

# CULTURE FOR — HEALTH

## Culture for Health and Well-being Compendium A Guide for Practitioners



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# Introduction to the CultureForHealth Project

This compendium has been produced in the context of CultureForHealth, a project co-funded by the European Commission with partners all over Europe: Culture Action Europe, Trans Europe Halles, Central Denmark Region, the Northern Dimension Partnership on Culture, Centrul Cultural Clujean and Društvo Asociacija.

The project has benefitted from the combined efforts of European, regional and local actors across Europe. You can read more about it by going to its website:

<https://www.cultureforhealth.eu/about-the-project/>

CultureForHealth reflects the European Commission's recognition that culture can have health and well-being benefits. But what are these benefits exactly and how can they be unleashed and supported by European, national and local actors and decision-makers? These questions were among the starting points of the [CultureForHealth report](#)<sup>0</sup>, which summarises a review of existing academic studies and other documents and makes recommendations with the aim of triggering policy change and bringing the health, cultural and social fields closer together. If you want to know more about the type of impact that culture can have in this context, we encourage you to read it.

This being said, how can this knowledge be used as inspiration by cultural organisations across Europe? To provide an answer to this question, alongside the research and policy report, CultureForHealth also supported six pilot projects across Europe, which you will find in Chapter 2 of this compendium. The projects provide examples of cultural interventions focused on generating a health and well-being impact, building bridges between local actors and EU policymakers. This compendium reflects on the lessons learned from these projects.

Finally, to facilitate cross-sectoral and trans-European cooperation aiming at both sharing, collecting and creating knowledge, CultureForHealth also developed a series of roundtables and study visits to Denmark, Italy and Romania, webinars and workshops – whose learnings also contributed to the writing of this document. You can find out more about these activities on our [website](#).

In June 2023, a final conference celebrated our combined efforts and results.

We hope that the information provided in this compendium will inspire more cultural organisations across Europe to join the culture for health and well-being space.

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<sup>0</sup> Zbranca, R., Dâmaso, M., Blaga, O., Kiss, K., Dascl, M. D., Yakobson, D., & Pop, O. (2022). [CultureForHealth Report. Culture's contribution to health and well-being. A report on evidence and policy recommendations for Europe](#). CultureForHealth. Culture Action Europe

## Using the CultureForHealth Compendium

The CultureForHealth report shows that there is a clear need for increased cooperation between the health, cultural and social sectors.

This is primarily due to the following two reasons. Firstly, the current health paradigm is focused on disease treatment, rather than on health promotion. Secondly, biomedical interventions rarely take into account the social determinants of health. Cultural interventions are particularly appropriate to improving health and well-being as they are capable of supporting these two important but difficult shifts at the same time.

The purpose of this compendium is to transform the recognition of this potential into effective action.

In the following chapters, you can:

- Find out about how cultural interventions can support positive health and well-being outcomes
- Get inspired by the models of the CultureForHealth pilot projects (and more)
- Draw on guidance to equip your organisation for the journey towards a culture-based project for health
- Dive deeper into the topic through recommendations for further reading

# **WHY START A CULTURE-BASED PROJECT FOR HEALTH?**

# Why start a culture-based project for health?

## The Limitations of Biomedical Healthcare

Healthcare has traditionally focused on biomedical interventions. The CultureForHealth project does not question the relevance of this approach. However, this method alone struggles to address the social determinants of an individual's health outcomes.

For instance, an accumulated body of research suggests that negative health outcomes might come from loneliness; home, school or workplace stressors; or marginalisation due to ethnicity, age, sex, gender identity, disability, religion, sexual orientation and/or socioeconomic status. These and other social determinants can provoke (chronic) mental and physical health problems.

To take loneliness as just one example, pre-pandemic in 2016 12% of Europeans reported feeling lonely more than half of the time. In the first months of the pandemic, this increased to 25%.<sup>1</sup> These figures are even likely to suffer from under-reporting due to the social stigma associated with loneliness. The high numbers of people affected is a serious concern, considering that loneliness increases negative health outcomes for individuals in terms of physical health, mental health and cognitive function, as well as increasing the risk of death.<sup>2</sup> This shows the impact that just one social determinant can have on people's health outcomes, but there are many more. The full range of social determinants has a huge impact across society.

Additionally, as previously mentioned, the biomedical model tends to focus on disease treatment and therefore, it fails to promote health in a holistic manner.

## The Strengths of Cultural Interventions for Health and Well-being

The CultureForHealth project proposes to broaden our understanding of healthcare with a more ambitious approach to health and well-being in complement to the biomedical model. Doing so will make it possible, on the one hand, to shift the focus away from treatment towards health promotion and disease prevention and, on the other hand, to embed cultural interventions within broader efforts to address the social determinants of health and, therefore, existing health inequalities.

By definition, a one-size-fits-all approach is incompatible with these goals. Rather, the variety of disciplines, practices and approaches that characterises the cultural and creative sectors can play an important role in this regard, placing self-expression, engagement, purpose and the richness of human experience at the forefront of healthcare.

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<sup>1</sup> [Loneliness in the EU, p.7](#)

<sup>2</sup> [The relationship between loneliness and health p.3](#)

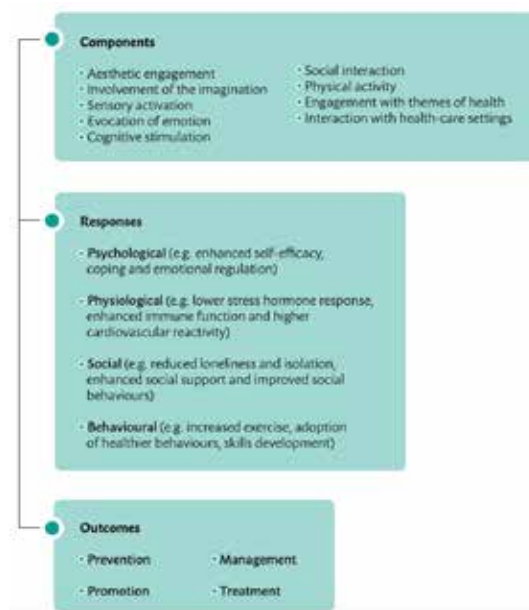
Indeed, research suggests that a wide range of cultural activities can be used to foster health and well-being. They include:

- Music: to help alleviate stress and anxiety and promote social engagement and connection
- Drama and storytelling: to aid social interaction, create a positive mood and to be used as a means of health promotion
- Dance and movement: to foster social engagement and physical functioning
- Clown interventions: to reduce anxiety and stress in hospitalised patients
- Reading and writing: to enable the finding of meaning and reduction of risk behaviours
- Photography and film: for stress-reduction, self-reflection and self-expression
- Visual arts: to reduce feelings of loneliness and isolation, to promote the finding of meaning and generate a positive therapeutic environment
- Architecture and design: to improve perceptions of healthcare environments and overall well-being
- Museum visits: which can play an important social role for health promotion, well-being and social inclusion
- Multiple art forms: which can be provided in the same setting, so that individuals can choose the most suitable and therapeutic forms of expression for their needs

## Health Issues Culture Can Help With

Cultural interventions can help improve the health and well-being outcomes of individuals in different and often multiple ways at once. This is enabled by the impact that such interventions can have on psychological, physiological, social and behavioural levels. Cultural interventions can involve a range of different artistic components, as shown in the diagram below.<sup>3</sup>

*A logic model linking the arts and health*



Source: World Health Organization (Fancourt&Finn, 2019)

<sup>3</sup> Fancourt, D., & Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review.* In Health Evidence Network (HEN) synthesis report 67. WHO Regional Office for Europe.



They can also have an **impact on different kinds of health and well-being outcomes and contribute to prevention, management, promotion and treatment.**

The evidence on this potential impact is vast. To give some examples, studies summarised in the CultureForHealth report cover a wide range of health and well-being-related issues, ranging from inclusion of marginalised groups and improved empathy and finding of meaning, to improved perceptions of the healthcare environment and physical, psychological and social benefits for those with chronic obstructive pulmonary diseases.

To structure the evidence, the CultureForHealth report organised the studies that it summarised across a small number of categories of health and well-being outcomes associated with arts and cultural participation. This being said, although the most effective type of interventions in terms of health and well-being seems to rely on active participation, it is important to note that some evidence also suggests that there may be a positive relationship between receptive cultural activities and anxiety and depression in both women and men.<sup>4</sup>

*Categories of health and well-being outcomes associated with arts and cultural participation identified in the CultureForHealth Report*

<p><b>1. Culture and health</b></p> <p><b>a. Prevention and Promotion</b></p> <ul style="list-style-type: none"> <li>Healthy living and health-promoting behaviours</li> <li>Health communication</li> <li>Prevention of ill health</li> <li>Maternal mental health and mother-infant bonding</li> <li>Care-giving</li> </ul> <p><b>B. Management and Treatment</b></p> <ul style="list-style-type: none"> <li>Mental health conditions</li> <li>Neurodevelopmental and neurological disorders</li> <li>Noncommunicable diseases</li> <li>Acute conditions</li> </ul> <p><b>2. Culture and subjective well-being</b></p> <p><b>A. Personal Fulfilment and Engagement</b></p> <ul style="list-style-type: none"> <li>Acquiring and developing skills</li> <li>Self-expression</li> <li>Empowerment</li> <li>Increased social engagement, bonding and inclusion</li> <li>Sense of identity and belonging</li> </ul> <p><b>B. Personal Orientation</b></p> <ul style="list-style-type: none"> <li>Resilience</li> <li>Positive behaviours</li> <li>Empathy</li> <li>Confidence and Self-Value</li> </ul> <p><b>C. Experiences of Emotions</b></p> <ul style="list-style-type: none"> <li>Improved mood</li> <li>Positive emotions</li> <li>Emotional regulation</li> <li>Reduced anxiety and depression</li> <li>Reduced stress, improved relaxation and flow</li> <li>Bereavement support</li> </ul>	<p><b>D. Personal Evaluations of Life</b></p> <ul style="list-style-type: none"> <li>Improved well-being and quality of life</li> <li>Life satisfaction and motivation</li> <li>Finding of meaning</li> <li>Improved knowledge and reflectivity</li> </ul> <p><b>3. Culture and community well-being</b></p> <p><b>A. Social Inclusion</b></p> <ul style="list-style-type: none"> <li>Social bonding and inclusion</li> <li>Inclusion of disadvantaged groups</li> <li>Increasing social engagement and reducing isolation</li> <li>Reducing stigma</li> <li>Well-being and inclusion of refugees</li> </ul> <p><b>B. School- and Work-related Well-being</b></p> <ul style="list-style-type: none"> <li>School-related well-being</li> <li>Work-related well-being</li> </ul> <p><b>C. Local development</b></p> <ul style="list-style-type: none"> <li>Well-being and quality of life</li> <li>Active citizenship</li> <li>City cultural profile and well-being</li> </ul> <p><b>D. Built Environment and Well-being</b></p> <ul style="list-style-type: none"> <li>Built heritage</li> <li>Environmental design in healthcare</li> <li>Public space design</li> </ul> <p><b>4. Culture and Covid-19</b></p> <ul style="list-style-type: none"> <li>Creative activities as preferred leisure</li> <li>Innovative strategies to cope with challenges</li> <li>Resilience</li> <li>Reducing stress and short-term anxiety</li> <li>Delivery of public health information</li> <li>Counteract negative effects of social isolation</li> </ul>
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Source: Culture Action Europe (Zbranca et al., 2022)

