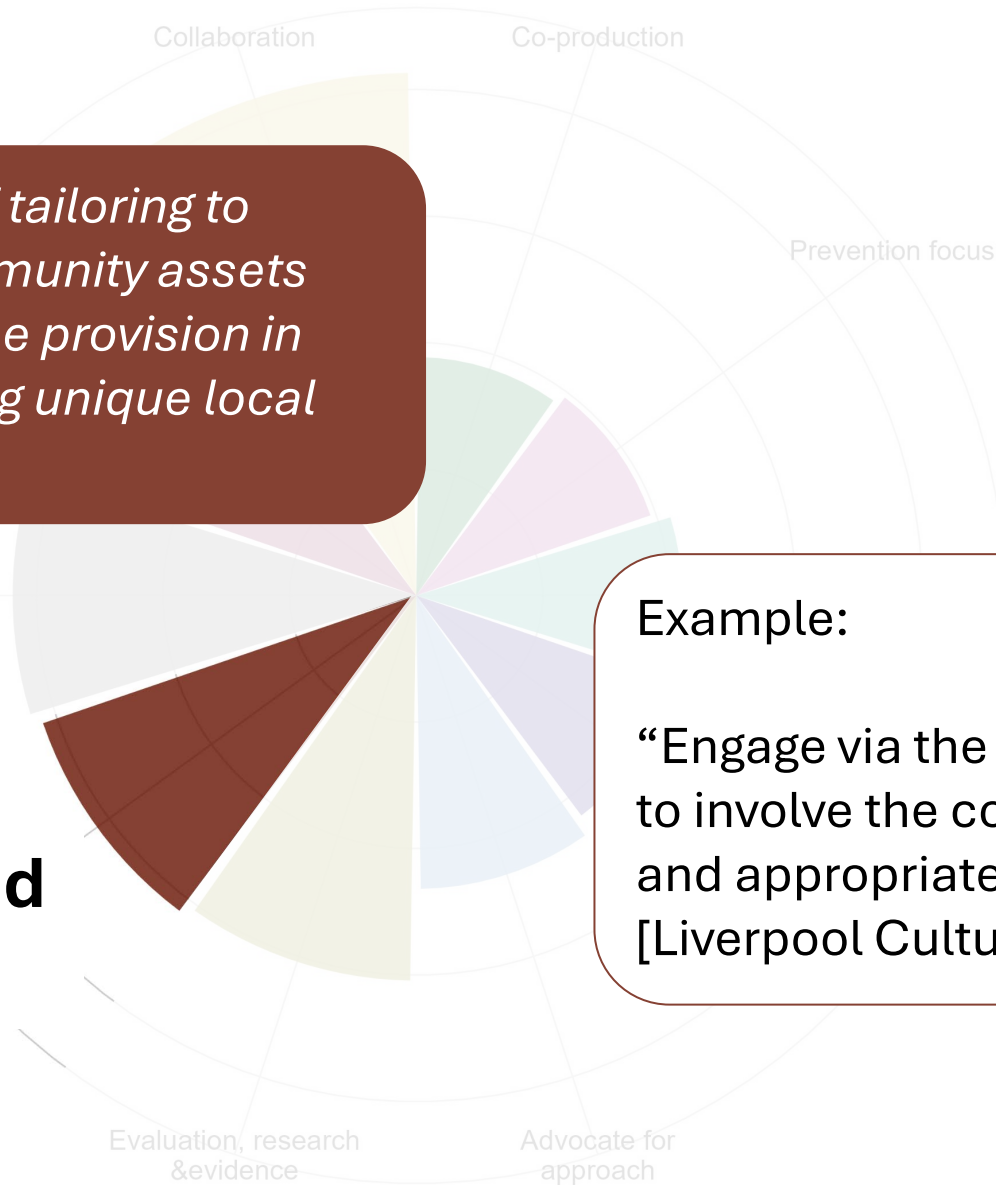
Advocate for approach

Themes in recommendations, strategies & policies

Considers the importance of tailoring to place, building on local community assets and services, situating service provision in communities, and harnessing unique local elements.



Place-based approach



Example:

“Engage via the **Neighbourhood Model** to involve the community in programme and appropriate consultations”
[Liverpool Cultural Strategy]

Themes in recommendations, strategies & policies

Discusses evaluation methods, need for evidence, the role of research and importance of evidencing impact and benefits of creative health provisioning.

! Evaluation, research & evidence is recommended relatively more than it features in strategies and policies.

