



National Alliance
for Museums,
Health & Wellbeing



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ENGLAND**

Museums as Spaces for Wellbeing:

A Second Report from the
National Alliance for Museums,
Health and Wellbeing



Authors

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Front cover;
Curiosities & Conversations, a collaboration between the Dialysis Unit at Addenbrooke's Hospital and the University of Cambridge Museums, aims to contribute to wellbeing through promoting curiosity, happiness and sense of connection. Image by R Clarke

Foreword

As we are living longer, the need to improve people's health and quality of life has never been more important.

There is real potential for museums, which have a purpose to help us learn and to share knowledge, to play a long term role in supporting a healthier population.

The heritage sector is a valuable asset to communities across England and can be a powerful force to enable more of us to live longer in good health.

Museums and heritage venues bring people together at the heart of their communities, which helps both their physical and mental health at every stage of their life.

As seen with the projects highlighted in this report, museums also have an important role to play in tackling health inequalities.

The Birmingham Museums Trust has joined with local carers on mental wellbeing, and in Canterbury, The Beaney House of Art and Knowledge has worked with visually impaired primary school children.

As many other examples in this report show, museums' doors are open to people of all ages, backgrounds and social statuses and they reach out to them through targeted activities. By doing this, they foster an environment of social inclusion – a key driver for supporting a healthier population.

This excellent report provides the basis for the health sector to strategically embed the role of the museums and the heritage sector at national and local level to improve the nation's health and wellbeing.

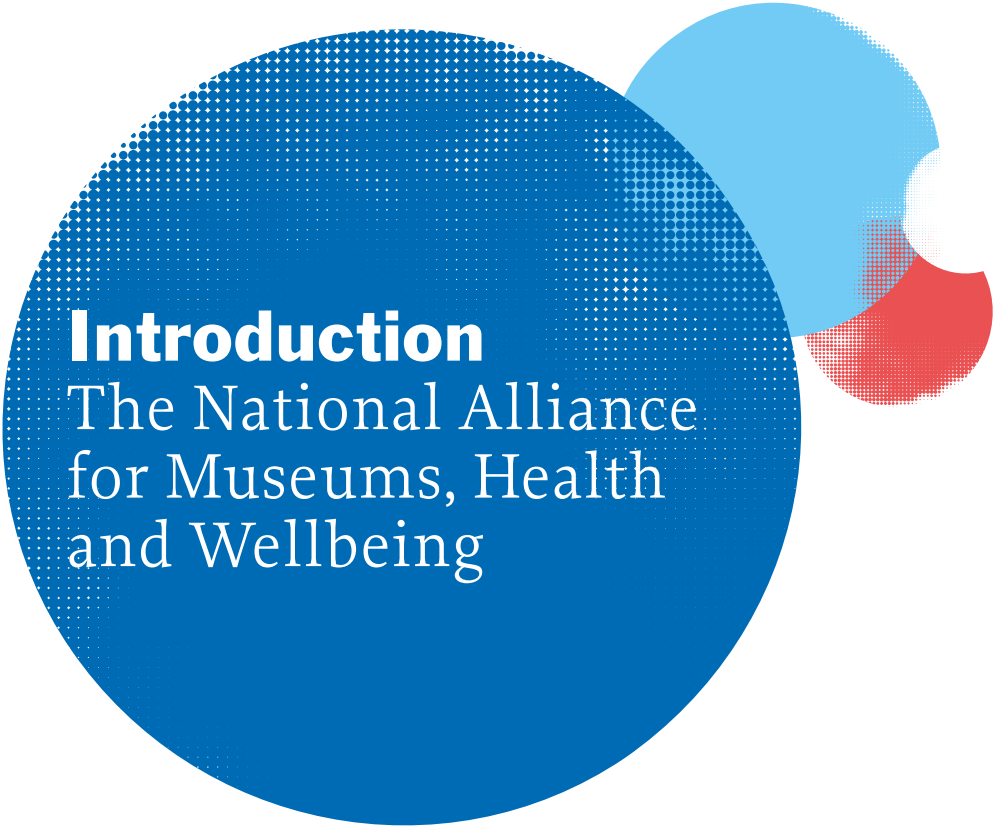
Duncan Selbie
Chief Executive
Public Health England



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Dancing at the Fitzwilliam Museum, a co-produced programme exploring how moving improves wellbeing and helps people to engage with art. Image by KJ Martin, kandphoto.com



