

# *Cultural Value and Public Policy Research at the Institute of Cultural Capital*

**Kerry Wilson, Head of Research**

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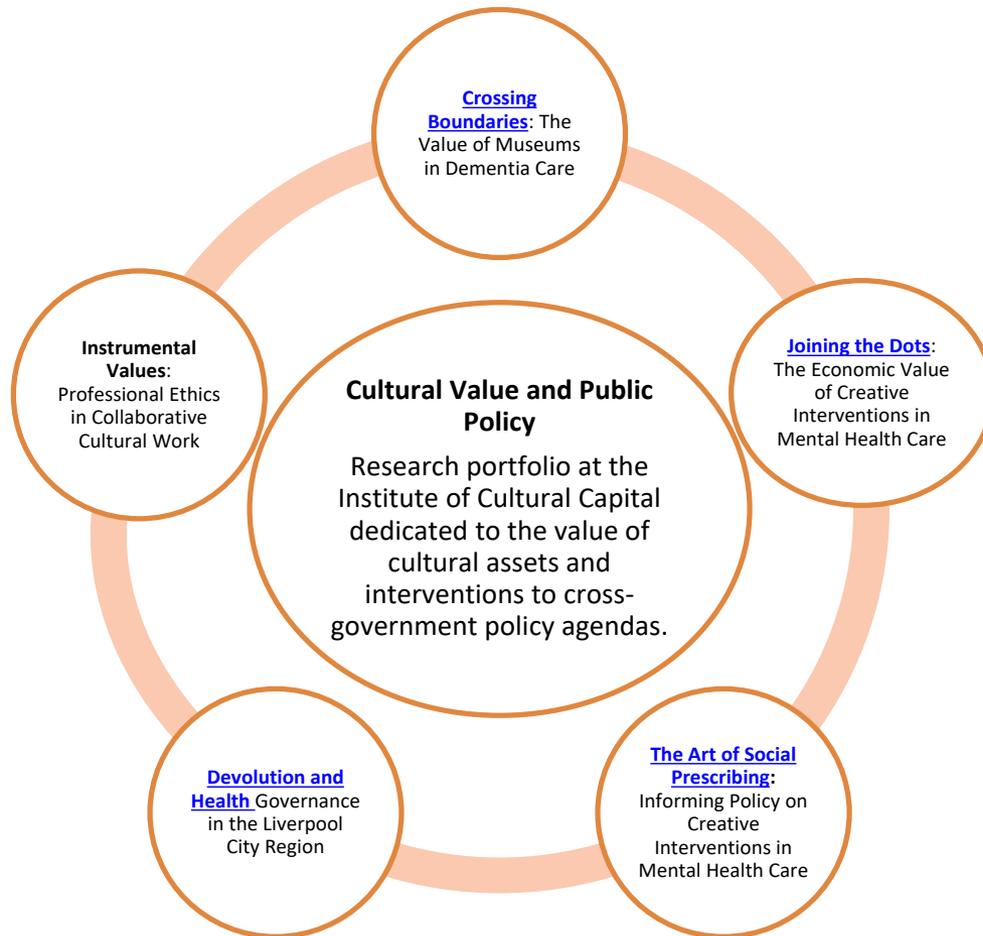


## Cultural Value and Public Policy Research Team

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# Why does cultural value in public policy matter?

## Public health policy drivers

- ‘Fair Society, Healthy Lives’, a Strategic Review of Health Inequalities in England (Marmot et al, 2010) led to policy emphasis on **social determinants of health**;
- Acted as a major catalyst in strategic health promotion, **preventive measures and asset-based approaches**;
- Report recommends the active prioritisation of prevention through **integrated primary care, local authority and third sector services**, and the development of ‘healthy and sustainable places and communities’;
- Subsequent developments in [cultural commissioning](#) from statutory health and social services;
- Other localised strategic movements including [Health in all Policies](#);
- Reconsideration of the [wider public health workforce](#) by Royal Society for Public Health.