<sup>4</sup> [Cuypers, K., Krokstad, S., Holmen, T.L., Skjei Knudtsen, M., Bygren, L. O., & Holmen, J. \(2012\). Patterns of receptive and creative cultural activities and their association with perceived health, anxiety, depression and satisfaction with life among adults: the HUNT study, Norway. Journal of Epidemiology and Community Health, 66\(8\), 698–703.](#)

As a cultural organisation, **you can use this table to identify health issues that characterise your community or audience and in regard to which there is some evidence that culture can have positive benefits.** Then, check the corresponding section in the report for ideas of studies or interventions that have been used to support such health issues.

For example, perhaps your local community has a high number of children and young people and you are interested in drawing inspiration from existing research as to how you can design and provide cultural interventions that may benefit the health and well-being of this group. In that case, check Part 3. Culture and community well-being and then look at section B. School- and Work-related Well-being. If you want to read the specific studies that are referenced in that section, check the bibliography at the end of the report for more details.

Additionally, the CultureForHealth report identified eight specific challenges that are in search of solutions and that culture can help to tackle effectively:

1. The need for an increased focus on health promotion and disease prevention
2. A growing mental health crisis
3. The need to support the broader health and well-being of young people
4. Ongoing changes to the labour markets, patterns of work and the economy
5. An ageing population
6. The association between ill health and patterns of inequality
7. The need to promote active citizenship
8. The mental health challenges faced by forcibly displaced people

For details on how cultural interventions can contribute to addressing these challenges, please see the subsection Culture, Health and Well-being: Addressing European Challenges of the [CultureForHealth report](#). As a cultural organisation you can also use this list to identify challenges facing your community or audience and then read the evidence summarised alongside each challenge in the report as inspiration to design your own cultural interventions.

**SIX INTERVENTION MODELS.  
THE CULTUREFORHEALTH  
PILOT PROJECTS**

## Six Intervention Models. The CultureForHealth Pilot Projects

This section summarises the six projects supported by the CultureForHealth project.

### 1. Meaningful moments - live music in the ICU/ Culture in Hospitals

This project was implemented by the University Hospital of Aarhus and the Royal Academy of Music, Aarhus/Aalborg.



Culture in Hospitals was an initiative to promote arts and health in hospitals, including the existing projects of patient-tailored live music in intensive wards. It brought together culture and healthcare to promote a more holistic healthcare environment. The project explored the experience of patient-tailored live music interventions in the ICU and found that this initiative was beneficial for patients, relatives, healthcare professionals, musicians and the institutions involved.

### Context

The Central Denmark Region is committed to improving the management and treatment of illnesses by recognising the role of culture in enhancing patient experience and well-being. To this end, the region allocated new funding to support cultural projects in hospitals.

The intensive care unit (ICU) North 2 at Aarhus University Hospital is constantly working on improving the environment around intensive care patients to improve survival and strengthen their recovery. Currently, it does so with a cognitive rehabilitation programme funded by the Novo Nordic Foundation. The Royal Academy of Music in Aarhus/Aalborg works deliberately with artistic citizenship as an educational strategy and with a world-facing approach, wherein musicians contribute to society with high artistic quality combined with empathy and sensitivity targeting the needs of, for instance, patients in the healthcare environment.

## Intervention

A key factor of the project was the development of strong interprofessional cooperation between the University Hospital of Aarhus and the Royal Academy of Music – between healthcare professionals and musicians – to ensure high quality standards and to develop a mutual field of practice for the benefit of patients, relatives, healthcare professionals, musicians and the institutions involved.

## Format

The design of the project was based on purposive sampling and multiple methods with regard to data collection and evaluation. A total of 27 patients participated in the study from February 2020 to December 2021. The qualitative component consisted of participant observation and interviews with patients. This data was analysed using the software programme NVivo 12. The quantitative component of the study consisted of pre-post measurements of heart rate, blood pressure, the patient's subjective experience of pain and heart rate variability. This data was analysed using the programme STATA with descriptive statistics, paired t-test and Wilcoxon Signed Rank Test.

The daily schedule of the intervention is shown in the figure below. In the morning the musicians met the nurse in charge of the initial briefing of the day's schedule. Then the musicians performed for the healthcare professionals in the coffee room, after which the musicians offered 1-to-1 patient-tailored bedside music sessions in the individual patients' rooms.

### Daily schedule at the ICU at AUH

Time	Musicians	Musicians + Moderator	Moderator
8:30 am		Gathering for a briefing and reflection	
9:00 am	Playing for the staff		Observation 1
9:15 am	Playing in a patient's room		Observation 2
9:30 am		Gathering for a briefing and reflection	
9:45 am	Playing in a patient's room		Observation 2
10:00 am		Gathering for a briefing and reflection	
10:15 am	Playing in a patient's room		Observation 2
10:30 am		Gathering for a briefing and reflection	
10:45 am	Playing in a patient's room		Observation 2
11:00 am		Gathering for a briefing and reflection	
11:30 am	Go off duty		Interviewing patients
1:30 pm			Systematisation of data*

Observation type 1: Observing facial expression, body language, actions, behaviour, atmosphere etc.

Observation type 2: Register measure of patient's pulse rate, respiratory rate, pain, stress before/during/after Observing facial expression, body language, actions, behaviour, atmosphere, feelings etc.

Systematisation of data: All observations, reflections and registrations of measurements are written down the same day

## Patient-perspective: Methods and Preliminary Results

Through a Ricoeur-inspired analysis strategy,<sup>5</sup> the qualitative observations and interviews revealed four themes describing how live music gave the patients a break during which they could "swim away and relax". Crucially, patients highlighted that the live component of the music being played made the experience unique. Further, the music brought forward "happy memories from the past and longing for home" and was described as an intense and meaningful experience.

This research reveals that live music has great importance and value for intensive care patients. Its live component makes the music intervention more empathetic. Live music contributes to meaningful moments, promotes well-being, infuses vitality, hope and joy and supports the framework for healing and recovery in a high-tech environment. Additionally, there was a significant reduction in all measurable parameters after the music intervention. The quantitative analysis showed a significant positive difference in pulse, respiratory rate, blood pressure, pain experience and heart rate variability after the music intervention. All patients want more musical experiences. Live music is a non-pharmacological and non-invasive experience that makes a difference for critically ill intensive care patients.

## Objectives

The core of this project was to create sustainable concepts that combine high quality musical activities with health promotion factors. Its aims were threefold:

- 1) to strengthen patients' mental and physical well-being
- 2) to improve bedside manner, compassion and job satisfaction among health care professionals
- 3) to create new job opportunities for musicians

The patients' perspective:

- The primary objective was to explore the experience of live music among adult patients admitted to the intensive care unit (ICU) supported by a multiple methods design. The secondary objective was to investigate to what extent live music promotes well-being and reduces the stress and pain of adult patients admitted to the ICU.

The healthcare professionals' perspective:

- The primary objective was to investigate the nurses' experience of live music in the ICU- from both their personal and professional perspectives. This research is in progress.

The musicians' perspective:

- The primary objective was to explore the experiences of music students who offered patient-tailored bedside interventions for intensive care patients. Specifically, the research aimed to understand what the underlying mechanisms behind this kind of artistic practice were, as well as the extent to which it could deepen the meaning of musicianship and create new meanings associated with it.

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<sup>5</sup> See [A Ricoeur-Inspired Approach to Interpret Participant Observations and Interviews](#) for details.

## Reflection: lessons learned

The project's success relied on the following prerequisites:

- Conducting dialogue meetings between the Royal Academy of Music, Aarhus and ICU North 2, Aarhus University Hospital
- Developing a standardised educational programme for musicians to ensure artistic quality while also taking into account ethical issues, acoustics, musical set-up and content
- Initiating international dialogue and collaboration with the Dutch research group Meaningful Music in HealthCare<sup>6</sup>
- Encouraging healthcare professionals in the ICU to adopt live music as a tool to promote meaningful moments for patients and relatives during hospitalisation

We are currently implementing meaningful moments in four ICU departments at Aarhus University Hospital. In October 2023, the two musicians will be paid by the department management at the ICU. Furthermore, we are preparing a future implementation of the programme in three other ICU wards in the Region of Central Denmark.

As a result of this project, the high-level management of Aarhus University Hospital and of the Royal Academy of Music, Aarhus respectively, have entered into a partnership agreement with the aim of strengthening and extending their cooperation through scientific research and the possibility for music students to do their BA/KA projects as well as their internship in different wards in the hospital in the elective course Music & Health.<sup>7</sup> To date, 35 different bachelor and master projects as well as internships have been conducted in the ICU, in two children's wards, a renal department, a hemodialysis clinic, a psychiatric department, a neonatal ward and a stroke department. There is great support and interest in these collaborations from patients, relatives, staff, musicians and management. This also speaks in favour of live music as a feasible offering in the future and as a way for musicians to contribute to the hospital environment.

