

VHS Annual Conference: Key Messages

Get The Picture: Culture, Health and Wellbeing

November 2018

The Event

The conference aimed to bring together people from health charities, other voluntary and community health organisations, health boards, health and social care partnerships, local authorities, culture trusts and arts organisations to explore the relationship between culture, health and wellbeing.

Setting the Scene

Claire Stevens

Chief Executive Voluntary Health Scotland (VHS)

[Inequalities, health and culture](#)

VHS provide the Secretariat for the Cross Party Group on Health Inequalities and in December 2017, we organised a meeting asking what can arts and culture do about Health Inequalities?

We learned that the cultural dimension of people's health and wellbeing is often ignored, seen as a *nice to have*, or too expensive rather than a vital component of our wellbeing.

Can culture change health – can health change culture – yes! We not only need health in all policies but culture in all policies.

Our Delegates



Voluntary
Organisations



Third Sector
Intermediaries



NHS Boards,
Academia and
Scottish Government

Session 1

Dr John Ennis

Curator/ Producer GP Journeys in Design and Our Linen Stories

Conference Chair's welcome

An exhibition works if it lets people come together. This conference is an opportunity for all of you to come together and discuss what culture has to offer for people's health and wellbeing.

Professor Sir Harry Burns

Director of Global Public Health, University of Strathclyde

Keynote address – *The Art of Good Health and Wellbeing*

The voluntary sector needs to play an ever increasing role in the health of Scots. Public policy has failed – with austerity widening inequalities and affecting those who are most deprived.

There is a need to understand the relationship between people's social circumstances and health. People need more wellbeing, less surgery. Historically life expectancy in Scotland has been average compared to our European counterparts. However, over the last 40 years life expectancy in Scotland is now the lowest in Western Europe. Scotland is also suffering a growing divergence in life expectancy between the rich and poor, where poor health is a problem of the poor not the rich. Poverty and other socio-economic determinants are linked to mortality.

Health is not defined by not being unwell but is more holistic and includes our wellbeing. There is a need for service providers to adopt a salutogenic approach that is non-judgemental, unquestioning and develops trust in order to support people to be healthy and resilient.

Prevention from a public health perspective involves stopping people getting ill. However, the approach that should be considered is one where we recognise that health is wider and includes our wellbeing which can improve or degrade at different points in our life and we should be supporting people to be able to cope with their situation and improve their health and wellbeing.

We need to start thinking about an economy that measures wellbeing, inequality and cross-national happiness.

Session 2

Brian Daniels – playwright and actor, presenting #HelloMyNamels

Session 2 started with the play #HelloMyNamels presented by Brian Daniels and his colleague Emma Gordon. The play was commissioned by St. Gemma's Hospice, Leeds based on the life and work of the late Dr Kate Granger whose inspiration was for those engaged in healthcare to always introduce themselves to their patients by saying 'hello, my name is...'.

Panel Discussion

Kevin Harrison, Director (CEO) Artlink Central

We experience healthcare and we experience health in places and spaces. Our cultural engagement within these spaces and places is loaded. Therefore, place based arts and culture initiatives are important to improving healthcare environments in order to give people the best support.

Use culture as a means to tell someone's story and empowering people to understand that their lives matter. "I've had 60 jobs" – an individual with dementia spoke about all the jobs he had had and this was transformed into a booklet and recording. This formed a personal story for the family but also had a lot to offer in terms of history and heritage of where that individual lived.

Mark Hazelwood, Chief Executive, Scottish Partnership for Palliative Care

When you are a patient your personhood is constantly under challenge.

Prevention should not only be about prolonging life and postponing ill health but nurturing connectedness and improving quality of life and wellbeing.

[To Absent Friends Festival](#), provides a space and opportunity for people to be able to talk about and tell stories of people they have lost. A care home in Livingston participates through by holding an event called, "Music makes my memories magical". 10,000 people a year die in a care home, and staff who create human connections are constantly dealing with loss. An event like this brings people, staff, and families together to share memories.

Val Munro MBE – Trustee of North Edinburgh Arts, actor and writer

Science is great but can't communicate messages in the same way that art can, for example, "[The mould that changed the world](#)", which conveys a public message about bacterial resistance.

Need to make the arts and culture accessible and think about 'arts' in the widest sense in order to involve people. North Edinburgh Arts works in an area of deprivation and offers people high quality art without paying for it; it is also led by what people want. There are community gardens, shed projects, and women's, men's and mixed days to try to be as inclusive as possible.

