

“What can arts and culture do for health inequalities?”

Developing a Culture Strategy for Scotland

December 2017

Introduction

The Scottish Government is working to develop a [Culture Strategy for Scotland](#). The last two Programmes for Government have committed to a Culture Strategy for Scotland, which will be underpinned by the principles of access, equity and excellence. The aim of the strategy is to position culture as having intrinsic value and highlight the contribution that arts and culture make both directly and indirectly to the health, wealth and success of Scotland.

The culture strategy is being developed over a number of phases. The Scottish Government have just completed an initial engagement phase where they have gathered ideas and views through Scotland-wide Culture Conversations.

As part of this initial engagement phase Voluntary Health Scotland, through our role as the secretariat of the Health Inequalities Cross Party Group, facilitated a discussion on the impact that arts and culture can have on people’s health and wellbeing and how we can ensure that people suffering from the worst health inequalities can benefit from arts and culture. The meeting took place on 7th December 2017, and we heard from Cath Denholm, Director of Strategy at NHS Health Scotland, Leonie Bell, the Scottish Government Lead on the Cultural Strategy and Margaret O’Connor Chief Executive at Art in Healthcare. The information gathered through these Culture Conversations will help shape a draft of the strategy which will form the basis of a formal public consultation.

This briefing aims to capture the conversation that was had at the Cross Party Group in order to inform people of the relationship between health and culture and to form a basis for the continuation of the discussion around how we can influence the Culture Strategy for Scotland to better impact on people’s health and wellbeing by increasing access to art and culture.

Cath Denholm, Director of Strategy at NHS Health Scotland opened the session by explaining what is meant by health inequalities, their underlying causes and what can be done to tackle them.

What are Health Inequalities? – Cath Denholm

[Health Inequalities](#) are unfair, unavoidable differences in people's health across social groups and between different population groups.

The fundamental causes of health inequalities are not down to individual behaviour but are largely determined by your environment – the availability and quality of housing, work and education, etc. This in turn is affected by political, social and fiscal decisions made around how power, income and wealth are distributed.

Health inequalities have no place in an open, outward looking nation, such as Scotland. The more that this is seen as an issue that crosses all sectors and the more we join up interventions across sectors the better.

Leonie Bell, who has been seconded into the Scottish Government from Creative Scotland in order to develop a Culture Strategy for Scotland continued the discussion. She defined the contribution that arts and culture can make to our health and wellbeing and how the strategy can help develop a long term relationship between health and culture.

A Culture Strategy for Scotland – Leonie Bell

The Culture Strategy for Scotland aims to position culture as having intrinsic value and contributing both directly and indirectly to health, wealth and success of our nation.

Culture and creativity have an important role in the development of society and have value in relation to health as they can help us think about prevention in the long term. From the perspective of Realistic Medicine all national strategies should consider health as a policy priority. Realistic Medicine states that as a society we are over medicating, that other avenues need to be explored and that there is evidence that arts and culture can contribute to this.

The cultural and creative sectors are a massive asset and significant resource for society that contribute to our physical, mental and community health and well-being. This contribution can be significantly strengthened by better inter and cross sector partnerships that plan for the long term.

Many of the conversations around the development of the Culture Strategy have been centred on culture as both a human and community right, where every citizen has a right to participate in culture. Evidence shows that there are inequalities in engagement with culture. Those from lower socio-economic groups, living in poverty and in areas needing regeneration or people living with long-term physical or mental health conditions, and those who do not have University degrees are not engaging in culture as we currently measure it.

This needs to be the start of a long term strategic relationship between culture and health. We should see culture and creativity not as add-ons for a few but as a vital way that we can all have positive experiences no matter who we are or where we are from, and as individuals. This way we will be contributing to a society that places values like dignity, kindness, creativity and fairness at its heart, and that is something we can all be optimistic about.

The Cross Party Group then heard from Margaret O'Connor of Art in Healthcare who spoke about the relationship between art and health and initiatives such as social prescribing which can help develop links between culture and other sectors.

The relationship between art and health – Margaret O'Connor

There are a number of specific health benefits of engaging with the arts. Some of these include: reduced stress levels, supporting recovery, encouraging social interaction and reducing loneliness and social isolation, as well as fostering improved doctor/patient relationships.

Art in Healthcare's own research shows that around 50% of the patients that they have surveyed at hospital sites say they have never visited an art gallery. When hospital admission data is mapped to data zones, it is clear that people from the most deprived areas of Scotland are disproportionately represented amongst the users of hospital services. So it becomes possible to reach people with contemporary art who may not otherwise be engaging.

There need to be more stepping stones to help people engage with arts and culture. We need to increase the accessibility of arts and culture to help people engage – even free places like museums need to support people to increase engagement.

Social prescribing is a model that can achieve significant health benefits, sometimes where other support and intervention has not been able to achieve success. The Scottish Government has made a commitment to social prescribing and is recruiting 250 community link workers to work in general practice over the next few years to mitigate the impact of the social determinants of health for people that live in areas of high socio-economic deprivation. Many third sector organisations, particularly community health organisations, work in this way already; prescribing art, gardening, exercise, cookery classes etc. It is just one model for using art to address health inequalities and there is a growing evidence base demonstrating its success in Scotland and other parts of the UK.

For Art in Healthcare and other providers there are often difficulties sustaining the funding required to support this work.

Art in Healthcare would like to commend the recent All-Party UK Parliamentary Group on Arts, Health and Wellbeing report, '[Creative Health](#)' which looks at the role of the arts in relation to health and wellbeing. The section on health inequality concludes:

“Engagement with the arts can play a role in mitigating health inequalities. Evidence has shown that engagement with the arts can influence maternal nutrition, perinatal mental health and childhood development; shape educational and employment opportunities and tackle chronic distress; enable self-expression and empowerment and help to overcome social isolation; and prevent illness and infirmity from developing or worsening.”

Key themes from discussion

- Recognition of arts and culture as a means to health improvement, in the Culture Strategy
- Improving the accessibility of arts and culture across harder to reach demographics
- Increasing cultural consumption

- Detailing the role of art and culture in prevention and recovery
- How can arts and culture organisations can work in partnership with other organisations and sectors to improve people’s health and wellbeing?
- Funding and developing services from the bottom up instead of top down
- Provide systematic and sustainable long term funding towards more upstream projects
- How to define culture?
- Giving communities the ability to make decisions about their own local areas and the services that are developed

Next Steps?

Voluntary Health Scotland think that this is a really important conversation and believes that it can play a key role as an intermediary, to help build on and extend the links between cultural, health and third sectors. VHS is keen to help continue the conversation about integrating health and culture strategies and would like to work to build stronger bridges.

If you are interested in being part of this discussion then please keep an eye on the Scottish Government website dedicated to the Culture Strategy to be kept up to date on the range of events and engagement opportunities on offer. Voluntary Health Scotland will also work towards developing this agenda throughout 2018 and you can find out more by joining our [e-bulletin](#) or following our [website](#).

If you are interested in continuing this discussion and working with VHS you can also contact Kiren Zubairi, Policy and Engagement Officer at Voluntary Health Scotland. Kiren Zubairi Kiren.zubairi@vhscotland.org.uk

You can read the full minutes of the Cross Party Group on Health Inequalities where the Culture Strategy was discussed here - <http://www.parliament.scot/msps/health-inequalities.aspx>