## Results

The project explored the use of live music as an intervention in adult intensive care units. The study found that patient-tailored live music interventions have a positive impact on patients and their relatives, generating a mental space that provides meaningful moments of hope and peace and functions as a catalyst for positive memories, hopes and dreams. The presence of live music is seen as a break from the clinical, mechanical and instrumental hospital environment and a transcendence of the hospital's structures and premises.

Additionally, the study indicates that live music has a positive effect on the relationship between patients, musicians, relatives and health professionals, opening up dialogue between them. Overall, the project suggests that live music can have significant positive impacts on patients in intensive care and that a comprehensive music strategy could be implemented at Aarhus University Hospital and extended to the entire hospital in the future.

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<sup>6</sup> [Artistic Citizenship at the Royal Academy of Music, Aarhus/Aalborg](#)

<sup>7</sup> [Music and Health](#)

## 2. Culture Together - Art and Culture in Nursing Homes

The project was implemented by Mapia, a private consulting company with expertise in dementia and Den Gamle By, an open air museum in Aarhus, Denmark.



Since 2004, in collaboration with Aarhus Municipality, Den Gamle By has developed and worked on special memory programs for older adults and those affected by dementia. The museum's immersive environment provides sensory experiences that can evoke memories in individuals with dementia. In historically authentic settings, visitors are able to access memories through sounds, scents and taste experiences that the disease may otherwise restrict. In 2012, the museum established a dedicated apartment for memory facilitation. In doing so, Den Gamle By has taken on a significant social responsibility and helped bridge the gap between the cultural and social spheres. However, the most vulnerable older adults affected by dementia often do not have the opportunity to participate in the memory programs that are available at the museum.

For this reason, Den Gamle By developed this project in collaboration with Mapia - who are specialists in dementia and project management within this specific field - with a view to creating a method for bringing culture to the most vulnerable older adults who are unable to visit the country's cultural offerings physically. The project involved six different cultural actors from across the entire region. This was an important design component as it ensured the broadest possible input for the development and testing of the method.

### Context

In Denmark there are 90,000 people suffering from dementia and furthermore, approximately 80% of people living in nursing homes have some sort of cognitive disability.<sup>8</sup> Nursing homes struggle to provide care beyond the basics. In 2017 the Department of Health published a national plan to improve

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<sup>8</sup> [Danish National Centre for Dementia, Numbers and statistics.](#)

<sup>9</sup> [Danish Department of Health, National Dementia Action Plan 2025.](#)



the quality of life for people living with dementia.<sup>9</sup>

At the same time, it is known that art and culture have healing and health-promoting effects. Several reputable studies have shown that art positively influences both well-being and quality of life. This project contributes to health-promoting efforts focused on the most vulnerable elderly individuals residing in the country's nursing homes.

## Intervention

Arts and Culture in Nursing Homes aimed to improve the quality of life of people with dementia living in care homes. The project involved a collaboration between six arts and culture institutions and Mapia, due to their expertise in dementia. Mapia investigated to what extent the implementation of art and culture could contribute positively to the quality of life of nursing home residents with dementia, potentially reducing the use of antipsychotic drugs. The project recognised the importance of arts and culture in improving both the quality of health and quality of life for people with dementia.

## Format

Arts and Culture in Nursing Homes is a collaborative project between six arts and culture institutions in the Central Denmark Region; Moesgaard Museum, Viborg Museum, Art Centre Silkeborg Bad, the Green Museum, Den Gamle By and the non-profit organisation Danish Nursing Home Clowns (a non-profit and charitable association working to promote the use of professional clowns in elderly care and in the healthcare sector) and Mapia, a private consultant company with expertise in dementia.

Each cultural actor, in collaboration with Mapia, developed an activity specifically designed for the most vulnerable elderly individuals in the country's nursing homes. The duration of each activity was between 30 minutes and an hour. The method was developed, tested and continuously adjusted. Throughout the process, the activity at nursing homes was supervised by Mapia.

Den Gamle By's contribution is based on the museum's Memory Communication (as described in the first paragraphs of this section). The museum's immersive environment provided sensory experiences that evoke memories. In historically authentic settings, visitors were exposed to sounds, smells and tastes that unlock memories to which the disease otherwise restricts access.

Den Gamle By offers visits in a three-room apartment designed as a complete time capsule from the 1950s, where visitors are allowed to touch, taste and participate in practical tasks. They are invited inside, shown around the apartment with its many objects and offered coffee, cake and communal singing.

In the project Culture Together, the professionals from Den Gamle By aimed to build upon this offering and, as far as possible, bring this atmosphere to the residents of the country's nursing homes. They wanted to create a small set-up where a coffee table, objects, sounds and scents become the focal point for social interaction, presence and time for the memories that arise. During the visit, they play a short 10-minute film to capture the atmosphere of the museum.

Art Centre Silkeborg Bad, which is an art centre located in an old spa, nestled in nature, will present a simple exhibition through images and sound, aiming to recreate the experience of tranquillity and relaxation the place is known for. Water from the Arnakke Spring, which supplies the area with spring water and plays a significant role for Silkeborg Bad, will be served, along with a film featuring calming and meditative sounds of water, wind and wordless music.

The Green Museum, Denmark's national museum responsible for conveying the cultural history of hunting, agriculture, forestry and food, will bring objects from their collection and seasonally relevant topics, such as fresh herbs and rhubarb from historical gardens or a bag of sawdust from a newly felled tree.

The Danish Nursing Home Clowns will create a sensory performance focusing on light and darkness. Each cultural actor thus is developing a unique presentation tailored to the target audience, based on their own collection or *raison d'être*.

## Objectives

- To improve the quality of life of people with dementia living in nursing homes and to reduce their use of antipsychotic drugs through improved care
- To develop a concrete method for art and culture institutions to convey their work in a way that is designed for people who suffer from dementia and are living in nursing homes
- To collaborate with dementia experts and different arts and culture organisations in the Central Denmark Region to create a positive impact on the nursing home residents' well-being through the combination of knowledge and implementation of art and culture

## Results

The project's timeline was adjusted due to the impact of the pandemic, which continued to affect Danish nursing homes throughout 2022 and the winter of early 2023. Consequently, during this period, it was not possible for the project team to visit the nursing homes and test the cultural offerings with the target audience. The project group expects the first visits to the nursing homes to take place in June 2023 and they anticipate completing the visits before the end of the year. Knowledge and experience will be gathered through observations, interviews and questionnaires (the latter two methods will particularly target staff members and relatives).

## Reflection

*"This experience affirmed once again that interdisciplinary collaboration is incredibly rewarding. We learn a great deal from each other's expertise. We challenge and inspire one another to think outside the box and develop our ideas. We learn from Mapia's healthcare knowledge and, mutually, from the diverse knowledge and perspectives of the cultural actors involved. Furthermore, Mapia is essential in facilitating the connection to the region's nursing homes."*

### 3. Group Singing for Maternal Mental Health

This project was implemented by Cluj Cultural Centre in Cluj-Napoca, Romania in partnership with the World Health Organisation and University College London.



#### Context

Research indicates that up to 15% of women suffer from perinatal depression and anxiety.<sup>10</sup> If not addressed or treated, perinatal mental health difficulties can result in poor outcomes for the woman and her transition to motherhood, negatively impacting the care that she is able to provide for her baby. In the worst cases, it can even lead to suicide, a major cause of maternal mortality. Poor access to health education and lack of policies aimed at health promotion and disease prevention further aggravate the situation of women. Moreover, Romania has the second highest number of teenage mothers in the EU<sup>11</sup> and a high rate of women (30%) that have suffered domestic or sexual violence.<sup>12</sup>

Investment in maternal, neonatal and child health, as well as cross-sectoral cooperation focused on improving mothers' well-being and resilience, brings significant short-term benefits, such as reducing maternal mortality, childhood mortality and stillbirths. It also has significant medium- to long-term health benefits for women, children and their communities.<sup>13</sup> In this context, there is increasing clinical evidence for the effectiveness of using targeted singing groups to reduce symptoms of postpartum depression. However, little work has been done to test the relevance of this kind of intervention in different linguistic and cultural contexts.

<sup>10</sup> Mughal S, Azhar Y, Siddiqui W. *Postpartum Depression*. In: StatPearls, 2021.

<sup>11</sup> *Adolescent Pregnancy in Romania*. UNICEF Report 2021

<sup>12</sup> Proportion of ever-partnered women aged 18–74 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime. Source: European Union Agency for Fundamental Rights, 2014. *Violence against Women: An EU-wide Survey*. Luxembourg: Publications Office of the European Union.

<sup>13</sup> Fancourt D, Aughterson H, Finn S, et al. *How leisure activities affect health: a narrative review and multi-level theoretical framework of mechanisms of action*. *Lancet Psychiatry* 2021;8:329–39.

## Intervention

The goal of this pilot project was to explore to what extent Music and Motherhood (a clinically effective group singing intervention for new mums in the UK)<sup>14</sup> needed to be adapted to meet local needs. In this way, the project investigated the feasibility of implementation and its impact on the mental health and well-being of participants in the Romanian context. A similar intervention was piloted in parallel in Denmark.

Group singing for maternal mental health aims to alleviate symptoms of depression; support participants in transforming negative emotions and negative self-perception; help participants to experience positive emotions; support cathartic release; facilitate the establishment of peer support; and reinforce mother-infant bonding. Mothers attend these sessions together with their babies under the facilitation of a music lead. This allows them to share experiences and receive support from the group, as well as sing and engage in simple music-making activities.

## Format

In Cluj-Napoca, the research project involved two groups. Two singing groups were organised, one for Romanian-speaking mothers and another one for Hungarian-speaking mothers. In total, 15 new Romanian and Hungarian-speaking mothers who were experiencing symptoms of postpartum depression participated in a ten-week group singing intervention facilitated by professional singing leaders.

The pilot involved a complex preparation process, including a detailed design of the intervention and evaluation protocol; an ethical validation of the research protocol by the Babe-Bolyai University and the WHO IRB/ethics committees; a process of consultation on the project design with public health experts, artists, psychologists and mothers who had previously experienced postpartum depression; and conversations and cooperation meetings with a number of local stakeholders, such as representatives of general physicians, private and public health institutions, psychology and mental health associations, cultural organisations, media, parents' groups and other interested parties.