Example:

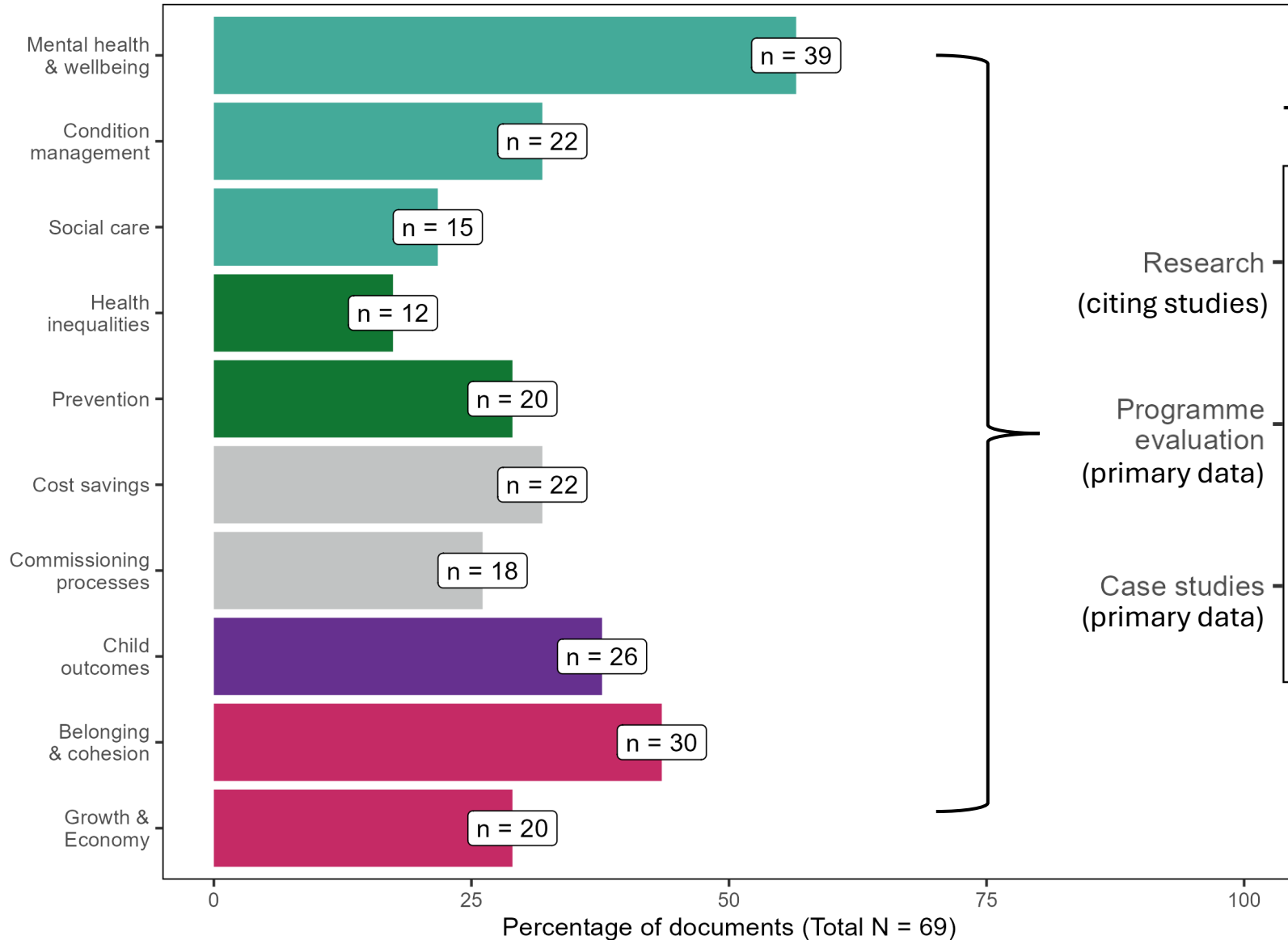
“develop **evaluation methods** and a local arts in health **research agenda**.”
[Brighton & Hove DPH Report]