Session 3

Manifesto for Culture, Health and Wellbeing

This interactive session aimed to create a Next Steps Manifesto, through panel discussion and delegate collaboration and coproduction.

Margaret O'Connor – Chief Executive, Art in Healthcare

There is an extensive range of good practice on health, culture and arts, from art adventures in nature, artists in residence in care homes to social prescribing arts activities. What is needed is strong infrastructure and leadership to pull the sector

together. Public policy should take notice of the need for an arts and health agency for Scotland.

Arts and Health Scotland is a group that is currently trying to establish itself in the role of an arts agency. It will hold development sessions in early spring. You can find out more information via their [Facebook page](#), they will formalise their communications after their initial development session in early spring.

Leonie Bell – Paisley Partnership Strategic Lead, Renfrewshire Council

Previously seconded to Scottish Government to develop the Culture Strategy which aims to support the development of the culture sector but also embed culture in all policies.

There needs to be more importance given to evidence around the relationship between the arts and health as well as third sector evidence by professionals in health and care.

Currently working to renew Paisley with the communities that live there to promote it as a City of Culture. In Scottish Government there is a lot of discussion about poverty but little lived experience led action, however, this role is focused on working at local level to promote what communities want.

Lee Knifton, Head of Scotland and Assistant Director UK, Mental Health Foundation

[Scottish Mental Health Arts Festival](#) has had over 250,000 attendees since its inception. The project is launching a study capturing the history of arts and health from last 70 years involving people with lived experience. The aim of this study is to raise awareness of inequalities, and also using arts and culture to mobilise health inequality action. The study will also call for community arts for all and properly resourced and targeted arts interventions in health, including social prescribing. There is also a call for having a Masters module on arts and health offered within a Public Health Masters.

Pauline Craig, Head of Population Health, NHS Health Scotland

The determinants of health include income, wealth and power – you cannot separate poverty and health. Poverty is also a barrier to accessing the arts.

Arts and culture can offer people an expression of power, for example, [I Daniel Blake](#), shows the indignity of poverty but also the community support that helps people overcome issues. The film is used in community centre settings to and has even helped mobilise the period poverty movement. Darren McGarvey, author of [Poverty Safari](#) – found voice through music and rapping which helps tell a story and start a collective movement.

The arts and culture are central to social change – they give a voice to the voiceless.

Group discussion – A Forest of Ideas for the Next Steps Manifesto

Delegates were asked to write down ideas and thoughts on how to support arts and health to work together. A range of interesting themes emerged which have been captured in the tables below.

<p>Defining what we mean by culture, health and wellbeing</p> <ol style="list-style-type: none"> 1. There is always more than one idea! 2. Use 'culture' as a convening agency for decision makers and as a resource and solution. 3. Not either/or medical model or arts language – [need] breadth of approaches 4. What is art? What is culture? Need an inclusive definition that doesn't switch people off. 5. Culture is wider than just specific arts activities, e.g. volunteer engagement in Edinburgh's festivals 6. Understand the difference between 'arts therapy' (a psychological approach) and 'arts in health' (a social/assets based approach) 7. Keep conversations alive between arts and health 8. Be brave, radical and innovative 9. Ensure there are opportunities to make and fail!
<p>The joy and benefits of culture</p> <ol style="list-style-type: none"> 1. Beyond the strategies, the political framing and the expectations of social change, don't forget the importance of the <i>simple joy of creation</i> – dance, painting, music, drama etc. 2. Art can relieve stress. Art is therapeutic. 3. Culture isn't a separate thing: please let's not create another 'sector' or 'agency'...this is about all of us recognising and using our creative strengths and this being a normal part of living. 4. Normalising creativity – stop fear of art – mistakes don't matter. 5. Include digital arts
<p>Involving artists/cultural practitioners in health</p> <ol style="list-style-type: none"> 1. Employ artist at a policy level! 2. Engage artists at the inception of all projects. 3. Pay artists a fair rate – Scottish Artists Union. 4. The profile of participative arts needs to be raised among the general public – raised profile = value. 5. Value professionalism of artists 6. Invest in practitioners' and artists' wellbeing and support them in delivering this work. 7. Need to establish credibility of arts to health and social care bodies
<p>Evidence and evaluation</p> <ol style="list-style-type: none"> 1. Funding needs to be available for organisations to be able to research, evaluate projects and services to help support policy change. 2. Artists and musicians need to show benefits by evaluating.

3. Research centre to focus Scottish activity and awareness
4. Training for arts practitioners in developing robust evaluations.