## Objectives

- To provide an authentic, social and multicultural creative experience designed for new mothers
- To create a community to act as a support system for isolated mothers
- To enhance the mothers' ability to soothe their babies
- To strengthen the mother-infant bond
- To provide immersive 'me time' for mothers
- To facilitate the development of a sense of achievement and identity for mothers

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<sup>14</sup> Breathe Arts And Health Research, [Breathe Melodies for Mums](#)

## Results

The research conducted as part of the intervention suggests that participation in the singing group significantly benefited the mothers in question. The scores for postnatal depression (measured on the EPDS – Edinburgh Postnatal Depression Scale <sup>15</sup>) decreased and the scores indicating well-being (WHO-5 – Well-Being Index<sup>16</sup>) and perceived social support (MSPSS – Multidimensional Scale of Perceived Social Support<sup>17</sup>) increased among the women in our pilot intervention. The changes in scores were large enough to achieve statistical significance.

## Reflection

*“Despite its positive benefits, the programme faces barriers related to the lack of support from the medical system and requires systemic changes to ensure its long-term sustainability and impact. The programme was praised for its inclusivity and suitability for participants of different backgrounds and interests, but there is room for improvement, such as providing more in-depth training for facilitators and more time and space for reflection and bonding as a group.*

*The program's success ultimately relies on the commitment and collaboration of stakeholders to address the barriers and challenges to ensure the program's sustainability and impact. Therefore, the project is able to provide valuable insights for national and local public health bodies regarding how to implement arts and health interventions. It also contributes to current and future research and implementation efforts seeking to build on the clinical evidence base of singing for postnatal depression in different countries.”*

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<sup>15</sup> EPDS – [Edinburgh Postnatal Depression Scale](#)

<sup>16</sup> WHO-5 – [Well-Being Index](#)

<sup>17</sup> MSPSS – [Multidimensional Scale of Perceived Social Support](#)

## 4. Inclusion of Art in Businesses and Companies

This project was implemented by Društvo Asocaiija in Slovenia. The local partners were Ravnikar Gallery Space, Radio Študent, Lokal Patriot, Zavod Sploh, City of Women, Nomad Dance Academy, Forum Ljubljana, Glej Theatre and Emanat. The project was supported by the Slovenian Ministry of Public Administration.



### Context

One of the main areas of interest of Društvo Asociacija is the connection between art and business. This pilot continues a previous project – *Certifikat Kulturno podjetje*, which translates as *Certificate Culture Friendly Enterprise* – which ended in January 2022. Within that project, the cultural organisation developed a certificate system (similar to, for example, the Fairtrade certificate) to stimulate the inclusion of art in businesses. This successful experience, research and models, inspired the design of pilots within the CultureForHealth project, which looked at various ways to include culture in companies while also benefiting both sectors with the goal of strengthening the well-being of employees.

### Intervention

In addition to the aim of strengthening the health and well-being of workers, the project had the goal of creating guidelines for decision makers on how to broaden the scope of art and business cooperation and further develop the field, with the ultimate goal of better understanding how connecting art and business relates to well-being in the workplace.

### Format

The pilot project involved the participation of 23 employees from three different companies who took part in the full three-part programme of diverse cultural activities, including art installations and in-

terventions in the workplace, contemporary dance workshops and creative collaborative residencies.

Its implementation was the result of a complex preparation process. This included the detailed design of the intervention and the development of an evaluation protocol, a consultation on the project design with public health experts, artists, psychologists, HR department heads and employees, as well as conversations and cooperation meetings with local stakeholders such as representatives of general physicians, private and public health institutions, manager associations, labour unions and cultural organisations.

By applying three models incorporating art into business, the project evaluated not only the potential contribution of art to the well-being of employees but also what specific formats are most likely to achieve positive benefits (and, in that case, which ones). These models tested if reinforcing creativity in the workplace would increase the well-being of the employees via 1) a series of contemporary dance workshops, 2) creative residencies/workshops (theatre, musical improvisation, comic book creation), and 3) the placement of artistic work (graphics, music) in the premises of businesses. The contribution of these activities to the promotion of well-being was tested by a pre-survey/self-evaluation and a post-survey.

## Objectives

- To promote the inclusion of art in businesses in order to improve the well-being of employees of working age, both in early adulthood and mid-life
- To reduce stress, anxiety, depression symptoms, physical pain and support conflict resolution, while increasing motivation, well-being, mental health, confidence, understanding of self and others and strengthening the capacity for self-reflection among employees
- To test three models of art in companies with the aim of gathering data on questions such as whether companies find the inclusion of art beneficial and which interventions increase the well-being of employees the most
- To collect evidence on the potential of art to contribute to the well-being of employees
- To create guidelines to develop further studies and to inform decision-makers on how to broaden the scope of cooperation between art and business, contributing to the development of the field
- To strengthen the sustainability of an independent certificate system for the inclusion of arts into businesses

## Results

Although the analysis of the pre- and post-surveys is still ongoing, it is possible to report on some initial findings. One of the most revealing results from the pre-survey is that there is a large share of participating individuals who have never attended the theatre (39% of respondents) or visited museums and galleries (22%) or actively participated in activities such as dance (39%). Interestingly, respondents who visit art events more frequently score higher in terms of overall life satisfaction. Almost half of the participants (47%) had no prior experience of participation in any kind of creative activities.

And yet, when asked about their expectations for the upcoming activities, none mentioned an ex-

pected impact on health, despite the fact that they had reported a moderate level of back pain, lack of sleep and fatigue. The most commonly expressed expectations were getting to know their colleagues better, entertainment and spending pleasurable time with coworkers.

## Reflection

*“Based on the immediate verbal feedback after the activities and feedback to the mentors, the responses to the activities varied from large enthusiasm in two of the included companies to divided opinions in one collective, which resulted in some drop-out of the individuals from the activities.*

*There was one major difference between the organisations. While the first two explained to the employees in detail what the activities would consist of and team members decided individually whether to participate or not, the employees of the third company had little or no awareness of why the activities were organised and what their aim was. The activities overlapped with a substantial number of incidences of sick leave and operational issues relating to lack of staff for daily operations, which might have impacted their ability to participate. The collection analysis of their post-survey is still ongoing.*

*Employees of the first two companies clearly expressed hunger for more such content, as they found them beneficial for their physical and mental well being and relations in the team.*

*Several lessons were learned through the project:*

- *The importance of communication to the employees and as part of the onboarding process*
- *The fact that longer activities have a stronger impact and attract new participants*
- *Activities should be organised within working hours. If the company has shift work, it is difficult to include all employees. The pilot project shows that interventions taking place before/after work and between two shifts result in a higher level of drop-out among those who would have to stay at work longer to participate in the activities*
- *Having a neutral location for the activities prevents work-related interruptions*



## 5. Social well-being laboratories by Associazione Oltre in Bologna

This project was implemented by Associazione Oltre (AO), a member of Trans Europe Halles (TEH), in Italy.



### Context

Children, especially among disadvantaged communities, with a migration background, with physical disabilities, or from families with a low income, tend to be more isolated and with fewer opportunities to socialise between each other and with adults. The COVID-19 pandemic worsened the problem even further, leading to more mental health problems.

In this context, the aim of the project is to empower the relational skills of those categories of society that are often overlooked when designing cities and its services. It focuses on prevention of negative health outcomes as well as health promotion, working on the development of youth and intergenerational connections.

### Intervention

Associazione Oltre in Bologna initiated a project to promote intergenerational social well-being through participatory arts and culture. The project consists of a series of social well-being laboratories in the form of arts and crafts workshops across various neighbourhoods in the city. The social well-being laboratories aim to support the social well-being of children in disadvantaged communities, youth and intergenerational relations and is targeted at middle childhood to adolescence.

### Objectives

- Identifying cross-sectoral local stakeholders (health, education and public administration) relevant to social-well-being laboratories (SWLs)
- Forming creative partnerships with cross-sectoral local stakeholders to enhance social well-being of target groups in the local community
- Identifying target groups in the local community for improving their social well-being

- Co-defining social well-being indicators and key outcomes together with local stakeholders
- Co-designing the SWLs' programme with local stakeholders
- Developing a participatory social well-being model driven by culture, arts and crafts
- Sharing learnings from SWL development as practice-driven knowledge for culture and well-being

## Format

The project consisted of several "laboratories" in various public spaces outside the city centre, including parks and piazzas, to bring children and adults together around creative activities. The participants of the laboratories co-designed and co-produced the props, costumes, scenographies, resulting in a participative parade which takes place each year in Bologna.

The project started from an arts and crafts parade (with 10-20,000 people) in which mostly young adults and the local artistic communities participate. In the last seven years, the project has been rethought to target and better address an audience that is not often taken into account when it comes to city planning and urban development: children. This led to the proposed action: a parade. Each year, children choose a different animal to guide it; during the CultureForHealth project, the donkey was its "spirit guide". This was the basis for experimentation and for the development of the existing laboratory models, transforming four laboratories into "social-well-being laboratories" (SWL).

The project consisted of more than twenty arts and crafts workshops in various neighbourhoods of the city. Three workshops were selected for monitoring and study to assess their effects on participants' health and well-being. These workshops focused on different communities living in both central and peripheral areas of the city. The workshops used experimental music, dance and samba, and music craft. A fourth workshop was identified as part of an international project that brought two young international music groups to Bologna, who taught their skills and expertise to peers who were already attending cultural and creative activities in Camere d'Aria in Italy (AO's cultural centre). The workshops were conducted between April and July 2022, prior to the parade.

The project also included four workshops with stakeholders (ten organisations) and four workshops with 100 participants from the previously identified target groups (SWL). The project created a stakeholder map, produced a prognosis report and generated a final report with a social well-being matrix prototype.