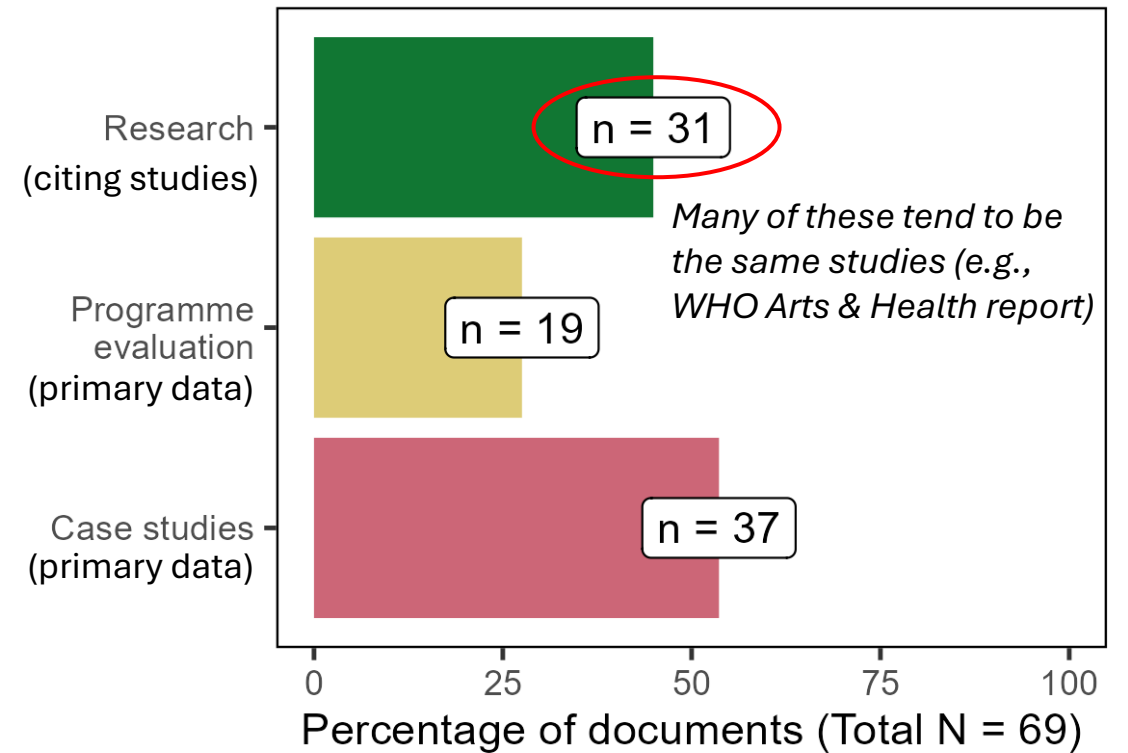
Evaluation, research & evidence

So what evidence is there to draw on?

Evidence referred to in document



Types of evidence drawn on



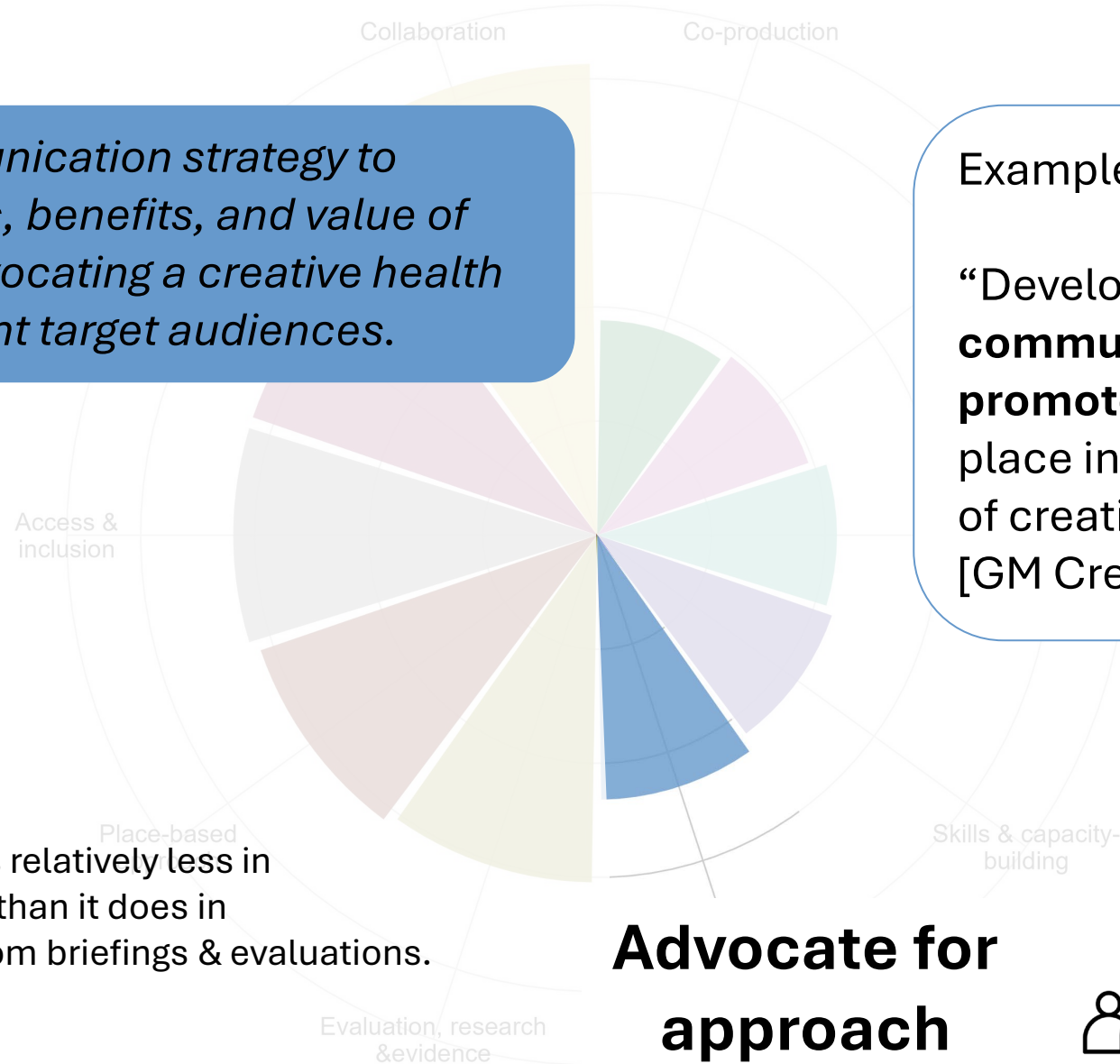
Themes in recommendations, strategies & policies

Focuses on communication strategy to highlight successes, benefits, and value of creative health, advocating a creative health approach to different target audiences.

