Social Prescribing and the Cultural Determinants of Wellbeing in the UK

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Valuing creative interventions in mental health care

• ‘Cultural Leadership’ research theme at Institute of Cultural Capital exploring cultural sector’s contribution to public policy agendas.

• Includes long-term research collaborations with:
  – Mersey Care NHS Trust: social and economic value of creative partnerships in mental health care: www.joiningdotsresearch.net

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The Art of Social Prescribing project

• Funded by Arts and Humanities Research Council 2014-15 under ‘Public Policy’ highlight notice
• Designed to complement existing research in a developmental capacity:
  – Co-design of policy guidelines on arts-based social prescribing model for the city;
  – Co-design of professional guidelines on conducting policy-relevant research on arts-based social prescribing.
• Questions considered throughout include:
  – key characteristics and lived experiences of ‘successful’ social prescribing and arts on prescription schemes;
  – consideration of the ways in which research is undertaken in this area, including relationships between independent studies and commissioned evaluation research, and the role of arts and humanities research;
  – discussion on the relationship between research, policy and practice in an ‘integrated’ commissioning model, and how this affects the way that the value of arts and culture is articulated and understood within and across those professional communities.
Why social prescribing?

• “Social prescribing provides a pathway to refer clients to non-clinical services, linking clients to support from within the community to promote their wellbeing, to encourage social inclusion, to promote self-care where appropriate and to build resilience within the community and for the individual” (Kimberlee, 2013)

• Curiosity about efficacy of approach given its growing momentum in arts, health and wellbeing field, influenced by:
  – De-centralisation of healthcare decision-making from national to local government;
  – Emphasis on preventive public health campaigns;
  – Multi-agency, holistic approaches to health care;
  – Systematic review of UK social prescribing schemes describes recurring outcomes including increases in self esteem and confidence and improvements in psychological or mental wellbeing (Thomson et al, 2015).
Impact and value of social prescribing in arts & culture

Rotherham Social Prescribing pilot

- commissioned by NHS Rotherham Clinical Commissioning Group and delivered by Voluntary Action Rotherham 2012-14;
- 1,607 patients referred to a range of services including information and guidance, community activities and befriending;
- Outcomes include reduced inpatient, outpatient and accident and emergency admissions for patients with long term conditions; positive change in self-reported wellbeing; each resulting in social and economic cost-benefits.

Creative Alternatives, arts on prescription in Sefton and St Helens

- offers a range of arts activities to adults experiencing mild to moderate stress, depression and anxiety;
- Participants stay with the programme over a nine month period with the opportunity to experience different arts activities including creative writing, photography, ceramics, painting and drawing via a core programme of creative workshops.
- Social and economic outcomes include improved diet, reduced smoking and alcohol consumption and a social return on investment (SROI) of £1: £6.95.
Efficacy of social prescribing as a commissioning model

- Concerns and challenges raised by research network:
  - Overcoming ‘buzzword anxiety’ in aligning arts and cultural practice with public health agendas, and rhetoric concerning ‘joined-up’ services and delivery, co-design and production, and tangential concepts such as resilience and sustainability;
  - Social prescribing just another policy ‘brand’?
  - Risk that culture becomes ancillary health service.

- Successful social prescribing/arts on prescription schemes overcome these issues in:
  - authenticating and legitimizing much of the current policy narrative around ‘joined-up’ working;
  - facilitating an equitable, mutually beneficial professional relationship between health, social and cultural sectors;
  - Creating an infrastructure for sustainable collaborative working.
Making social prescribing work

• High profile referral schemes have taken 10-20 years to develop fully.

• Dependent on:
  – established collaborative networks;
  – extensive local knowledge via human resource infrastructure including project management and coordinating roles;
  – strong leadership and advocacy.

• Once established, referral schemes overcome many of the pitfalls of short-term project-based arts and health practice; but social prescribing is hugely ambitious.
Social prescribing in the ‘cultural city’

• Liverpool 08: legacy of European Capital of Culture year and strategic commitment to regenerative value of culture
• Decade of Wellbeing and proactive mental health campaigns
• Pioneering work in cultural commissioning (e.g. Mersey Care), high profile arts and health initiatives (e.g. The Reader Organisation) and collaborative cultural infrastructures (LARC and COoL)
• The Mayoral Commission on Creativity: promoting ‘enabling frameworks’ and ‘creative collaboration’
• Liverpool ideally placed to host arts-based social prescribing scheme, BUT:
  – Has tendency to romanticise/exaggerate cultural value;
  – Needs coherent strategic approach to cultural wellbeing and evidencing its value.
Towards a model of asset-based cultural prescribing

• Driven by asset-based preventive health theory
• Emulates asset-based social prescribing methods – cultural asset-mapping process will identify directory of existing arts/cultural activities to be prescribed
• Led and managed by consortia of ‘anchor’ cultural organisations with support of city council
• Shifting narrative from social to cultural determinants of health and wellbeing
A question of evidence

• Highly critical review of evidence to inform the commissioning of social prescribing published by University of York in Feb 2015.

• Commonly used methods and limitations:
  – Standardised, quantitative measures of health and wellbeing outcomes, including the General Health Questionnaire (GHQ-28); Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS); and Global Quality of Life Scale (GQOL);
  – narrative –based, qualitative studies presenting the views of multiple-stakeholders via semi-structured interviews. These approaches are often presented quite ‘apologetically’ due to their advocacy associations;
  – Cost benefit analysis research including SROI also popular in the field, with some studies judged to be ‘overly speculative’.

• Existing research is not sufficiently capturing the value and impact of the creative experience; Art of Social Prescribing research framework includes integration of more heuristic arts and humanities approaches...
## Cultural prescribing research framework

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<th>Stage 3 - Social value and return on investment</th>
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<td>• The purpose of stage 3 is to consider throughout the emerging outcomes of stages 1 and 2 and how these might translate into strategic social value indicators and economic impact for participating professional sectors</td>
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<td>• Informed by established social value methods and SROI protocols, set in the context of the Public Services (Social Value) Act 2012</td>
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<th>Stage 2 - Standardised measure of wellbeing outcomes</th>
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<td>• Standardised measures of wellbeing to be administered 'before and after' referral process.</td>
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<td>• The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is most consistently used tool across social prescribing field, and also consistent with other ICC research.</td>
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<td>• Will enable comparative research on wellbeing outcomes of different cultural activities.</td>
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<td>• Establishing 'uniquely cultural' characteristics of prescribed intervention</td>
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<th>Stage 1 - Heuristic value of creative experience</th>
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<td>• Achieved by adopting art-based research methods developed by McNiff (1998), designed to study the creative, therapeutic process; heuristic research approaches designed to capture human experience (Moustakas, 1990; Braud and Anderson, 1998); and phenomenological research traditions including ‘embodied enquiry’ (Todres, 2007).</td>
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Terms and conditions of asset-based cultural prescribing

• Essential that universities play prominent role in integrated cultural prescribing community:
  – Have the resources to support delivery of research framework;
  – Responsibility as per impact agenda and civic university aspirations;
  – Reflects call for more sustainable mutually beneficial relationships between universities and the creative economy based on a process of reciprocity (Comunian and Gilmore, 2015).

• Strategic ownership by cultural policy communities is also important in terms of reclaiming wellbeing agenda and mitigating ‘ancillary service’ risk

• Commitment to funding dedicated co-ordinating post(s) – will not work without intermediary function
References

Art of Social Prescribing project page: http://iccliverpool.ac.uk/?research=the-art-of-social-prescribing-informing-policy-on-creative-interventions-in-mental-health-care