## Results

Researchers investigated the effects of the workshops and the parade on participants' emotional and relational well-being, using tools inspired by the World Health Organization Five Well-Being Index (WHO-5)<sup>18</sup> and the Well-being and Social Safeness Questionnaire (WSSQ).<sup>19</sup> Researchers also investigated artists' and cultural workers' well-being, satisfaction and sense of recognition, using qualitative methods such as focus groups and in-depth interviews. Due to the socio-demographic and schooling variability among participants, the presence of children too young for written question-

<sup>18</sup> [WHO-5 Questionnaires](#)

<sup>19</sup> For details on the Well-being and Social Safeness Questionnaire (WSSQ) see Goldberg, J. M., Clarke, A. M., Klooster, P. M., Schreurs, K. M. G. & Bohlmeijer, E. T., (2019) Wellbeing and Social Safeness Questionnaire (WSSQ): Initial psychometric assessment of a short digital screening instrument for primary school children, *Cogent Education*, 6:1 and for the English translation of the questionnaire see p.114 of Goldberg, J. M. (1990). [Positive Education as a Whole School Approach: Broadening the Perspective on Learning. PhD thesis. University of Twente.](#)

naires, the presence of people with difficulty in answering written questionnaires and the presence of people with mental health conditions, these tools were applied in different ways. 60 participants were involved in the research and their socioeconomic characteristics were taken into account. This made it possible to identify links between the impact of the project and the socioeconomic position and the cultural capital of participants.

All children involved had a positive experience. The long-term impact of the experience was variable and influenced by the socioeconomic and environmental conditions of their origin. However, the experience tends to "settle down" as memorable and thereby to develop further likelihood of participating in artistic/cultural activities, even when the family of origin is not used to spending their free time in such a way. An effect was also seen on social interactions and on the construction of relationships (among children and participating families), which in some cases also implies a better attendance of individuals from urban contexts that usually do not participate.

An improvement was also observed in the well-being of providers of mental health and disability services for children and adolescents. In this case, participation in the workshop and the parade positively affected well-being and social relations among the participants and the group of educators. In particular, participation in a public event stimulated mental health operators to develop processes of greater social inclusion to benefit the population with mental health problems. Also, in the school context, participation in the workshop produced an effective social inclusion context for people with relational disabilities, neurodivergence and mental health problems.

## Reflection

*"Some important lessons emerged from the research. Artists and cultural workers underpinned some enabling factors for a significant cultural and artistic process impacting health, above all about how public institutions can recognise and support this work and how the assessment of resources needed and outputs produced can be improved. The main characteristic seems to be a mixture of continuity and immediacy given by the structure of the laboratories within a recognisable community and event. The relational quality is traced back to the cost-free nature of the initiatives and the new exchanges between the centre and the outskirts of the city generated around the festival; the artists and cultural activities create a new relational and public space, which is neither central nor peripheral. The cost-free nature of the initiatives favours unforeseen methods of access for a wide variety of participants which can have various types of needs, not previously assessed.*

*For the workers involved in the workshops, one of the strongest motivations for participation was the possibility of using public space. As some of them stated, "opening public spaces" can "create new communities", "generate a recognisable group" and "create trust".*

*Other elements that should be mentioned are the artists' and cultural workers' ability to carry out collective activities and to build a team despite the diversity of places and contexts in which the activities took place. In the workshops there were different recruiting methods and this diversity should be preserved and not made bureaucratic. There was never a subscription formula for joining the activities; rather, there were informal networks such as "word of mouth", groups on online social networks, etc. The biggest part of available resources should be dedicated to taking care of public spaces, increasing opportunities for artistic exchange (including popular artistic experiences, generated from the bottom-up) and creating meeting spaces between different realities, creating and maintaining networks between public institutions and across diverse places in the city."*

## 6. Mind the gap

This project was implemented by Stanica (Truc sphérique), a member of Trans Europe Halles, in Slovakia.



### Context

The programme was built upon pre-existing collaborations and practices. Its general aim was to nourish the mental well-being of participants in cultural activities and to inspire other cultural organisations in Slovakia and Europe to open up for the inclusion of people facing barriers when participating in culture and community life. Specifically, the project aimed to address existing mental and physical conditions and barriers among and between citizens throughout cultural activities and creative education programmes.

### Intervention

Cultural center Stanica (Truc sphérique), organised a series of three Mixability Workshops. These workshops brought together stakeholders from different local cultural organisations and the social field to discuss and map the current situation regarding the inclusion of people with disabilities in the activities of cultural institutions in Slovakia. Participants defined core values, shared best practices and discussed suggestions for reducing barriers in cultural institutions. The workshops also explored opportunities for cross-sectoral collaboration aimed at improving cultural initiatives and broadening discussions on cultural accessibility.

Until now, cultural institutions have typically focused on actions targeted at specific disability groups. However, this project introduced and explored the concept of mixability - opening cultural activities to all people, regardless of their disability and promoting cross-sectoral collaboration among stakeholders from various fields of expertise (e.g. experts working with people with mobility impairments, autistic individuals, blind and partially sighted people, people with mental disabilities, psychiatric patients, excluded groups, people living in extreme poverty and representatives of theatres, music orchestras, libraries, cultural centres and galleries, cultural activists and so on).

## Format

The Mixability Workshops provided a platform for stakeholders to collaborate and share ideas on how to increase access to cultural and community life for people with disabilities. Specifically, the project consisted of three workshops with local stakeholders (ten in each workshop), three focus groups and hearings of people with various disabilities (five persons in each group) and three creative workshops with 20 participants each.

Discussions were held on how to open cultural institutions up to people facing any kind of barrier to participation in cultural and community life. The workshops provided a platform for stakeholders to collaborate and share ideas and further steps are currently in development.

## Objectives

- To identify barriers that prevent people who are part of minorities, have disabilities, or are socially excluded from participating in the cultural activities of cultural centres
- To foster cross-sectoral collaborations with cultural organisations, health professionals and other stakeholders to promote mental well-being and inclusion
- To test and implement hands-on methods 'on the ground' to promote mental well-being and inclusion through creative and cultural activities
- To share the project's findings and best practices with other cultural centres in Europe to promote greater inclusivity and mental well-being for all
- To understand the impact of cultural and creative activities in promoting mental well-being when breaking down barriers in society
- To raise awareness among cultural centres in Slovakia and Europe about the importance of inclusivity and mental well-being

## Results

The project led to the creation of a written manual on inclusion. The manual aims to inspire cultural organisers and operators who wish to implement more inclusive cultural programs. It is primarily intended for beginners in this field.

## Reflection

*“Cultural centres play a crucial role in this process and have the potential to promote inclusion. This project is an important step towards collaboration in Slovakia and Europe via existing networks of cultural centres such as Trans Europe Halles in Europe and Anténa in Slovakia.*

*Overall, it is clear that cultural activities that are inclusive and involve people with disabilities have a positive impact on the well-being of all participants. This process requires an important balance between the artistic and cultural experience itself and the input of a skilled and knowledgeable artist or cultural worker creating a mutual and positive experience of human interaction in a safe environment. This interaction helps to break down prejudice and promote inclusion for people with disabilities.*

*In terms of interpersonal experience, the workshops provided a positive experience for all participants, including those with disabilities who gave us very positive feedbacks. For many stakeholders, it was their first time meeting people with disabilities and having a positive shared experience.*

*At an institutional level, we would like to highlight some key factors that cultural centres should consider in order to provide more space for inclusion and well-being:*

- There is a need for extra activities and initiatives from cultural institutions*
- Inclusion should be an integral part of the policy, everyday agenda and operations of cultural institutions*
- There are many existing good practices, but a thorough mapping, as well as communication and networking on the topic of well-being and inclusion are still necessary*
- When designing inclusive activities, it is ideal to have people with special needs represented in a number that is less than 10%. We prefer the so-called approach of "mixability", in contrast to activities that are directed towards isolated groups of people with one type of disability*

## Lessons Learned

Before CultureForHealth reached its end, a focus group session was held with project managers from different CultureForHealth pilot projects to discuss what did and did not work when attempting to run effective culture and health interventions. Below are some of the key themes that were identified during the discussion.

### Collaboration

Crucial to the success of projects was active collaboration. Examples of organisational collaboration included links between cultural institutions and those caring for people experiencing dementia in one instance and ICU doctors and professional musicians in another. Indeed, collaborations were deemed as valuable by each organisation – collaborating with other organisations allowed them to ‘fill a gap’ that was a core focus of their collaborating partner and, therefore, to provide benefits to participants.

For example, collaborations were useful when a cultural organisation was able to provide artistic content and to work symbiotically with a healthcare organisation in order to identify, provide access to and ultimately benefit target populations. In this sense, collaborations within the culture for health space were key in order to help provide the “whole picture” – that is, a more holistic approach to healthcare – which would not be feasible if organisations were to act independently.

Central to this collaboration is the acknowledgement of the amount of people working together to make these projects work. In addition to inter-organisational collaboration, project managers identified the importance of interpersonal collaboration to make the projects a success.

### External Support

External support received from organisations beyond those running the pilot projects was highlighted as an important factor. This came, primarily, in the form of advice or guidance. For example, external support was received in one instance from a theatre company with over 20 years’ worth of experience and in another from an organisation with over 30 years’ of experience helping those with disabilities.

What participants found particularly useful from these instances was advice on how to run interventions in the most successful way, with sensitivity to the needs of participants.

### Cross-sectoral working

A substantial number of the collaborations identified as crucial to the success of the projects not only cut across sectors but also saw this as central to their mode of working. Cross-sectoral collaboration brings its own benefits and challenges over and above cross-organisational collaboration. Sectors identified as being bridged during the course of this project were the health, academic and cultural sectors. Project managers stressed that this new way of working was crucial to both the success of projects and to ensuring that the pilot projects contributed to the evidence base of culture for health interventions.

This included, for example, incorporating metrics into the projects in order to judge the success of interventions and adapting to another sector's traditional way of working. Beyond the target group of interventions themselves, this cross-sectoral approach was identified by some participants as contributing to personal development and to the development of their own sector. In this context, the recognition of the need to adapt to and learn from another sector's language was also highlighted.