Example:

“Develop and deliver a **communications strategy** to **promote the work** taking place in GM under the banner of creative health.”
[GM Creative Health Strategy]

- ! This element appears relatively less in strategies and policy than it does in recommendations from briefings & evaluations.



**Advocate for
approach**



Themes in recommendations, strategies & policies

Focuses on skills development and training of providers and practitioners, and capacity-building in the relevant sectors to enable wider creative health provision and develop strategies.

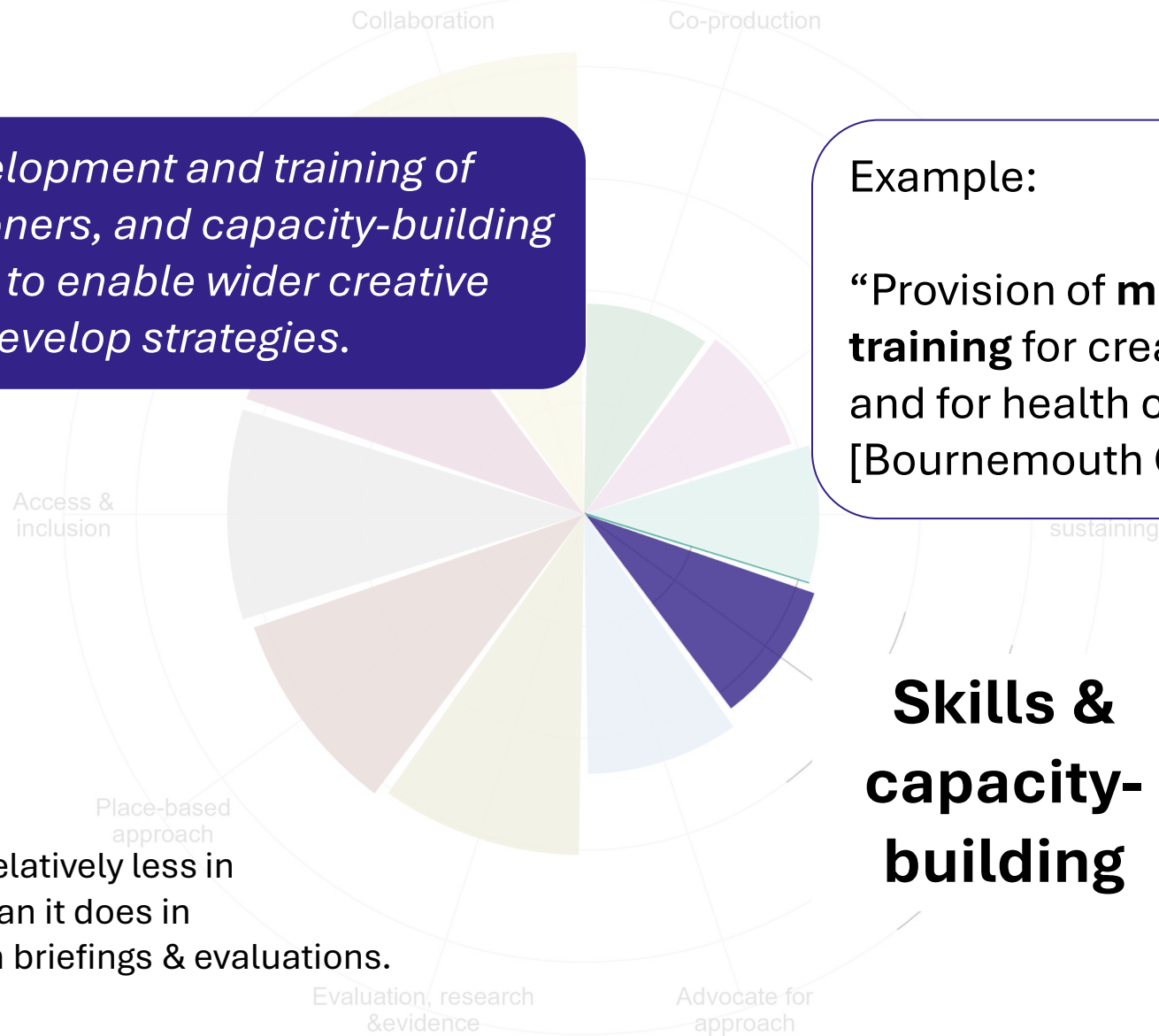
Example:

“Provision of **mentoring and training** for creative practitioners and for health care professionals.”
[Bournemouth Cultural Strategy]

Skills & capacity-building



- ! This element appears relatively less in strategies and policy than it does in
- recommendations from briefings & evaluations.