Introduction

The National Alliance for Museums, Health and Wellbeing

The National Alliance for Museums, Health and Wellbeing (forthwith referred to as the Alliance) was established in July 2015 in response to a growing awareness of the role and potential of museums and galleries in supporting health and wellbeing. The Alliance website and database provide a hub for information about museums, health and wellbeing, and permit the sharing of resources and good practice.¹ In addition, between 2015 and 2018, the Alliance has:

- provided leadership and advocacy for the sector's contribution to health and wellbeing, for example through its involvement with the All Party Parliamentary Group on Arts, Health and Wellbeing;
- identified areas of best practice, as well as gaps in knowledge and training, and provided concrete support in the form of regional trainings and an online training resource in development with University College London;

- provided support, guidance and recommendations on best practice, getting started, partnership work and health commissioning and evaluation through consultation and three national conferences as well as through maintenance of a comprehensive set of resources available on the website;
- and continued to survey the development of the museum health and wellbeing activity, its distinctive potentials and challenges, and emerging philosophies of practice.

Enabled by further funding from Arts Council England, from 1st April 2018 the Alliance will continue its work in partnership with the National Alliance for Arts, Health and Wellbeing, under the new joint umbrella of the Culture, Health and Wellbeing Alliance.

What this report aims to do

This publication extends the learning from an earlier survey and report. Between September 2015 and February 2016, the Alliance undertook a mapping exercise of health and wellbeing activity in the UK museum sector. Findings were reported in *Museums for Health and Wellbeing: A Preliminary Report from the National Alliance for Museums, Health and Wellbeing*.² The earlier report, based on a comprehensive literature review and an online survey that returned details of 603 projects from 261 museums, provided an overview of sector activities. The authors noted that results were inevitably incomplete, representing ‘the tip of the iceberg’ (p.9), particularly in light of the rapid development of the field. The report, however, reflected a lively, innovative culture of health and wellbeing work, engaging diverse audiences imaginatively through a broad range of activities, both within the museum and beyond.

The second report that you are now reading, rather than replicating this mapping exercise, is intended to explore in greater depth the development of the museums, health and wellbeing sector. The data on which it is based come from a variety of sources, including consultation involved in the production of a good practice guide for projects involving older people;³ from regional trainings that took place across England in 2017; from evaluation feedback from these trainings; from discussions that fed into the co-design of the online resource; and finally from a second museums, health and wellbeing survey.⁴ The survey was designed not only to gather information about new health and wellbeing projects in museums, but to elicit comment and recommendations on themes that had emerged consistently in earlier workshops and in the development of the good practice guide and online resource.

Part 1 of this report illustrates a wide range of creative and innovative programme- and project-based work through a variety of examples and case studies. It is organised in six sections in order to show how the heritage sector is responding creatively to a cultural and policy-making landscape undergoing rapid transformation consequent upon:

1. demographic changes
2. the cumulative effects of entrenched health inequalities during a period of economic instability
3. a progressively more holistic and less medicalised conception of health care in which the role of culture is increasingly acknowledged
4. a growing commitment to co-creation in service design
5. an emergent awareness of the potential and importance of ‘green’ wellbeing
6. increasingly nuanced and less normative conceptions of wellbeing as shifting, relational, culturally determined and of relevance to all sections of the community

Part 2 reports in more general terms on how museums and galleries are meeting organisational opportunities and challenges in these five areas:

1. new audiences
2. partnership
3. evaluation
4. organisational change
5. funding

It evidences the development of good practice on the basis of experience, and provides a variety of recommendations.

2 Lackoi, K., Patsou, M., and Chatterjee, H.J. et al., 2016. *Museums for Health and Wellbeing: A Preliminary Report*. London: National Alliance for Museums, Health and Wellbeing. www.museumsandwellbeingalliance.wordpress.com

3 Veall, D. et al., 2017. *Museums on Prescription: A guide to working with older people*. London: University College London. www.culturehealthresearch.wordpress.com/%20museums-on-prescription/

4 See Appendix 1.

The background features a light blue gradient with several overlapping circles. A large white circle with a halftone dot pattern is the central focus, containing the main text. To its left is a solid red circle. Below and to the right are two overlapping circles: a larger blue one with a halftone pattern and a smaller white one with a halftone pattern.