## **Patient and Public Involvement**

In analysing factors that contributed to the success of projects, some project managers identified the valuable role that Patient and Public Involvement (PPI) processes played. In some projects, before beginning the intervention, project managers worked with groups to identify what intervention may be most suitable to the target audience. Once a decision on the interventions themselves had been made, some project managers used PPI to work with those with lived experiences of conditions being addressed by the interventions to identify how best to run the projects. This included, for example, mothers with experience of postpartum depression, mental health professionals and those living with disabilities.

## **Cultural Process**

Although the aesthetic quality of cultural artefacts produced was of varying levels of importance depending on the project, project managers felt that, in all cases, culture played a role that went beyond its instrumental value in terms of health and well-being and that the particularities of the cultural process were important in this regard. In the context of this discussion, it was also stressed that accessibility is not detrimental to the quality of the cultural intervention itself. Project managers identified the crucial role that experienced and knowledgeable artists and cultural workers can play in ensuring the success of interventions. This, in addition to active participation in the creative process, was key to participants receiving the highest possible benefit from the projects.

## **Communications and Messaging**

Some of the project teams highlighted the role that communications and/or messaging either played or could play in contributing to the success of projects. Particularly with reference to interventions that may have a large target group, some reflected that a process of identifying the key communications routes would be beneficial. However, it was noted that this would involve more time and preparation, which was not always available.

## **Sustainability**

Project managers, at times quoting from participants themselves, expressed a desire to keep projects running beyond the initial end date. In one project, for example, an alumni network has developed in order for participants to share their experiences with other potential participants in a less formal setting. Funding was identified as an important element of guaranteeing the sustainability of the projects. In addition, it was stressed by project managers that one thing that was already helping ensure that some projects continue was a high level of enthusiasm from those running interventions.



## Funding

More broadly and unsurprisingly, the provision of funds to help, for example, hire venues, pay artists and project leads and help with logistics such as transportation, was identified as having an important part to play in the success of projects. Moreover, several project managers acknowledged that attempting to run culture for health interventions through traditional funding mechanisms, such as one-off, project-based funding, may prove difficult.

## People and Enthusiasm

In addition to the importance of interpersonal collaboration mentioned above, some project managers identified the positive impact that individual managers and artists can have on the success of projects.

One particular theme that was stressed repeatedly in the focus group was the importance of enthusiasm from stakeholders, artists and the project team. This was significant both in terms of ensuring that the project could continue into the future, but also in making sure that the project worked well the first time around. Indeed, an atmosphere of belief in the value of culture for health projects and enthusiasm for running these kinds of events, was imbued in successful projects from the outset.

The concept of culture for health projects and the belief in their ability to positively impact on health, garnered such enthusiasm that projects were able to get off the ground, collaborations were identified and able to flourish and cross-sectoral collaboration and cross-organisational working approaches were able to take place smoothly – all driven by a shared belief in the effectiveness and value of interventions taking place.

## Difficulties and Changes

In running these interventions, project managers identified some key difficulties they had faced in making the projects a success. For example, finding timings for the intervention at which all participants could attend was identified as a challenge, as were difficulties in accessing potential participants because of the coronavirus pandemic.

Some project managers reflected on what they would change if they were to run the intervention again. Suggested changes included providing more space for socialising during the interventions themselves, to link up further with mental health support teams, to run their evaluative framework somewhat differently, the timing of interventions, to extend the length of interventions and to further embed this type of project into traditional ways of working.

## Other Relevant Approaches

Hundreds more models and examples can be found in the [Map and Database](#) on the CultureForHealth website, which provides a directory of initiatives on culture, well-being and health across the European Union and other countries. It includes relevant policies, projects and programmes carried out at local, regional, national, European and international level. The database is a learning tool and source of inspiration for anyone interested in leveraging culture for public health and individual and community well-being.

**THE JOURNEY TOWARDS  
A CULTURE-BASED PROJECT  
FOR HEALTH AND WELL-BEING**

## The journey towards a culture-based project for health and well-being

### Who should my organisation cooperate with and what are the advantages of doing so?

There are a range of organisations and institutions that a cultural organisation might wish to contact to develop and carry out a culture-based project for health. The result might be a straightforward cooperation or a more complex project involving several different organisations and stakeholders. Some examples of organisations that you might cooperate with are:

- Healthcare Institutions
- Academic/Scientific Research Institutions
- Social or Community Centres
- Local, Regional, National Public Bodies
- Businesses

### Healthcare Institutions

There are several advantages to partnering with a healthcare institution (such as hospitals, clinics and care homes) in a cultural project for health. For instance, healthcare institutions:

- can receive cultural interventions on-site in order to reach people who spend a long time in care or provide care for the carers;<sup>20</sup>
- can support cultural interventions off-site enabling 'illness-free zones' which restore personal dignity and give participants a chance to be treated as people rather than as patients;<sup>21</sup>
- can contribute with data and co-coordinate research, providing an opportunity to develop, test and evaluate project models together;
- may have the capacity to allocate research and development funding to support the project.

It is important to bear in mind that such institutions can be complex and have cautious and time-consuming decision-making processes. For more on this, see [What should my organisation take into account when designing a project?](#)

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<sup>20</sup> [Ørjasæter, K. B., & Ness, O. \(2017\). Acting Out: Enabling Meaningful Participation Among People with Long-Term Mental Health Problems in a Music and Theater Workshop. \*Qualitative Health Research\*, 27\(11\), 1600–1613.](#)

<sup>21</sup> See previous reference.

## **Academic / Scientific Research Institutions**

Academic or scientific research institutions are suitable partners for culture-based health projects that would benefit from analysis and a research-based approach. If appropriately targeted, the topic of the project can build on existing research and drive the academic discussion onward. Cooperating with an institution of this kind can help open doors for funding as well as improve practice in your field and increase the sustainability of your project's outcomes.

## **Social or Community Centres**

Social or community centres might reach out to the general population of an area or to specific target groups, including youth, older adults, women, people with disabilities, people with various health conditions, immigrants and refugees, indigenous communities, homeless people and so on. Their involvement provides ample possibility for designing and co-creating your project with the relevant target group.

Social and community centres are relatively easy to cooperate with, as they are already set up to host health and well-being activities. The employees and volunteers of the centres are likely to be local and familiar with the specific needs of the people that they serve, providing valuable input for your project design.

## **Local, Regional, National Public Bodies**

Public bodies are responsible for the overarching structure of health and well-being for a geographic area. If your project is pushing for policy-change or scaling of certain practices, a public body could be an appropriate partner.

You may be in an area where the public body in question already has culture and health policies or programmes with which you can align your project. Public bodies may be funders of projects or partners in projects that are funded at a higher administrative level. For example, you might partner with a city-level public body to receive national or European-level funding.

## **Businesses**

Employee well-being is an important topic for many businesses. Therefore, it may be worth working with this group of stakeholders on the topics of stress, anxiety and burnout in particular. Impactful cultural interventions in businesses are beneficial to both sectors. Following cultural interventions, businesses might, for example, see reduced absenteeism, a reduced need for medicalisation, increased motivation and improved employee well-being, mental health and confidence. This can lead to increased calls for cultural interventions from employees and employers and expand the reach of such practices.

## How can my organisation reach out for partners?

- Be clear about the need you are trying to meet and how you see cooperation with your potential partner working. Will they host your activities, contribute data to your project, lead a research component or something else?
- Ensure you are reaching out to an appropriate institution or organisation for your project. For example, for health institutions, what kind of hospital, department, clinic or specialised foundation would be the best fit?
- Familiarise yourself with your potential partner's decision-making processes, for instance by understanding an institution's leadership structure
- Especially in more complex institutions, find a champion for your initiative on the inside. This might be through personal contacts, networking in the field or identifying authors of relevant research literature<sup>22</sup>

## What should my organisation take into account when designing a project?

The CultureForHealth pilots and literature review suggest that projects are likely to be more effective if several key issues are taken into account.

### Caring for the health and well-being of participants

As the CultureForHealth report makes clear, existing research and evidence suggest that the traditional paradigm of medicalised care can be accompanied by the community of care approach. That is, depending on the situation, the health and well-being of participants can be supported not only by the inclusion of cultural activities in their health plans but also by the involvement of a broad range of stakeholders in this process – from medical and paramedical staff to community centres and social workers.<sup>23</sup> This was exemplified in different ways by the pilot projects Arts and Culture in Nursing Homes and Mind the gap.

### Caring for the health and well-being of artists and cultural workers

It is also important to protect the mental health and well-being of all actors involved in the implementation of cultural activities by giving them suitable resources and by scheduling regular moments of informal discussion among colleagues, namely to maintain motivation and develop common strategies to respond to any challenges that arise.

<sup>22</sup> [The Entrepreneur's Guide to Hospital Partnerships by @Rock\\_Health](#)

<sup>23</sup> [Cordero Ramos, N., & Muñoz Bellerin, M. \(2019\). Social work and applied theatre: creative experiences with a group of homeless people in the city of Seville. \*European Journal of Social Work\*, 22\(3\), 485–498.](#)

Artists and cultural workers are rarely trained in how to engage in work with people facing health and well-being issues, which can sometimes be complex. The exception lies in those who have been trained in MA programmes in participatory arts or related issues.<sup>24</sup> In any case, even specialised cultural workers require the right work conditions and institutional support. That is, these workers should be assisted by a network of people with knowledge of the project and its context. The reflection associated with the pilot project Inclusion of Art in Businesses and Companies echoes this.

This being said, it is difficult to find detailed guidance in the published literature regarding the health impact of engagement in arts and culture for cultural workers and other participating actors.<sup>25</sup> Rather, your cultural institution may gain from contacting informally organisations that have been involved in this type of project.

## Skills and competences

Although the existing research makes a convincing case that culture can support health and well-being in multiple ways, it is also a fact that more research is needed to better understand how these relate to each other. Therefore, project managers and other actors involved in the design and management of culture for health projects should show not only an interest in connecting cultural practices to the evidence regarding this field (for instance, developing workshops based on models that have already shown benefits to participants) but also flexibility and openness to adapt their work to new developments in this rapidly expanding field – as exemplified by the pilot project Social well-being laboratories. This need for flexibility applies not only to cultural workers but also to clinical and social services staff.<sup>26</sup> Additionally, even though this should rather be seen as an ideal scenario, considering the need for further research and evidence focused on several types of health interventions, the culture for health and well-being space would also gain from the involvement of individuals that are able to design and manage methodologically robust evaluations.