Themes in recommendations, strategies & policies

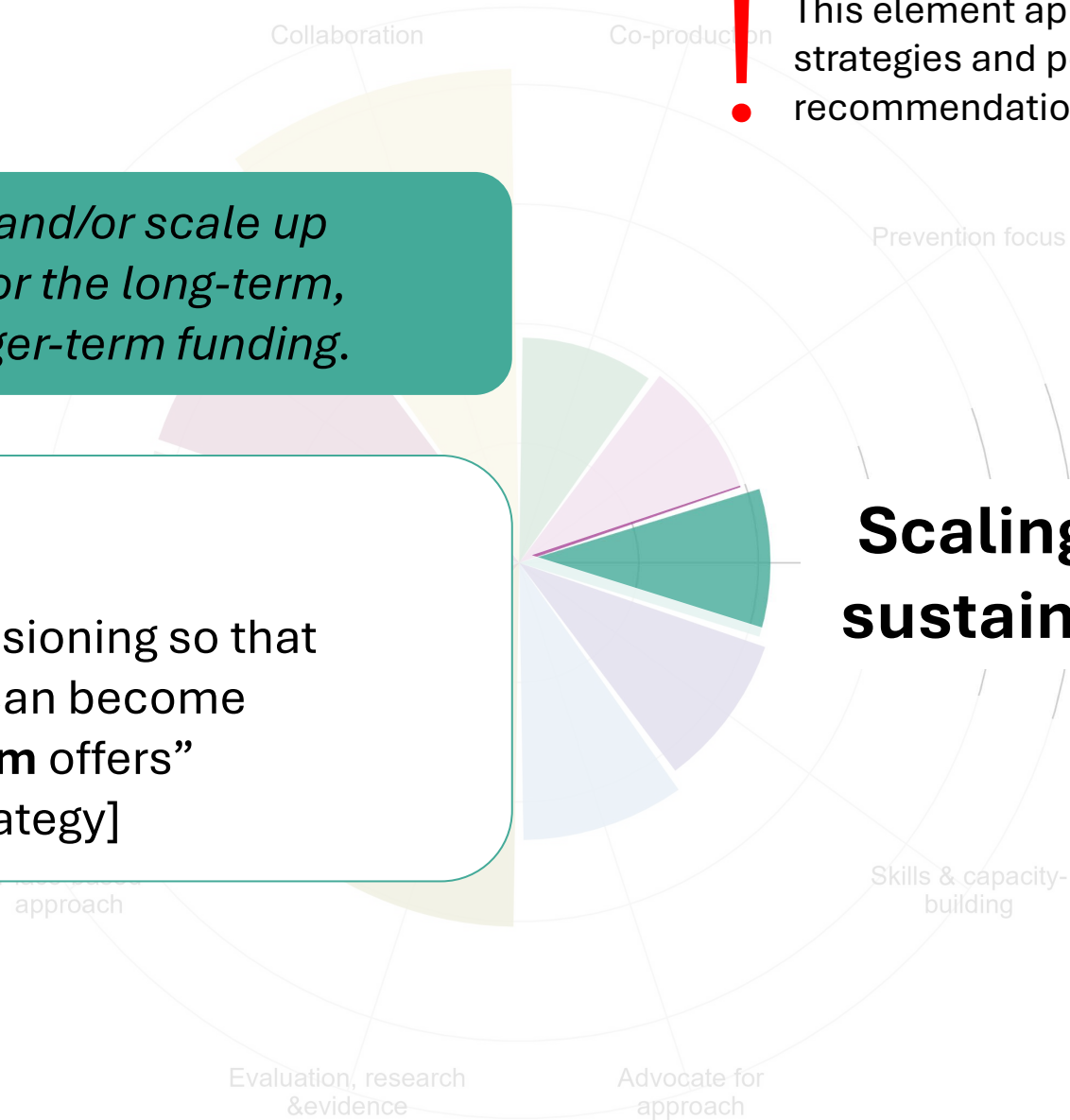
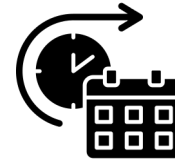
Discusses how to sustain and/or scale up creative health provision for the long-term, including necessity of longer-term funding.

Example:

“develop cultural commissioning so that successful programmes can become **sustainable and long term** offers”
[Wandsworth Cultural Strategy]

! This element appears relatively less in strategies and policy than it does in recommendations from briefings & evaluations.