# Crossing Boundaries: The Value of Museums in Dementia Care

Long-term research on the value and impact of the award-winning dementia awareness training programme [House of Memories](#), led by National Museums Liverpool. Consistent outcomes for participating health and social care workers include:

- Improved **cognitive and emotional understanding** of dementia and its implications;
- Capacity to establish greater sense of **connection** with PWD;
- Enhanced **professional conscientiousness**;
- Trust in and appreciation of **museums as assets** in care practice;
- Enhanced **optimism, confidence and compassion** as dementia carers;
- Renewed commitment to ongoing **training and development**, reducing the stigma of dementia and **improving dementia care environments**;
- Positive Tier 2 outcomes in relation to **person-centred dementia care**;
- Two separate **SROI** studies resulted in: **£1: £8.66** (House of Memories in the Midlands); **£1: £19.06** (Pilot House of Memories Tier 2 Train the Trainer programme).

# Crossing Boundaries research framework



# The Art of Social Prescribing: applying our research

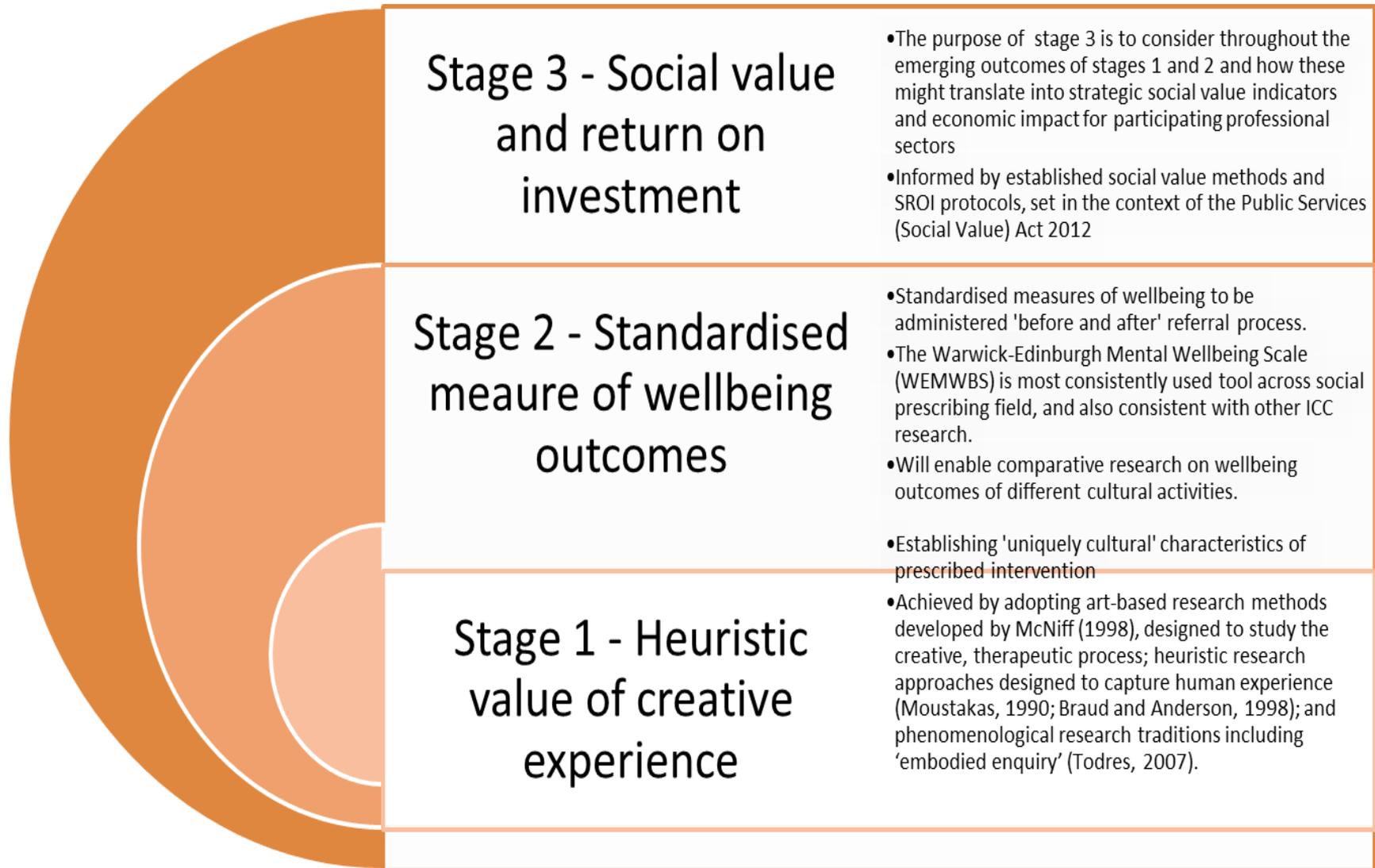
- The [Art of Social Prescribing project](#) was funded by the Arts and Humanities Research Council (2014) under 'Public Policy' highlight notice and explored the professional efficacy of social prescribing as a cultural commissioning model.
- Designed to complement existing research in a developmental capacity:
  - Co-design of policy guidelines on arts-based social prescribing model for the city of Liverpool, including framework for policy-relevant research on arts-based social prescribing.
- Arts-based social prescribing defined as the process by which creative and cultural activities are prescribed by health care professionals, and other referral services, to adults experiencing anxiety, stress-related symptoms, depression or other [mild to moderate] mental health problems.
- 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).