## Collaborating on an equal footing

Ideally, these collaborations will be accompanied by clear protocols between medical care staff and cultural facilitators, as exemplified by the pilot project Group Singing for Maternal Mental Health. If working with this level of detail is not possible, it is nonetheless important to agree on a set of principles to structure the relation between cultural and health or other actors.<sup>27</sup>

<sup>24</sup> The [MA in Arts, Health & well-being](#) provided by Plymouth Marjon University is an example of such specialised degrees.

<sup>25</sup> One exception to this lies in the work of Kai Lehtikoinen. See [Lehtikoinen, K., Pässilä, A., Owens, A. \(2021\). Conflicting professional identities for artists in transprofessional contexts in Westerlund, H., & Gaunt, H. \(eds\) Expanding Professionalism in Music and Higher Music Education, Routledge](#) and also [Jääskeläinen, T., López-Iñiguez, G., & Lehtikoinen, K. \(2022\) Experienced workload, stress and coping among professional students in higher music education: An explanatory mixed methods study in Finland and the United Kingdom. Psychology of Music, 50\(6\), 1853–1876.](#)

<sup>26</sup> [Qin, 2020. Effect of Music Therapy Intervention on Physical Functions and Mental Health of Patients with Ankylosing Spondylitis. Psychiatria Danubina, 32\(3–4\), 403–410.](#)

<sup>27</sup> See, for example, [Goldenberg, R. B. \(2018\). Singing Lessons for Respiratory Health: A Literature Review. Journal of Voice : Official Journal of the Voice Foundation, 32\(1\), 85–94](#) or [Yuen, H. K., Mueller, K., Mayor, E., & Azuero, A. \(2011\). Impact of participation in a theatre programme on quality of life among older adults with chronic conditions: a pilot study. Occupational Therapy International, 18\(4\), 201–208.](#)

First, these collaborations should be developed on an equal footing. While cultural workers must be open to the insights of medical and care staff (namely, to take care of the well-being of participants), such staff must also recognise that cultural activities have health and well-being benefits precisely because of their intrinsic cultural dimension. That is, non-cultural actors should be open to learning from cultural workers, whether they are artists, cultural managers, museum educators, curators, art educators and amateur practitioners or others.

This is not to suggest that the forms of expertise associated with the cultural and medical or care fields are always compatible. Rather, it stresses that, if or when disagreement arises between actors from those fields, such disagreement is likely to reflect different professional disciplines and languages. If you are planning to initiate one of such projects, we encourage you to get prepared as much as possible for the conversations that will arise by being open to learning the language of your collaborators and to understanding their approach.

Second, all participants should agree that these projects are a shared responsibility that can best succeed if existing silos are broken. This requires real commitment to cross-sectoral cooperation and to including the perspectives of all stakeholders in the design of these interventions (from cultural workers, medical staff and care staff to patients and other members of the community).

## **Artistic freedom**

Culture can only be used to promote health if its actors (professional and other) are given the conditions to do what they know best: cultural creation and experimentation. This requires guaranteeing artistic freedom as much as possible, while also taking into account the particular needs of participants/patients and their own health and well-being. To guarantee that artistic freedom is not infringed and that artists and cultural workers involved in these projects feel comfortable with the scope of action that they are given while also caring for the well-being of participants, this issue should be among the topics of initial conversations between the organisations and staff involved in the design and implementation of these projects.

## **The sustainability of collaborations and culture for health and well-being projects**

In addition to the importance of financial support and informal networks sharing their knowledge and enthusiasm in this type of project (as was mentioned in the summary of the focus group), it is also important to recognise that the sustainability of these collaborations is more likely to be guaranteed if there is support for them among local communities and their representatives. Therefore, the design and evaluation of these projects should reflect not only an interdisciplinary approach (connecting stakeholders from and beyond the policy fields of culture and health) but also the regular engagement of actors across different levels (participants, project leaders, funders and policymakers). These collaborations are at their best when they are collaborative and participative. The ownership of these projects should be described as partnership-based, developed across disciplinary boundaries and inserted in iterative processes of continued bottom-up and top-down learning.

## Where can my organisation get funding for a culture-based health project and how can we make the project sustainable?

Depending on the design, target group, target health/well-being issue or other features of your project, funding sources might include public programmes (whether at local, regional, national or European level), foundations, private actors or partnerships with research institutions or businesses. The clarity of your project design and its proposed approach to addressing existing health and well-being needs is essential for securing such funding.<sup>28</sup>

Moreover, ideally your funding proposal will include linkages between your project and the long-term provision of health and care services – for example, workshops throughout the project for meetings with health and care providers and/or a final public event to which you will invite local policy actors, decision makers and funders. Providing short-term interventions with limited avenues for continuity goes against the principle of holistic and long-term health and well-being promotion. Moreover, in some cases such interventions can impact participating individuals negatively, both emotionally and in terms of their health treatment, as it leaves them just at the moment that they are becoming familiar and comfortable with the process and the people carrying it out.

This being said, if a short-term intervention is the only possibility, consider how you can provide something for other people (medical or care staff) to build on so that some kind of activity – even if in a simplified manner – is able to continue. Finally, through monitoring and evaluating your project, you can build on your results to secure more funding and continue or scale your interventions.

## How can my organisation evaluate the results of the project?

As the CultureForHealth report highlights, although the existing evidence is promising, there is a need to:

*Support further research in the field of culture for health and well-being, with particular emphasis on advancing the knowledge of the impact factors and mechanisms, to enable maximisation of the benefits of culture in this context. Increase the number of large-scale, large sample, cross-country research initiatives. More research is also needed into the health and well-being effects of digital participation in cultural activities.*

The evaluation of the results of cultural interventions can contribute to this process. However, it is important to begin by mentioning that the assessment of interventions faces several challenges. For example, it is sometimes difficult to differentiate the effect of cultural interventions from that of other factors, such as ongoing medical treatment.<sup>29</sup> In their evaluation activities, cultural organisations should also pay attention to self-selection bias in the case of self-reported questionnaires, when researchers cannot control how accurately people complete the assessments.<sup>30</sup>

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<sup>29</sup> [Goldenberg, 2018. Singing Lessons for Respiratory Health: A Literature Review. Journal of Voice : Official Journal of the Voice Foundation, 32\(1\), 85–94](#)

<sup>30</sup> [Morse et al., 2021. Creativity and Leisure During COVID-19: Examining the Relationship Between Leisure Activities, Motivations and Psychological Well-Being. Frontiers in Psychology, 12.](#)



This being said, two broad strategies are available: to replicate existing interventions and compare your results both with the baseline and with those of the original model, or to set up new interventions aimed at improving levels of health and well-being and compare your results with the baseline. In the former case, we encourage you to access the original studies for accurate and complete details on the design of the intervention.

## Keeping track of results

Although the existing and fastly developing research on this topic is highly promising, more evidence is needed to further advance the field, build more trust in this approach and continue to advocate for investment in cultural activities for health and well-being. Therefore, it is important to keep track of results. Whenever possible, we encourage cultural organisations implementing culture for health- and well-being projects to gather as much evidence as possible of the impact of their work. If your organisation has resources to develop a scientific study, go ahead! But if it doesn't, developing an informal comparison of conversations with participants recorded before and after the cultural intervention, or simply adding a summary of the activity to the Mapping of Initiatives on Culture, Health and Well-being, are examples of simple but nonetheless important ways to record progress in the field.

## How can my organisation give visibility to the results of the project and build on them?

Some cultural organisations interested in developing this work may need to gather support from local actors and funders before they can proceed. This section shares simple but important tools to succeed in those conversations. Among other things, it clarifies what is meant by health and well-being, provides some statistics that demonstrate the false economy surrounding the current health paradigm and lists the potential broader challenges (such as a growing mental health crisis, an ageing population) that these cultural interventions can potentially contribute to addressing.

## Back to basics: what do we mean by health and well-being?

Health and well-being are increasingly important priorities among decision-makers and funders. However, there is often confusion around how to support them, as well as the mistaken belief that highly complex and expensive projects are required.

The preamble to the Constitution of the World Health Organization defines health as: 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'<sup>31</sup>. Although culture is not mentioned in this explanation, it is important to stress that this widely accepted definition goes beyond a medical approach. In practical terms, this means that health can be supported in multiple ways – and not only in hospitals or other medical contexts.

As for well-being, although it is a term on which there is no international scientific consensus, one can see it as a positive state allowing citizens to participate fully in society. This follows WHO's Ot-

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<sup>31</sup> [WHO, 1947. Constitution of the World Health Organization](#)

tawa Charter for Health Promotion, which sees health as “a resource for everyday life, not the object of living” and as “a resource which permits people to lead an individually, socially and economically productive life”<sup>32</sup>. The logical conclusion of this definition is that any activities that support the ability of people to live a productive life (not only in economic terms but also regarding their contribution to society and in accordance with their own individual aspirations) also support well-being. Again, culture can play an important role in this regard.

## **From the treatment of illness towards health and well-being promotion**

It is increasingly common to hear political leaders mention the importance of health and well-being and in particular health promotion and illness prevention strategies. However, official statistics paint a different picture. In the European Union, public and private expenditure on preventive care accounted for only 2.8% of total health expenditure in 2018 on average, with the highest shares recorded in Italy (4.4%) and Finland (4%). This becomes even more shocking when one looks at the weight of health-care in national budgets. While some EU members dedicated more than 10% of GDP to healthcare expenditure in 2019 (e.g. Germany and France spent 11.7% and 11.1%, respectively),<sup>33</sup> “preventive health care in the EU accounted for around 0.3% of GDP in 2019”<sup>34</sup>. These different figures confirm that health expenditure in the EU tends to focus on illness treatment.

### **Small budgets, big ambitions**

At this point in the conversation, funders or supporters may say that they’re convinced about the important contribution of culture for health and well-being, but that they have small (if not shrinking) budgets available. However, if cultural interventions can be preventive of disease and support individual and community well-being (as the scoping review included in the CultureForHealth report demonstrated), they are likely to contribute to long-term health budget savings. Additionally, considering the existence of research that suggests that focusing on health promotion and illness prevention is a highly cost-effective investment,<sup>35</sup> focusing the biggest part of health budgets on treatment of illness is, at the very least, a false economy.