Scaling & sustaining



Themes in recommendations, strategies & policies

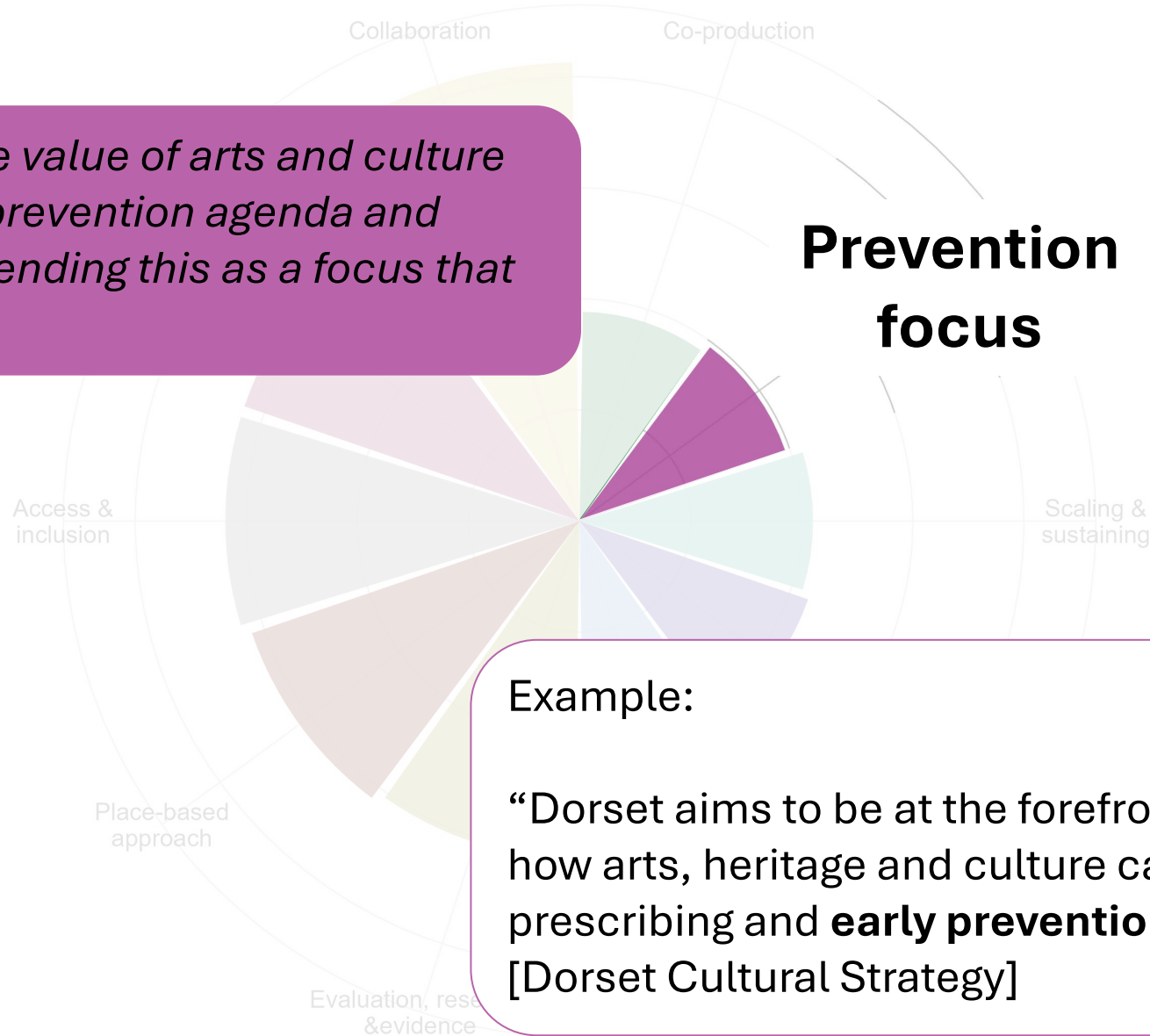
Aims to maximise the value of arts and culture as part of an illness prevention agenda and specifically recommending this as a focus that suits creative health.

Prevention focus



Example:

“Dorset aims to be at the forefront when it comes to how arts, heritage and culture can deliver on social prescribing and **early prevention initiatives**”
[Dorset Cultural Strategy]