1 Museums, health and wellbeing

responding
creatively to change

Creative responses to an ageing population

Amongst the most significant of recent demographic shifts is the continuing increase in the proportion of older people making up the UK population. According to the Office of National Statistics, the percentage of UK inhabitants aged 65 and over increased from 14.1% in 1975 to 17.8% in 2015; in 2016 there were 285 people 65 and above for every 1,000 of traditional working age; and one fifth of the population is predicted to be 65 or over by 2025.⁵ Whilst this shift creates new opportunities, it also increases the pressures on health services, social care and pensions. Changes in life expectancy also impact upon these pressures. Whilst life expectancy continues to increase, albeit at a reduced level, the proportion of the life span spent in poor health remains roughly stable, resulting in an increase in average years spent in poor health. Between 2001 and 2017, deaths resulting from Alzheimer's and dementia increased by 60% amongst males, and doubled in females; this shift results both from the ageing of the population and from increased awareness and diagnosis of dementia.⁶ Social isolation is an increasing problem amongst older people.⁷

Its detrimental effects on health are comparable to those of smoking and obesity, and isolation is correlated with depression and cognitive decline.⁸ The number of older people reporting loneliness is predicted to rise from 5.25 million in 2013 to 7 million in 2030.⁹

Museums, with their emphasis on accessibility, wellbeing and community, are well placed to intervene in this area. The first survey carried out by the Alliance confirmed that 'older people are by far the largest audience for museums in terms of health and wellbeing projects' (p.13); work with older people and people with dementia together accounted for half of all the projects reported. The more recent survey suggests that this continues to be an important area of activity.



Tea and talk at the monthly *Dementia Café* at Compton Verney Art Gallery and Park. © Compton Verney Art Gallery and Park

Some of this work is rooted in a well-established tradition of outreach to people in day centres or care homes. The Ben Uri Gallery, for instance, runs *Creative Spaces*, a programme of creative workshops presenting new techniques and materials, inspired by works in their collection and tailored to the needs of each new group, for those unable to visit the gallery.¹⁰ Also following an established model, many museums (for instance Compton Verney Art Gallery and Park, and Brooklands Museum) run regular Dementia Cafés or reminiscence sessions based on object handling and structured visits, under the museum roof.¹¹ In these groups there is often an emphasis on personal reminiscence and on opportunities for socialising.

Taking an alternative approach, many projects reported in our second survey focus on cultivating enjoyment in the present, rather than remembering, consistent with a growing awareness that reminiscence may be stressful for people with dementia and their carers, and that revitalising connections with life in the here and now may be as or more important for wellbeing as resurrecting a more youthful past.¹² Enjoyable activities reported include dance (the *Memory Lane Movers and Shakers* project at Oxford University Museums Partnership); singing and walking (*Singing for the Brain* run by Epping Forest/City of London Corporation); and creative workshops (*Art in Mind* at The Lightbox).¹³

5 Office for National Statistics, 2017. *Overview of the UK population: March 2017*. London: Office for National Statistics. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/mar2017

6 Public Health England, 2017. *Health Profile for England*. London: Public Health England. www.gov.uk/government/publications/health-profile-for-england

7 Social Care Institute for Excellence, 2011. *SCIE Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes*. London: SCIE. www.scie.org.uk/publications/briefings/briefing39/

8 Landeiro, F., Barrows, P., Nuttall Musson, E. et al, 2017. Reducing social isolation and loneliness in older people: a systematic review protocol. *BMJ Open*, 7. www.bmjopen.bmj.com/content/bmjopen/7/5/e013778.full.pdf

9 The Future Foundation, 2014. *The Future of Loneliness: Facing the challenge of loneliness for older people in the UK, 2014-2030*. London: Friends of the Elderly. www.fote.org.uk/publications/2015/06/16/future-loneliness-report/

10 www.benuri.org.uk/learning/creative-spaces/

11 www.comptonverney.org.uk/thing-to-do/compton-verney-dementia-cafe/2016-08-08/

12 www.dementiafriendlykent.org.uk/tunbridge-wells-museum-and-art-gallery/

13 www.thelightbox.org.uk/art-in-mind-community

CASE STUDY

The Lightbox Art in Mind

“Art in Mind has been running since 2013 and responds to the vision of lifelong learning, engaging with adults in the early stages of dementia and their carers. Research has shown that artistic stimulation prolongs the ability of people with dementia to play an active part in society. The Lightbox has always believed that art makes you feel good, and by focussing on the participants’ new expressions of creativity we can encourage positivity and discussion.

We choose a different artwork each month to look at, which enables us to work with different materials each time. It could be that we use clay, acrylics, watercolours or sketching materials, anything which lends itself to the original artwork. The idea is that the participants respond to the piece, rather than trying to make a copy of it.

Each time we run a session and see the joy it brings to all those involved, we know we are doing the right thing. Seeing how the family members, carers or supporters respond to their loved ones enjoying themselves and not focussing on any particular problem is worth its weight in gold.