### **A new health paradigm**

Cultural activities can support a more holistic approach to health and well-being that is focused not only on the management and treatment of disease but also in supporting its prevention. In other words, culture can support the shift from a rather negative approach focused on illness towards a more positive approach centred on health and well-being. It is possible to shift towards a new paradigm on health, within which people are given tools and support to thrive, supporting human flourishing and social prosperity across Europe, and culture can play an important role in making this shift.

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<sup>32</sup> [WHO, 1986. Ottawa Charter for Health Promotion](#)

<sup>33</sup> [Eurostat, 2020. Healthcare Expenditure Statistics.](#)

<sup>34</sup> [Eurostat, 2022b. Preventive Health Care Expenditure Statistics.](#)

<sup>35</sup> [UK Health and Security Agency, 2016. Investing in Prevention: is it Cost-effective?](#)

## Health and well-being promotion for all

Contrary to popular belief and as was mentioned before, differences regarding health outcomes tend to reflect social characteristics. Experts call these dimensions the Social Determinants of Health. They are the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life. Indeed, according to the WHO, most health inequalities can be explained by five factors: quality of healthcare; financial insecurity; poor quality housing and neighbourhood environment; social exclusion; and the lack of decent work / poor working conditions. That is to say, the social determinants of health have a bigger impact on health promotion than individual lifestyle risk factors.

Existing studies and evidence also suggest that cultural activities can potentially contribute to addressing the inequalities and inequities that surround access to health and well-being. In the most extreme cases, such interventions can help individuals leave the 'misery circle' of illness, social isolation and worsened illness.<sup>36</sup> More broadly, there is evidence suggesting that cultural activities can also have positive benefits for groups with specific demands: namely, children, the elderly, groups with special needs or even oncology patients. For more details on existing research focused on these and other groups, please check the CultureForHealth report.

This is not to suggest that culture is a magic bullet that can independently solve entrenched social patterns with long histories. However, it can play an important role in broader efforts to prevent the reinforcement of social inequities in access to health and well-being.

## Building on culture for health and well-being: against the myth of culture as the cherry on the cake

All in all, the health and well-being benefits of culture demonstrate that the latter is not the cherry on the cake, as it is so commonly understood in policy terms. Rather, culture is of strategic importance in supporting flourishing lives, communities and societies. We encourage you to argue at your local level for the inclusion of culture within broader policy and political discussions and priorities – focused not only on health but also on social cohesion, the sustainable transition and all other issues that benefit from solutions that are rooted in communities.

## Optimising cultural interventions for health and well-being<sup>37</sup>

Nonetheless, it is also important to stress to policymakers that these interventions are more likely to succeed and to contribute to long-lasting change to the health and care provision paradigm if they (policymakers) recognise the main particularities of the culture for health and well-being space from a policy angle.

<sup>36</sup> [Irons et al., 2020. Group Singing Has Multiple Benefits in the Context of Chronic Pain: An Exploratory Pilot Study. Pain Management Nursing: Official Journal of the American Society of Pain Management Nurses, 21\(3\), 259–264](#)

<sup>37</sup> This subsection is aligned with the policy cycle approach and the key elements of policy analysis identified by Knoepfel, P., Larrue, C., Varone, F. and Hill, M. (2007). *Public Policy Analysis*: Bristol University Press. The four main phases of the policy cycle are: 1) agenda setting; 2) formulation of the policy programme; 3) implementation; 4) evaluation. The CultureForHealth report included recommendations focused on the first two phases. Rather, this subsection focuses on the final two phases and reflects the lessons taken from the pilots associated with the CultureForHealth pilot projects.

a) **Operationalising the culture for health and well-being space: evidence-based does not mean result-oriented**

In a difficult financial context of restrained budgets, there is demand for the allocation of public funding to be evidence-based. As the CultureForHealth report demonstrates, culture for health and well-being interventions can answer this need.

However, at the same time, demand for accountability in terms of public expenses can sometimes result in funding schemes that are result-oriented, that is, which aim to achieve a set of targets. It is important to stress that policies regarding culture for health and well-being should always have an element of flexibility and openness. To be more specific, the inclusion of conditional clauses in this respect (that is, of funding that is only fully passed on to a cultural organisation if it achieves specific health results) would be counterproductive.

The evidence suggests that culture supports health and well-being precisely because it provides participants with an opportunity to experiment, learn, create – to experience culture for itself rather than to achieve a specific goal. Because of this, supporting cultural interventions requires a different approach to policy-making. Likewise, any incentive schemes that are focused on nudging individuals to participate in cultural activities should not be conditional on the achievement of specific health and well-being results by such activities. Moreover, supporting the health and well-being of individuals and communities requires time. Therefore, while seed funding or support for pilot projects is welcome, this should be followed by more longer-term and sustainable approaches.

b) **Implementing the culture for health and well-being space: the importance of co-created strategies**

Although cultural institutions can initiate broad networks in this field, policymakers have an important role to play in terms of expanding and institutionalising them. In other words, ideally the bottom-up efforts of your cultural organisation will be a trigger for more systematic action from the top-down (policymakers), who will support and lead growing networks that connect multiple policy fields and stakeholders, cultural organisations, and community groups.

Beyond exchanging information and learning from each other, these networks can also co-develop local strategies, that is, they can identify the main principles framing investment in culture for health and well-being activities and their implementation details. For instance, the vision underlying this work, the main goals that it serves, the expected partners and stakeholders involved in the process, how these activities are intended to interact with work in other policy arenas, their governance structure, which target groups they are to focus on and so on. If you or your local policymakers want inspiration on how to develop these strategies, check pages 137 and 138 of the CultureForHealth report and the references that are mentioned in them.

## Further Reading

If you want to read more about the CultureForHealth project, you can consult the following resources:

- The CultureForHealth report: <https://www.cultureforhealth.eu/knowledge/>
- The CultureForHealth pilot projects: <https://www.cultureforhealth.eu/pilot-projet/>
- The CultureForHealth map and database: <https://www.cultureforhealth.eu/mapping/>

If you want to read more about the health and well-being impacts of culture, it may be helpful to consult the following resources:

- Scoping review for the World Health Organization on the role of the arts in improving health and well-being. It was used as one of the main methodological references of the CultureForHealth report: <https://www.culturehealthandwell-being.org.uk/sites/default/files/9789289054553-eng.pdf>
- Evidence review commissioned by the British government focused namely on how arts engagement can impact social outcomes, youth development and the prevention of mental and physical illness: <https://www.gov.uk/government/publications/evidence-summary-for-policy-the-role-of-arts-in-improving-health-and-well-being>
- Report on the relations between the arts, health and well-being focused on the following topics: place, environment, community; childhood, adolescence and young adulthood; working-age adulthood; older adulthood; end of life: [https://ncch.org.uk/uploads/Creative\\_Health\\_Inquiry\\_Report\\_2017\\_-\\_Second\\_Edition.pdf](https://ncch.org.uk/uploads/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf)
- Report summarising the contribution of museums to well-being: <https://www.culturehealthandwell-being.org.uk/sites/default/files/2019-08/museums-as-spaces-for-well-being-a-second-report.pdf>
- Report focused on the links between heritage, health and well-being: [https://www.theheritagealliance.org.uk/wp-content/uploads/2020/10/Heritage-Alliance-AnnualReport\\_2020\\_Online.pdf](https://www.theheritagealliance.org.uk/wp-content/uploads/2020/10/Heritage-Alliance-AnnualReport_2020_Online.pdf)
- Technical report summarising the links between historic places and community well-being: <https://whatworkswell-being.org/wp-content/uploads/2020/01/Heritage-scoping-review-March-2019.pdf>

If you want to read more about social prescribing, it may be helpful to consult the following resources:

- Toolkit by the World Health Organization on how to implement social prescribing: <https://www.who.int/publications/i/item/9789290619765>
- Introduction to social prescribing by the Culture, Health and Well-being Alliance, a membership organisation for creative health across England: <https://www.culturehealthandwell-being.org.uk/key-themes/social-prescribing>
- Academic article summarising global developments in social prescribing and identifying the essential inputs for adopting social prescribing into policy and practice: <https://gh.bmj.com/content/7/5/e008524>
- Compendium on social prescribing collating 35 European case studies: <https://www.socialprescribers.eu/compendium/>

- Reports summarising social prescription initiatives in Germany, the Netherlands, Portugal and Romania and Ireland: <https://culture-on-prescription.eu/resources/>
- Free pilot training course on social prescribing for health and care professionals: <https://www.socialprescribers.eu/training-course/>

If you want to read more about how to monitor and evaluate the impact of cultural interventions, it may be helpful to consult the following resources:

- An evaluation framework of arts for health and well-being by Public Health England: <https://www.gov.uk/government/publications/arts-for-health-and-well-being-an-evaluation-framework>
- A practical guide for charities and social enterprises on how to measure well-being impact: <https://measure.whatworkswell-being.org/>
- Free online course created by the Culture, Health and well-being Alliance for UCL on how to develop, deliver and evaluate health and well-being work within a museum, arts, heritage or cultural organisation: <https://www.ucl.ac.uk/short-courses/search-courses/culture-health-and-well-being-introduction>

If you want to read more about the Social Determinants of Health, it may be helpful to consult the following resources:

- General introduction to the SDH by the World Health Organization: <https://www.who.int/health-topics/social-determinants-of-health>
- Academic article reviewing the accumulated knowledge on the importance of socioeconomic factors in shaping health: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>

If you want to read more about available EU funding, it may be helpful to check the following resources:

- Culture and creativity funding: <https://culture.ec.europa.eu/funding/cultureu-funding-guide>
- Health funding: [https://commission.europa.eu/funding-tenders/find-funding/find-calls-funding-topic/health-funding\\_en](https://commission.europa.eu/funding-tenders/find-funding/find-calls-funding-topic/health-funding_en)
- Social funding: <https://ec.europa.eu/european-social-fund-plus/en>

# CULTURE — HEALTH



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