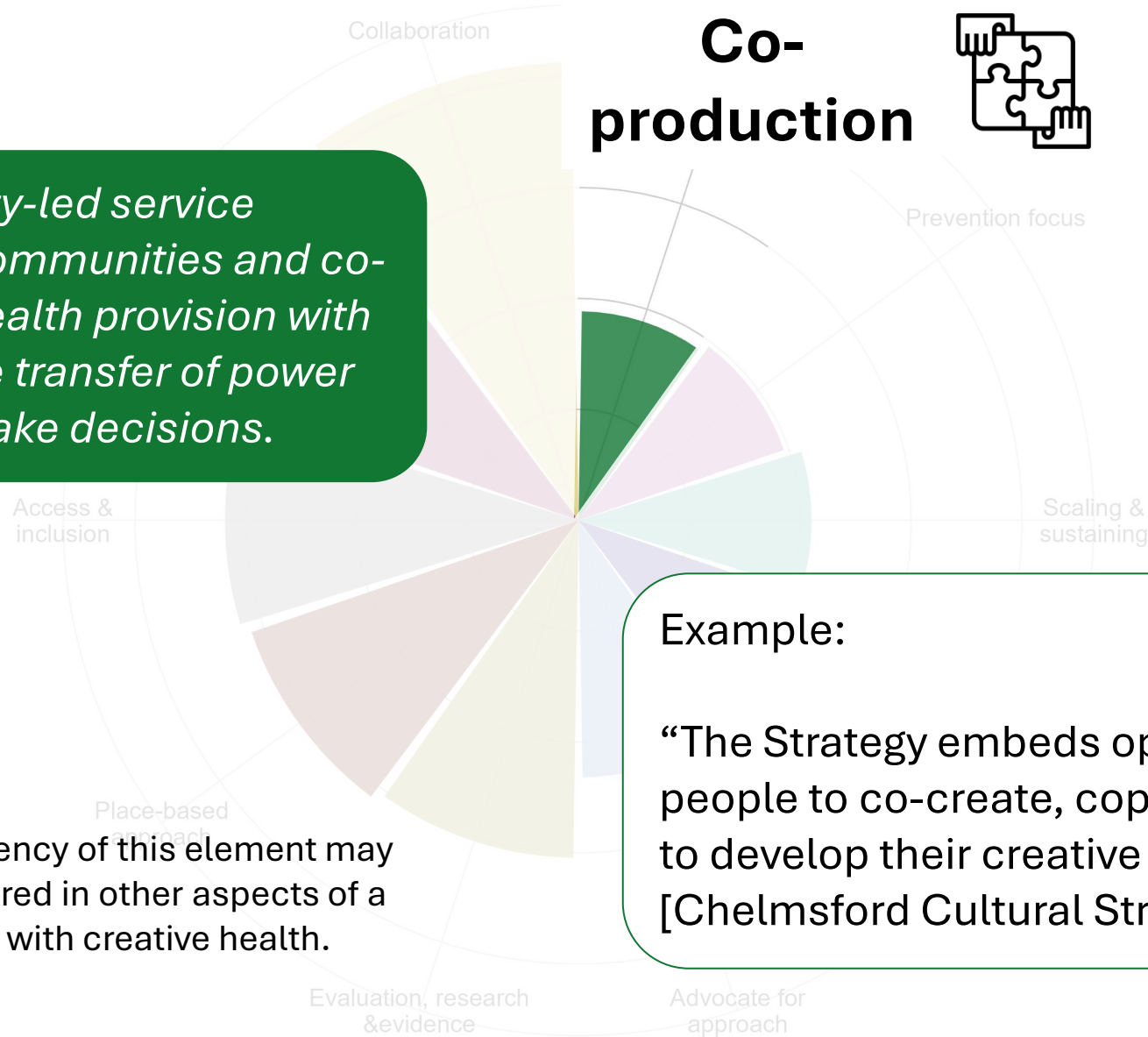
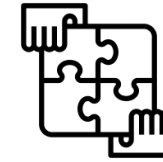


Themes in recommendations, strategies & policies

Discusses community-led service design, listening to communities and co-producing creative health provision with them, particularly the transfer of power to communities to make decisions.

- ! The relatively low frequency of this element may be due to it being captured in other aspects of a strategy not associated with creative health.

Co-production



Example:

“The Strategy embeds opportunities for young people to co-create, coproduce and co-deliver to develop their creative awareness and skills.”
[Chelmsford Cultural Strategy]

Co-production: citizen power or “participation”?

Arnstein’s (1969) “ladder of citizen participation” outlines a spectrum of engagement with three broad groupings:

- 1) Nonparticipation (minimal engagement)
- 2) Tokenism (involvement but no say in decisions)
- 3) Citizen power (where citizens have some level of decision-making power)

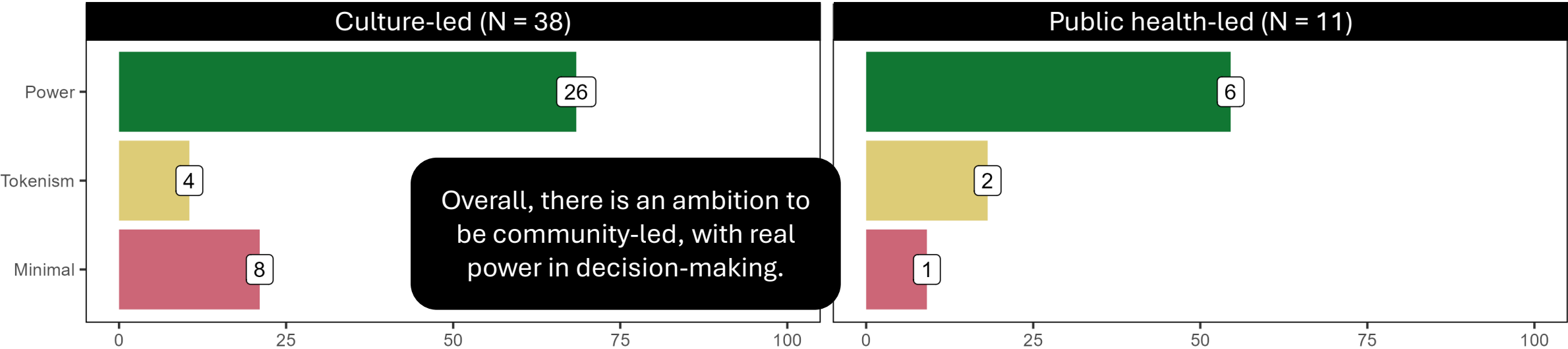
We looked at how the work described in strategies and policies reflected:

- Citizen power in the ambitions/plans
- Citizen power embedded in the production of those strategies or policies

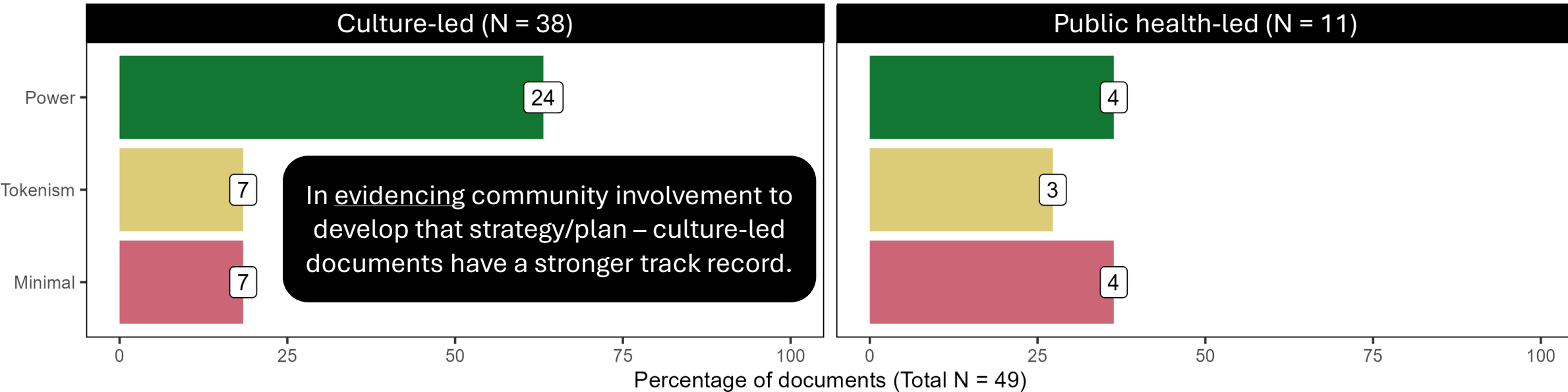
Note that if the extent of citizen engagement in producing a document was not fully described in that document, this analysis may not then capture a higher level of engagement.

Co-production: citizen power or “participation”?

Planned citizen involvement in delivery of actions



Citizen involvement in producing strategy/report



Conclusions

What should we take away in moving towards a creative health strategy?

1. Who leads?

- Work on creative health is often led by culture teams, suggesting the arts and cultural sector are the main champions.
- But the work reviewed is most advanced when there is public health buy-in and leadership.
- Public health is well-placed to identify and realise benefits to a wider range of health outcomes.

2. Community engagement: culture has the better track record

- Many strategies/policies have an ambition of genuine co-production but it is not always well-evidenced in the document nor incorporated into strategy/policy production
- Public health teams may benefit from culture team's better track record in delivering truly community-led work – this is an area where culture is the stronger partner.

Conclusions

What should we take away in moving towards a creative health strategy?

3. Collaboration – partnerships between arts and health still need strengthening

- Collaboration across sectors is most frequently recognised as necessary for delivering creative health. Arts and health sectors partnerships are still underdeveloped compared with e.g., community/VCSE.
- Partnerships are more evenly developed in (the relatively few) public health-led policy on creative health.

4. Realising greater value from creative health: what impact to achieve?

- Public health policies look to gain a wider range of health benefits than cultural strategies; but cultural strategies have more recognition of wider societal benefits – which may affect the social/economic determinants of health.
- There is more potential to develop activities and actions to address wider benefits, especially those that could align with local government priorities.
- There are opportunities here to pioneer novel/lesser studied creative health benefits (e.g., tackling mis/disinformation, neighbourhood planning)

Document search methodology

Total retrieved: N = 652

- Open web search (N = 147)
- Retrieved from NCCH report (N = 26)
- Targeted search:
 - “Cultural Strategy” (N = 269)
 - “Director of Public Health Report Creative Health” (N = 210)

Screening of link titles

No creative health element:

- Open web search = 77
- Cultural strategies search = 222
- Public Health report search = 184

Total remaining: N = 190

- Open web search (N = 70)
- NCCH report (N = 26)
- Cultural Strategies search (N = 67)
- DPH Report search (N = 26)

Screening of content

- Not from UK (N = 16)
- No relevant policy or strategy for analysis (N = 35)
- Lacking creative element (for public health documents) (N = 23)
- Lacking health element (for culture/creative documents) (N = 46)

Final sample included in analysis:
N = 69