A typical comment: ‘Just wanted to say thanks for yesterday. Mum and I both enjoyed ourselves and it was so good to have others taking an interest in her and her engaging with them - the warmth of the volunteers was most heart-warming. I love it when Mum’s sense of humour comes to the fore, as it did yesterday. Considering she was feeling very ropey when we arrived, she did very well, and was definitely feeling better when we left. I look forward to next month!’”

Heather Thomas, Learning and Engagement Manager, The Lightbox



Art and Mind creative group at the Lightbox, Woking. © The Lightbox

Where remembering the past is key, this is reframed in a number of projects as something of social rather than primarily personal relevance. In the *Morris Motors Centenary Project*, for instance, Oxford University Museums Partnership invited older people's involvement in a project designed to capture memories of the Oxford car industry. Material was broadcast as part of a BBC radio documentary, and preserved in the Oxfordshire County Archives, underlining the value of such oral histories and of reminiscence as an active contribution to culture.¹⁴ Similarly, dementia-friendly *Memory Walks* run by National Museums Liverpool elicit group reminiscence that becomes part of a shared cultural heritage with important implications for collective wellbeing.¹⁵ Such sharing plays a vital role in place making:



*Culture holds up a mirror to our tired streets, squares, buildings and civic spaces and asks us to look again at what makes them special. It gives people the opportunity to connect their individual stories with collective narratives, helping to make their place feel like home. Culture provides people with ways to explore, celebrate and create shared experiences. It brings depth and meaning to people's experience of a place, highlighting the extraordinary in the ordinary.*¹⁶



Consistent with growing general, academic and public health interest in what it means to 'age well', some projects offer a mix of activities designed to inform, challenge and inspire those who attend.¹⁷ Yorkshire Sculpture Park, for instance, runs *Art and Social*, a monthly group for people over 55, offering a combination of gallery visits, creative workshops, heritage presentations, walks and artist-led sessions:¹⁸

14 www.artshealthandwellbeing.org.uk/case-studies/museum-oxford-morris-motors-centenary-reminiscence-project

15 www.houseofmemories.co.uk/things-to-do/memory-walks/

16 Hamilton, P., 2017. *Foreword, People, culture and place: The role of culture in placemaking*. London: Local Government Association, p.4.

17 For public health approaches to ageing well, see <http://sphr.nihr.ac.uk/ageing-well/home/>

18 www.ysp.co.uk/events/art-and-social-for-over-55s

CASE STUDY

Yorkshire Sculpture Park Art and Social

“We know that many people face changes after the age of 55, whether that be children leaving home, caring for older relatives, a change of career, bereavement, moving to live nearer to family or looking towards retirement. These transitions can bring as many challenges as opportunities.

Art and Social attracts a mix of men and women, mostly in their 60s and 70s, who all come for different reasons. They all say the variety of the programme has great appeal and keeps them interested. It offers an opportunity to meet new people and take part in activities that stimulate mind and body. The programme is varied to appeal to a range of tastes and interests. Invariably people gain trust and confidence in the organisation and the support of the group, and find themselves trying things they would not have thought appealing. Some comments include: ‘I never thought I’d be building big outdoor sculptures. I was never any good at creative things, but this was just so enjoyable. We had a real laugh.’

‘I almost bottled out of coming today, I’m so nervous of doing anything arty. But I thought, “no – get on with it – everyone will help and look after you”. I’m so proud of my hanging, it’s going in pride of place on the wall.’

‘I look forward to this event every month. It’s a lovely way to spend two hours with lovely, talented people.’

This programme forms part of our public wellbeing programme which focusses on preventative work – supporting people to gain insight into their own wellbeing and develop skills to self-manage their health and wellbeing. It builds on the work we have done with adults living with dementia in partnership with NHS and Wakefield Older People’s services, and is part of a wider programme of work to support people to live well at every stage in their life.”

