



Embedding arts within health systems: insights from the Health Arts Research People programme

Cardiff University policy briefing, July 2022

Dr Sofia Vougioukalou, Research Fellow, Y Lab, School of Social Sciences, Cardiff University

This research briefing aims to provide a concise summary of research on embedding arts within health systems and its relevance to policy and practice.

Overview and policy context

Arts and health is an area that is gaining increasing attention within from Welsh Government, as reflected in its policies. Within the updated Programme for Government is a pledge to: “Introduce an all-Wales framework to roll out social prescribing to tackle isolation” (1). Social prescribing is a key component of universal personalised care where patients are in control of their care package – and, as a recent Senedd Research Service briefing (2) noted, social prescribing aligns with the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014, both of which are founded upon models that recognise the impact of social aspects on health and wellbeing. Furthermore, ‘A Healthier Wales: plan for health and social care’ sets out a long-term future vision of a ‘whole system approach to health and social care’, which is focussed on health and wellbeing, and on preventing illness (3).

Arts and health initiatives encompass a range of ways in which artists may contribute to health care and health promotion within community, primary and secondary healthcare setting (4, 5). Reflecting this complexity, the terminologies and definitions for “arts and health” are currently fragmented and disputed, with a plethora of different terms used and defended by different groups, nationally and internationally (6). Numerous authors comment on the difficulties in agreeing a definitive terminology for the field. Five subtly distinct permutations of the terminology have been identified: “arts in health”, “arts for health”, “arts into health”, “arts and health” and “healing arts,” which, he notes, have different emphases, refer to subtly different approaches and denote different beliefs about health, ill-health and the place of arts practice in promoting health (7). The root of this problem lies with the fact that there is currently no reference point for arts in health research; no standard for the development, design, delivery and dissemination of such research projects. At the same time, creating a specific arts and health research protocol risks branding arts in health research as “exceptionalism” and potentially alienating people from both the arts fields and health fields (8).

To help redress this balance, an innovation and research partnership between Arts Council of Wales, Nesta and Cardiff University called Health, Arts, Research & People (HARP) tested new ideas and

approaches in arts and health. The research team, based within Cardiff University's public services innovation lab for Wales (Y Lab), recently carried out a series of in-depth interviews on the process of embedding the arts within health and social care systems. As part of this research, participants were asked about their views about how the arts integrated within health and social care systems.

What the research shows

Drawing on observations, interviews and questionnaires with 4 innovation facilitators and 44 participants in 17 arts and health projects that were part of the HARP innovation programme, it became apparent that the integration of the arts into health and care systems was highly varied and with very different levels of embeddedness. Research participants who worked for either the health or arts sector were directly asked to describe the relationship between arts and health and identify any areas of joint working that need improvement.

Areas where joint working worked well

Some arts partners had an existing long history of working within health settings, mainly collaborating with occupational therapists and mental health nurses. Within these partnerships, the healthcare professionals reported benefiting from the in-depth relational and creative knowledge of the artists engaging specific service user groups. Some creative interventions also provided materials that the health partners used in online dissemination. This provided new ways of working for the health partners who were not used to engaging service users in creative dissemination. Art was reported to create an emotional reaction and a social contract between the producer and the viewer leading to new relationships between health organisations and their consumers on social media.

Areas where difficulties in joint working were identified

Even though most projects had positive relationships with their health partners, some issues were reported particularly when the health partner was a public body with specific protocols in place. This included reluctance to refer participants, delays in securing approvals, over-reliance on interpersonal relationships to secure informal sponsorship, and reluctance to embrace the therapeutic potential of arts interventions.

A difference in ways of working was reported when approaching risk and working with service-users in open ended ways. As the health partners are responsible for participant wellbeing, they are by definition risk averse. On the other hand, artists are used to taking risks with co-producing creative practice. The projects introduced new ways of working to the health partners and it took some time for them to get used to the way artists work and what they have to offer to the organisation.

Organisational issues in inter-professional working

Project managers were in the centre of these contested arts and health negotiating spaces as they were the ones who engaged with all the partners and adjusted actions and budgets. However, most project managers were either on fixed-term or hourly paid contracts. As people responsible for organising this work, they were required to navigate and span the boundaries between health and care organisations, artforms and digital technologies in subtly different ways. This work was reported to be significantly challenging, organisationally and emotionally taxing, and highly complex.

Nevertheless, skilful boundary spanning work enabled them to innovate, bring projects with diverse participants to life, overcome organisational and recruitment barriers to ensure a positive experience for participants. However, the process of ‘boundary-spanning’ which involved adjusting expectations and accommodating conflicting priorities, came at a cost to their mental health and confidence. Nevertheless, participants reported that pushing through these organisational barriers offered them new professional opportunities too.

Recommendations

As Welsh Government develops its policy to introduce an all-Wales framework on social prescribing to tackle isolation and seeks to embed Prudent Healthcare principles, the following recommendations can be suggested:

- 1) *Interprofessional working:* In the beginning of each project, invest time discussing each partner’s understanding of arts and health, expectations, values, and ways of working.
- 2) *Funding:* When designing a call for funding, encourage applicants to factor in enough time to set up projects, recruit participants and deal with unforeseen setbacks.
- 3) *Sponsorship:* Encourage a number of people from different professional backgrounds within health organisations to upskill and become knowledgeable in the use of the arts and take a lead in sharing information and best practice.
- 4) *Quality improvement:* Include the arts within regular and informal knowledge exchange/quality improvement spaces where any emerging issues and concerns can be discussed on an ongoing basis.

Further recommendations from the HARP team tailored to the different stages of an arts and health innovation process can be found here:

<https://healthartsresearch.wales/harp/recommendations/policy-makers>

References

1. Welsh Government. Programme for Government: an update. Cardiff; 2021.
2. Lugonja B. Social Prescribing: research briefing. Cardiff: Senedd Research Service; 2021.
3. Welsh Government. A healthier Wales: long term plan for health and social care. Cardiff; 2018.
4. Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. 2019.
5. Wellbeing All Party Parliamentary Group. Creative Health: The Arts for Health and Wellbeing. London; 2017.
6. Raw A, Lewis S, Russell A, Macnaughton J. A hole in the heart: Confronting the drive for evidence-based impact research in arts and health. Arts & health. 2012;4(2):97-108.
7. White M. Arts Development in Community Health - A Social Tonic. England: Radcliffe Publishing; 2010. 262 p.
8. Fancourt D, Joss T. Aesop: A framework for developing and researching arts in health programmes. Arts & Health. 2015;7(1):1-13.

For further information, please contact: vougioukalous@cardiff.ac.uk