Strengthening working with health partnerships and providers

1. Give artists and arts organisations equal status with health so that developments can start in a place of equity
2. Advocacy is key: those who work in arts and health *know* the impact and benefits. Find ways to communicate this to all.
3. Influencing the Integrated Joint Boards (IJBs)
4. Creative short hand [for] health and social care IJB minutes to improve engagement and understanding - keep the minutes understandable
5. IJBs should each produce a report on arts, health and culture initiatives in their area
6. I would like to see social prescribing more available as alternative therapy in Tayside
7. Bringing together of local authority departments – e.g. culture and social care, instead of culture and leisure
8. Ensure community link workers are throughout Scotland for *all* ages, i.e. over the life course, and ensuring coordination of services and activities
9. Shared language between sectors that articulates the value of all sectors' involvement – e.g. the narrative of a town *and* poverty statistics *and* a case study of public services.

Education

1. Involve local arts colleges in the community
2. Arts and wellbeing model – [include in] health care degrees
3. Arts education [should include working] with socially engaged practice
4. Lee Knifton's suggestion of arts and wellbeing module in health education
5. Provide more cultural activities throughout schools
6. Ask communities what they would like as part of local education.
7. Follow through from primary to secondary education.
8. Groups making together [is] not a power imbalance like in school.

Creative approaches to people's health needs

1. Make targeted intervention e.g rheumatology
2. Knowing your audience and thinking outside the box – e.g. people with visual impairment- tactile art and sensory experiences provide access to art engagement
3. Asking people what they want, not telling/administering to people before finding out what they need

Improving access

1. Active inclusion to reduce barriers and ensure equal and equitable access
2. Accessible information on active practitioners across Scotland
3. Whose responsibility is it to provide access? How do you reach people who are not able to participate? How can you help people live and grow, despite illness?

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| <ol style="list-style-type: none"> 4. If we are <i>all</i> in the river (Sir Harry) then sharing culture (arts) should be an 'equal' experience. Staff, people, carers and public policy writers should view it together. 5. Use existing resources to make connections, e.g. spiritual care is here to talk and listen; link workers, social prescribing. 6. Access: [includes] transport (buses!) and emotional access (feeling confident to engage and that 'this is yours') |
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| <p>Working to communities' own agendas</p> <ol style="list-style-type: none"> 1. Health and community links are important 2. Communicate clearly what it is we can achieve. 3. Space: community resources - libraries, local authority museums, communication centres and pubs! 4. Community and individual developments as a precursor to engaging with storytelling. 5. Invest in Arts Awards in community settings to reach beyond the wealthier people who take up cultural opportunities 6. Better use of Community Empowerment Act for art/culture development. |
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| <p>Resources</p> <ol style="list-style-type: none"> 1. Sustainable funding. 2. More sustainable funding for arts and longer contracts. 3. Allow organisations to plan more than one year in advance. 4. Quality arts experiences for young people – fund this! |
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| <p>Communication and relationships</p> <ol style="list-style-type: none"> 1. Culture (arts and heritage) helping conversations, allowing the complexity of people's lives, connecting people and giving people voices 2. Engaging policy 3. Find out what is going on already then build on it. 4. Keep talking about art and how powerful it can be for better health – for everyone! 5. Mindfulness – use this term to promote art and health. 6. Personal conversations – all about the process and relationships – promoting friendships and fun over the idea of a final, professional artwork |
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Session 4

Presentation of the poster competition award winner

Allyson McCollam, Chair of VHS and Associate Joint Director of Public Health for NHS Borders

Allyson commended all of eight poster presenters for their posters and associated blogs. She presented an award to the overall winner, Culture Counts. The posters:

Culture Counts - [The Chemist and the Poet are both right](#)

Men's Sheds – [Shoulder to Shoulder](#)

Scottish Cot Death Trust - [Engaging bereaved families in a creative process](#)

Teapot Trust - [Transforming the Treatment Matrix](#)

Harmonious Place Project - [Harmonious Place](#)

Waverley Care - [Arts Project](#)

Tayside Healthcare Arts Trust - [A Unique Route to Health & Wellbeing through Printmaking](#)

Tayside Healthcare Arts Trust - [Aphasia App](#)

Conference Chair's closing remarks

John Ennis thanked everyone who had contributed to such a rich day of presentations and discussion, including all delegates and speakers. He thanked the conference sponsors NHS Health Scotland and Versus Arthritis, all the exhibitors and VHS as organisers. He impressed on everyone the importance of taking today's conversations about culture, health and wellbeing back into our own work.

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