Rachel Massey

Arts and Wellbeing Coordinator,
Yorkshire Sculpture Park



An *Art and Social* event at Yorkshire Sculpture Park. Photo: David Lindsay

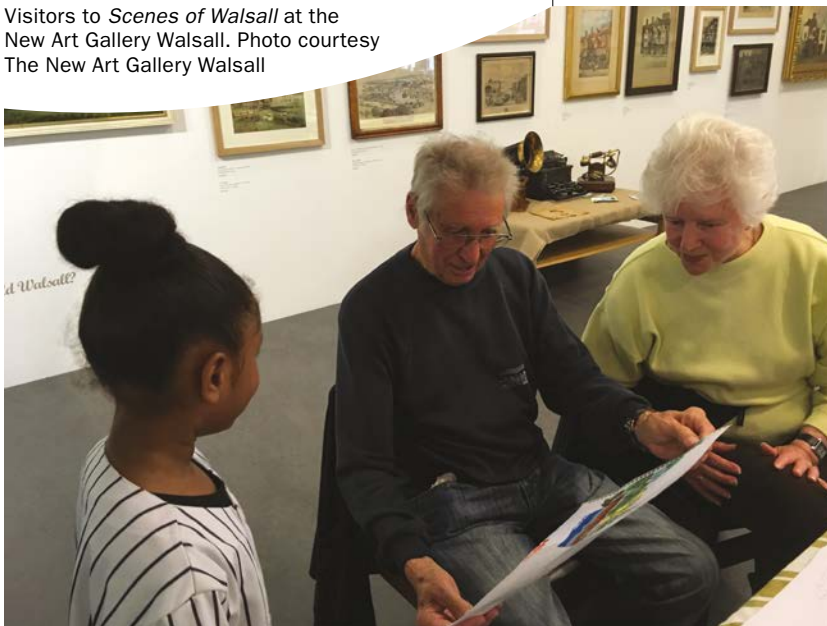


Taking a different approach, the New Art Gallery Walsall used a local heritage exhibition, *Scenes of Walsall*, to create an interactive space in which families with young children and people living with dementia could feel equally welcome. This intergenerational approach situates old age, including ageing with dementia, as part of an ordinary human life trajectory, rather than placing it on the margins of social life.

In parallel with this wealth of museum health and wellbeing activity with older people, there has been recent research into the distinctive challenges of work with this diverse audience. In the *Museums on Prescription* project, researchers at University College London and Canterbury Christ Church University investigated the benefits of museum activities for older people at risk of social isolation. The pragmatic learning from this work was encapsulated in a good practice guide summarising the issues that need to be thought about in order to provide a safe, welcoming and enjoyable museum experience for older visitors.^{19,20}

Finally, there is increasing awareness that those who care for others (in contexts including but not limited to old age) are a growing group of people who face distinctive challenges to health and wellbeing. They include approximately 255,000 young carers and 110,000 carers themselves over the age of 85. As noted in the 2014 NHS *Five Year Forward View*, 'the five and a half million carers in England make a critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS itself'.²¹ Whilst most groups for people with dementia involve their carers, the survey also returned information on a number of groups run specifically with and for people in a caring role. National Museums Liverpool, for instance, run dementia awareness sessions connected to their *House of Memories* project, using moving and personal video stories, for family and friends of people with dementia;²² and Birmingham Museums Trust runs the *Creative Carers Programme*, offering free monthly art activities as a respite from responsibility for anyone caring for a family member or friend:

Visitors to *Scenes of Walsall* at the New Art Gallery Walsall. Photo courtesy The New Art Gallery Walsall



19 See footnote 3.

20 See also the manifesto created by the Age Friendly Museums Network at www.agefriendlymuseums.wordpress.com/manifesto/; and recent Age Friendly Standards at www.familyarts.co.uk/age-friendly-standards/

21 NHS England, 2014. *Five Year Forward View*. London: NHS England, p.13. Available at: www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

22 See www.houseofmemories.co.uk/media/1122/hom-family-carers-final-report-august-2017.pdf

CASE STUDY

Birmingham Museums Trust — Creative Carers Programme

“Carers are often struggling financially, restricted as to where and when they can go out, and have limited time or energy to spend on themselves, away from their caring duties. As a result, their health is poor (87% of carers report poor mental health, 83% poor physical health), 91% report suffering from depression and anxiety, and they are often socially isolated. Poor wellbeing in carers also has a knock-on effect in the people they care for, so there are real benefits in supporting carers.

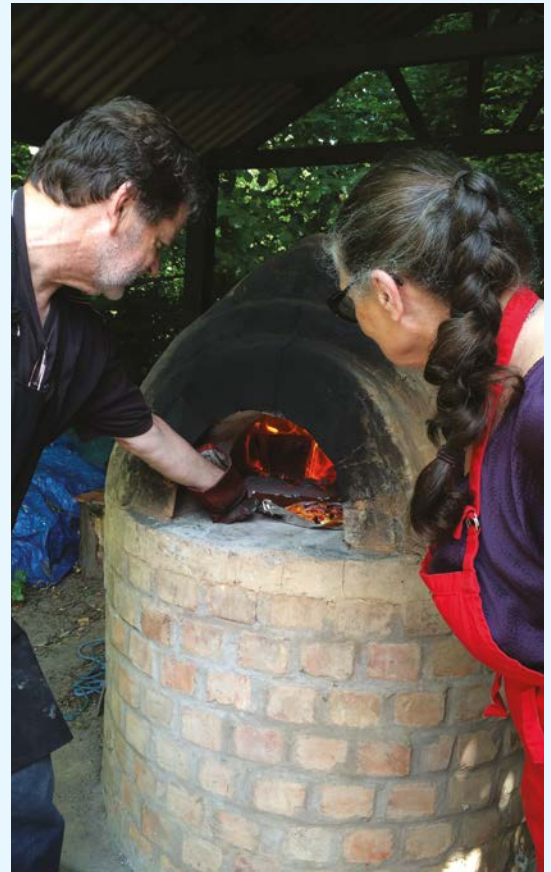
Museums are well placed to support them. As well as benefiting from often beautiful surroundings and outdoor spaces, across our nine venues we are open all week and all year round. Our venues are based in the city centre and in residential areas all around the city, making them easily accessible, and we have access to inspirational collections in addition to welcoming staff and activities. Our carers also note: ‘this is not a medical setting or a social services place - it is somewhere I don’t have to go but choose to come to and is different to my daily life’ – carers may spend a lot of their time in medical or care settings, even if attending support groups, so museums allow them to move outside the world of care.

