



## Co-production and public involvement in arts and health: insights from the Health Arts Research People programme

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This research briefing aims to provide a concise summary on research on co-production and public involvement in arts and health and its relevance to policy and practice.

### Overview and policy context

Within the updated Programme for Government (1) is a pledge to: “Introduce an all-Wales framework to roll out social prescribing to tackle isolation”. 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).

Patient and public involvement has become a central tenet of health care policy, internationally shaping health services and policy. It reflects the goals of enabling participative democracy and refers to active partnerships between patients, carers, members of the public with lived experiences, and people who research and deliver services. Active involvement may take the form of consultation, collaboration or user control. Public involvement in research is often defined as doing research ‘with’ or ‘by’ the public, rather than ‘to’, ‘about’ or ‘for’ the public (4, 5). Co-production can be applied to both practice and research. In all cases, the methodology requires flexibility to ensure those contributing lived experience will share control and influence with professionals (6).

A recent scoping review of literature on public involvement in dementia care research reported various methods of public involvement including workshops, drop-in sessions, meetings, consensus conference, reader consultation and participatory approach. Most of the research involved caregivers of people living with dementia; however, methods and resources to improve engagement of people living with dementia, hard to reach groups, health and social care professionals and the public as co-producers in dementia research are needed. Practical adaptations to materials and meetings, building relationships and trust and offering flexibility can enhance engagement of people living with dementia

and their family carers in research (7). This level of public involvement is considered the blueprint but require many contact hours and many small projects struggle to meet these costs. Co-production between stakeholders is needed to strengthen evaluation practice and support the development of the arts and health sector. While the public has been informing health research and practice in a structured way over a long period time, the same process hasn't been routinised into arts and health practice which has used informal ways to co-produce creative interventions with participants as part of the creative production process. Effective co-production can be undermined by structural and cultural barriers as well as unequal stakeholder relationships (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) is testing 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 involving service users in programme design and coproduction.

## 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 was clear that service users were engaged in very different ways in co-production and public involvement by the organisations delivering the creative interventions.

Service users and external stakeholders were involved differently by different organisations. Most arts partners were very familiar with the principles behind coproduction and spoke positively of engaging in coproduction and consultation with external stakeholders. Arts organisations work with many different service user groups during the same time period as their sessions with each group usually last 1-2 hours. Therefore, creating specialised avenues for the involvement of different service users outside each intervention created a logistical challenge. Only a small number of professionals included service users in the design of the arts and health intervention. One community arts organisation in the Welsh Valleys had developed its own way of prototyping creative interventions through a structured process of iteration and deliberation with participants. Two other freelance artists reported using similar ways of co-production techniques. Within the health organisations, service users were involved through standardised service user involvement panels where people with lived experiences shared their experiences of being a service user based on their health condition. Within some of the arts organisations, the service users who agreed to take part in the activities would be involved in co-designing it during the early stages of the activity. Arts organisations reported that co-production was part of their 'bread and butter' and by that they referred to a process of establishing ways of working together with participants in the beginning of the intervention.

Interestingly, in three organisations, arts facilitators who had lived experiences that were of a similar nature to those of the participants used their own lived experiences to shape the design of the sessions. In these cases, the lived experience input came from the professionals rather than the participants.

## 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 and develop its new innovation strategy, the following recommendations are made:

1. *Share learning from public involvement with research more widely:* Extend the remit of the Public involvement team of Health and Care Research Wales to provide training opportunities on public involvement for arts organisations.
2. *Staff training:* Create learning opportunities on co-production for staff in health organisations including link workers.
3. *Public involvement in policy:* Create a service user panel with citizens who take part in arts and health initiatives in the community to inform social prescribing policy development.

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

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