# Developing a model of asset-based cultural prescribing

- Effective referral schemes dependent on:
  - established **collaborative networks**;
  - extensive local knowledge via **human resource infrastructure** including project management and co-ordinating roles;
  - strong **leadership and advocacy**.
- Model emulates asset-based social prescribing methods e.g. [Rotherham Social Prescribing Service](#). **Cultural asset-mapping process** will identify directory of existing arts/cultural activities to be prescribed.
- Led and managed by **'anchor' cultural organisation** as administrative gateway, including referral manager post.
- Important that university is integral part of network: resources to support research programme; fits with **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).
- Pilot programme to be evaluated on formative basis.

# Cultural Prescribing research framework



## Shifting the paradigm: cultural policy and the *cultural* determinants of wellbeing

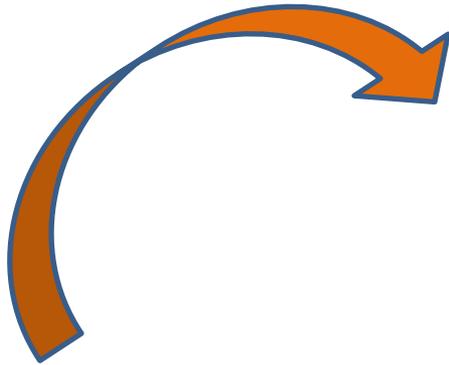
- Department for Culture Media and Sport (DCMS) commissioned research on health and wellbeing outcomes of participating in arts and culture (2015), but this has **not translated into cultural policy making** (so far).
- [Culture White Paper](#) (March 2016) **emphasises instrumental value of culture and advocates 'better collaboration'** with agencies including health and care services, police and community safety organisations.
- Professional identity of sector – **fears that will become ancillary health and social care services**. Strategic reclaiming of health and wellbeing agenda by cultural policy and practice communities can mitigate this risk.
- Critique of research in arts and health field questions levels of attribution between stated outcomes and cultural/artistic experience: ICC research framework(s) designed to overcome this and **shift narrative to *cultural determinants of health and wellbeing*** and a more sophisticated articulation of cross-sector cultural value.

## Future research: *Instrumental Values*

- AHRC Leadership Fellows award (mid-career) 2017-19.
- *Instrumental Values: Professional Ethics in Collaborative Cultural Work* designed to:
  - Explore efficacy of defined Codes of Ethics for museum and library professionals working in cross-sector collaborative contexts;
  - Consider serendipitous emergence of situated, mutually recognisable codes of ethics as collaborative Communities of Practice mature;
  - Identify implications for professional identities, values and practices across sectors.
- Case study research including museums working in health settings and prison library services.



# Evidencing impact through Cultural Value & Public Policy research

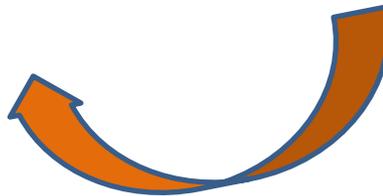


**Identifying key public policy agendas:** national focus on health promotion and localised, asset-based preventive approaches; cultural policy interests in contribution of sector to health and wellbeing; devolution and integrated health and social care.



## **Engagement and influence:**

continue to engage extended community of practice via sharing of research findings; disseminate widely across multiple platforms, feeding into key research, policy and practice networks and debates; keep a record of all activities and outcomes.



**Evidencing cultural value:** build research relationship with cross-sector community of practice; understand how different stakeholders value different outcomes; create a holistic approach, with the right research methods to capture an *attributable* evidence base and *causal relationship* with cultural experience.

# Thanks and keep in touch!

## ICC Research Team

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