The Creative Carers Programme has been running for two years now, and our contacts have grown both with carers and with supporting organisations who help us provide rights and benefits advice to carers, supporting them in their caring role while we support their wellbeing. Carers who have attended for a longer time have made friendships which extend outside the monthly groups, and have joined us for other parts of museum activities including volunteering, tours and trips, allowing them to become part of the wider museum community. You only have to attend a carers’ session to feel the support in the room. We had an evaluation carried out at the end of our first year. Carers told us: ‘it is like pebbles in

a pool - ripples benefit me and then benefit others I care for’. The session ‘helps you escape for a bit - no-one needs you or is making demands’; ‘I lose myself for a few hours’. Carers talked about the therapeutic benefits of being able to be themselves without pressure: ‘it gives me time to think freely and let my mind roam without any time pressures or demands’; ‘in other settings you try to problem solve, in social service meetings, whereas here the creative activity focus is on your own work and activity. You surprise yourself about what you can do and make.’”

Rosie Barker

Community Engagement Team Leader,
Birmingham Museums Trust



Baking in an outdoor oven at Sarehole Mill as part of the *Creative Carers Programme*.
Photo: Birmingham Museums Trust

Creative responses to health inequalities

The existence of health inequalities – that is, ‘avoidable and unfair differences in health status between groups of people or communities’ – between the most and least deprived areas of the UK has been recognised for decades.²³ Concern about this issue intensified with the publication of the *Marmot Review* in 2010.²⁴ Health inequalities affect life span; life expectancy between the most and least disadvantaged areas differs by seven and nine years for males and females respectively. The difference in terms of years of good health is even more striking: ‘males and females living in the most deprived areas can also expect to spend nearly 20 fewer years in good health compared to those in the least deprived areas’.²⁵ Disparities between the regions reflect a marked north/south divide. In recognition of the dramatic and costly impacts of these inequalities, there is increasingly urgent research into the social determinants of health, that is to say, ‘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’.²⁶ The *Marmot Review* proposed a broad range of related policy objectives and recommendations, which resulted in a 2010 coalition government White Paper, *Equity and Excellence: Liberating the NHS*, and subsequent legislation in the form of the Health and Social Care Act (2012), which aimed to improve health outcomes by addressing inequalities in health.

The Act created a number of new structures, including the NHS commissioning board, Public Health England, and local Health and Wellbeing Boards, through which local needs can be addressed collaboratively by political, clinical, professional and community stakeholders. Legislation also resulted in the creation of 210 Clinical Commissioning Groups (CCGs), now responsible for commissioning many NHS services at the local level. These structures allow individual CCGs considerable flexibility about what services they commission. Crucially, the Health and Social Care Act of 2012 now places a legal duty on the NHS and Public Health England to address health inequalities. As a result, there are new opportunities and resources for partnerships between the heritage sector and health services.²⁷

Joint Strategic Needs Assessments (JSNAs), developed collaboratively between local Health and Wellbeing Boards and community partners, are now key to providing ‘local partners including clinical commissioning groups (CCGs) with a jointly-agreed and locally determined set of priorities on which to base their commissioning plans within the reformed health and care system’.²⁸ A current JSNA provides a clear picture of local assets and local needs. As the *Mendoza Review* notes, ‘museums can play a major role in their communities, both responsively and helping to shape place’, and the Review team recommends that local authorities ‘should include museums within their placemaking strategies’, potentially by ‘creating cultural strategies setting out how museums contribute to their priorities’.²⁹ JSNAs are therefore useful tools for museums in orchestrating their response to health inequalities at a local level, as illustrated by Birmingham Museums Trust in relation to their *Creative Carers Programme*:

23 Public Health England, 2017. *Reducing Health Inequalities: system, scale and sustainability*. London: Public Health England, p.4. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/641625/Reducing_health_inequalities_system_scale_and_sustainability.pdf

24 Marmot, M., 2010. *Fair society, healthy lives: strategic review of health inequalities in England post 2010*. London: Marmot Review Team. Available at: www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf

25 See reference 6, Chapter 5, Section 1.

26 www.who.int/social_determinants/en/

27 For an overview of these changes, see www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england

28 Department of Health, 2010. *Joint Strategic Needs Assessments and joint health and wellbeing strategies explained – commissioning for populations*. London: Department of Health, p.5. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf

29 Mendoza, N., 2017. *The Mendoza Review: an independent review of museums in England*. London: Department for Digital, Culture, Media & Sport, pp.49-51. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/663128/The_Mendoza_Review_an_independent_rreview_of_museums_in_England.pdf



A volunteer excavating the remains of what are believed to be 19th century convicts buried on Rat Island, Gosport, with Breaking Ground Heritage, a veteran-run organisation using heritage and archaeology to promote recovery, respite and professional development for the service community. © Harvey Mills 2017

CASE STUDY

Birmingham Museums Trust – Joint Strategic Needs Assessments

“Birmingham has a number of significant health and wellbeing issues highlighted in its JSNA. However, to start a programme we felt we needed to start with something manageable. One of the areas highlighted was social isolation, in particular ‘the percentage of adult carers who have as much social contact as they would like’, which was around 11% lower in Birmingham than average. Providing activities for carers in a friendly social context seemed a good place to start.

We linked in with Birmingham Carers Hub, a consortium of support organisations funded by Birmingham City Council, who welcomed the idea of activities in the museum and supported us to promote our pilot programme. During our first year, we spoke to carers about what they would like, and learnt from them on how to develop the programme further.

There is still much work that can be done based on the findings of the JSNA; however, many of the health issues that Birmingham is facing are challenging and at present we are not equipped to tackle some of these without building further partnerships and seeking further funding. The increase in mental health issues generally has led us to focus on mental wellbeing, with adults, carers and young carers in particular, as an area where we felt we could make an impact.

Using a JSNA gives you a clear picture of your own area and can help highlight wellbeing issues that perhaps you hadn’t considered. It is also useful to look at the national context as many areas will be facing the same issues – this can also provide useful insights into areas that museums may be able to tackle.”

Rosie Barker

Community Engagement Team Leader,
Birmingham Museums Trust

Local health and wellbeing inequalities are imaginatively addressed by museums in a variety of the projects described in our survey. The aims of these projects are often articulated in terms of inclusion. Inclusion has been understood for some time as a key value in the twenty-first-century museum, and many museums articulate a commitment to work that counteracts social exclusion arising through, for instance, economic disadvantage, stigma and prejudice, language barriers, the social construction of disability, or lack of skills required in the digital marketplace.³⁰ In the projects submitted through the survey, inclusion was most often understood either in terms of cultural participation, or as active citizenship through volunteering or work placements.

The projects concerned with cultural participation typically reach out to non-traditional museum audiences, for instance visitors with visual impairments, refugees or homeless people, and seek ways to make and sustain connections with the museum and its cultural resources. The Lightbox, for instance, runs *Open Mind*, ‘a series of tailored creative sessions for individuals living with emotional support needs, where artistic practice is used as a valuable way to foster inclusion and participation’. Many projects of this type also serve to communicate the experiences of particular challenges to a more general audience. In *Breaking the Stigma* at the Higgins Bedford for example, people with lived experience of mental health difficulties or services have worked to create an art and poetry display reflecting their experiences and challenging prejudice and discrimination about mental health.³¹ Similarly the National Memorial Arboretum’s *Young People’s Project* works with young offenders, enabling them to work alongside a writer and a photographer to produce their own creative work and exhibition in response to the Arboretum; and the Beaney House of Art and Knowledge (part of Canterbury Museums and Galleries) runs *Sensing Culture*, a many-faceted project for adults and children with visual impairments:³²

30 See Research Centre for Museums and Galleries, 2000. *Museums and Social Inclusion: The GLLAM Report*. Leicester: University of Leicester. Available at: www2.le.ac.uk/departments/museumstudies/rcmg/projects/museums-and-social-inclusion-the-gllam-report

31 www.thehigginsbedford.org.uk/whats_on/whats_on.aspx

32 www.canterburymuseums.co.uk/participate/health-and-wellbeing/

CASE STUDY

The Beaney House of Art and Knowledge – Sensing Culture

“The free Sensing Culture creative group for adults with sight loss meets monthly at the Beaney. It began as part of an HLF-funded RNIB project (Sensing Culture), also involving museums in Oxford, Portsmouth and Brighton - funding for the project ended in spring 2018, but there is a clear legacy for the partners.

