

Written evidence submitted by the Culture, Health & Wellbeing Alliance CIC (PHS0164)

Why the Health and Social Care Committee should consider this:

We would like the Committee to explore the role of creativity and cultural engagement as a preventive and protective approach to health and wellbeing.

CHWA is the national membership organisation for “creative health” for England. Most of our 6000 members deliver this work in collaboration with health, care, social services or the wider voluntary and community sector.

Creative health is an asset-based approach to health and wellbeing. The work is founded in principles of coproduction and equity. A large proportion of those leading this work do so because creativity has helped them through their own health challenges. A recent evidence review commissioned by the DCMS confirms that evidence “can be trusted to guide policy” across a number of key preventive areas, including physical decline in older people; social cohesion; and wellbeing in adults; with promising evidence in relation to areas including cognitive decline ([Fancourt, Warren & Aughterson 2020](#)). It's well established that working with creativity and culture supports our sense both of individual agency and of community. This is essential not only for individuals' wellbeing, but for our wider society as we tackle multiple inequalities.

Why now?

Significant momentum is building around creative health. In January 2022 Lord Howarth of Newport [explained at the House of Lords](#) that the cultural and VCSE sectors have a “key role to play in reducing health inequalities and should be fully embedded at systems level and in the health decision-making process”. UKRI is making a significant investment in researching the role of arts, culture and nature-based health solutions through its Mobilising Community Assets to Tackle Health Inequalities fund. Arts Council England has committed to strategic work with health and wellbeing ([ACE 2022](#)). The National Lottery Heritage Fund emphasises wellbeing as a strategic priority. At the same time we are in a health crisis; young people's mental health services in particular are failing to meet need. Creative and cultural work has a significant role to play here. To give just one example, Dawn to the Light (supported by Contact Theatre in Manchester through The Agency programme) is a group of young people who went to school together, and knew the struggles they and their peers were having with their mental health. They are now building a video game set in a high school tackling mental health and providing reliable information. One of the participants says that “Dawn to the Light aims to build a community outside of the video game itself, to give young people a safe space to talk about mental health and to celebrate their own, and to spread awareness as a whole”. He says the process of building the game has taught him “to treat myself better and to treat others better.”

Much of this work has been enormously impactful; but it operates against the grain of investment. While impacts increase for participants over the long-term, funding remains patchy and short-term, dominated by small charitable grants ([Ponsillo & Boot 2021](#)). Statutory services are keen to partner with creative and cultural organisations – during the early days of lockdown these partnerships allowed a rapid response, delivering work to people isolating at home or living in hospitals or care homes. A social

return on investment analysis conducted by the Dementia Service Development Centre Wales found that training staff in running creative activities delivered an SROI of £6.48 for every pound invested (cARTrefu, Age Cymru). The willingness to partner is not matched by a willingness to invest ([CHWA 2020](#)), however, which creates unsustainable pressure for the organisations and freelancers who drive this work (see [Hume & Parikh 2022](#)), limiting what they are able to achieve and how the work is able to develop and grow.

Why would this benefit from scrutiny?

We know a lot about potential impacts from the existing research but we don't yet know what could happen if this potential were unlocked with long-term locally-directed investment. Where there *has* been localised, long-term investment by health partners, impacts have been pronounced. Investment by the Clinical Commissioning Group in Gloucestershire led to a 37% fall in GP appointments. Further investment has helped support a [collective of local creative health organisations](#) linked into referral processes. This provides access to peer support, professional development and strengthens the quality and sustainability of practice.

Essentially this work is about creating new habits through being able to participate regularly in a creative or cultural community. This brings lived experience to the centre, supports resilience, allows for critical conversation about what a healthy society might be – reactivating our own agency.

Why the Government needs to take action in this area:

The government has long supported the idea of creativity and culture in relation to health and wellbeing – it is written into plans for social prescribing and the 2018 Loneliness Strategy, for example. But there has been no steady commitment to investment in provision. Social prescribing is a case in point; whilst the demand for creative and cultural activities is clear there is no obvious infrastructure or fund that can support the people providing this work; whether creative work is provided on a voluntary or a professional basis, all these organisations need stability and resources to meet this demand and to be able safely to support people's health. Proper investment – i.e. the commitment of both time and money from statutory services – will unlock preventive benefits.

Feb 2023