Beaney participants enjoy handling objects from the collections, tactile tours, and creating artwork. The artwork has led to exhibitions in 2017 and 2018 in the Beaney Front Room gallery (which showcases work by local artists and community groups as part of the health and wellbeing programme). The 2018 exhibition includes work by 2 professional visually impaired (VI) artists who had been guest facilitators in 2017 workshops. The exhibitions not only show off the amazing work done by the group, but also give our visitors the chance to explore visual impairment in its various forms, and feedback via the questionnaire *Have You Got 20:20 Vision?*, as well as celebrate the successes of others.

In the past 2 years we have also developed a highly experienced team of volunteers who work across all our health and wellbeing groups, and who have benefited from additional training in VI issues. In addition, a separate music strand has been developed, working with VI primary school children, in partnership with a local secondary school. This has resulted in an Arts Award for the primary pupils, live public performances in the Beaney and the development of the Beaney Butterfly Music Machine which brings paintings in the Beaney to audio-life via the arm movements of participants.

Participants also contribute as an informal focus group to help with development of greater accessibility at the Beaney for VI visitors. Informally, as well

as in formal evaluations, group members regularly tell us of the empowerment and sense of ownership of the building that they have gained. The Beaney is now working on a new access offer (advised by the group) which includes: a tactile trail; an increase in objects (such as the Epstein Red Dean) which are included in the Touchable Beaney umbrella; the commissioning of tactile replicas of precious objects on display; and a revolutionary iBeacon app to guide visually impaired visitors around the Beaney highlights using audio description and enhanced images. The latter meets the particular challenge that people with a visual impairment won't necessarily wish to spend much of their time in groups!

All of this work carries huge benefits for the Beaney (and so UK museums should think of it as a benefit rather than a cost) - it emphasises our commitment to health and wellbeing across many other issues (from people affected by homelessness to dementia), and many of the improvements for visually impaired people (such as object handling and the creation of replicas) provide great enjoyment for the full range of our visitors.”

Manda Gifford

Programming and Engagement Manager,
Canterbury Museums and Galleries



A participant in *Sensing Culture* at the Beaney House of Art and Knowledge, Canterbury. Photo: Canterbury Museums and Galleries

An Oakwell Park volunteer trimming yew.
Photo: Kirklees Museums and Galleries



In projects concerned with inclusion through active citizenship, volunteering often plays a key role. In our *Preliminary Report*, we featured the major *Inspiring Futures: Volunteering for Wellbeing* programme (2013 – 2016), funded by the Heritage Lottery Fund and run in partnership with Manchester Museum, IWM North, Museum of Science and Industry and a number of partner venues. In their subsequent evaluation report, authors concluded that the project ‘led to increased levels of volunteering and citizenship, changed attitudes to museums and heritage settings, and attitudes to participating in volunteering projects’, and that ‘over 30% of participants have been inspired to secure entry to further education, or to gain paid employment’.³³ The Social Return on Investment methodology used demonstrated £3.50 of economic value delivered for every £1 spent. Numerous projects submitted in our recent survey harness the museum’s potential to enable inclusion through participation in volunteering or work placements. For instance at the Hampshire Cultural Trust, the *Cultural Pathways* project is developing and testing a new route into employment for adults with a learning disability through a 13-week supported work

placement and creative arts intervention programme with activities matched to the skills, experience and interests of participants. Along similar lines, Oxford University Museums Partnership runs an annual project *Art in Crisis Tours*, with Crisis, the charity for homeless people. Crisis clients are trained as volunteer tour guides by museum and charity staff, and the training culminates in the delivery of tours in which guides give their personal responses to artworks in the Ashmolean museum. In a further example, Museum of London, in their *Volunteer Inclusion Project: Team Twinings*, provided volunteering opportunities for people recovering from mental health problems:

33 *Inspiring Futures: Volunteering for Wellbeing Executive Summary 2013 – 2016*, p.3. Available at: www.volunteeringforwellbeing.org.uk/wp-content/uploads/2017/04/IF_EXECUTIVE_SUMMARY_MARCH2017IWM.pdf

CASE STUDY

Museum of London Volunteer Inclusion Project: Team Twinings

“In this project we worked with the Camden-based organisation Twining Enterprise to recruit a team of individuals recovering from mental health problems and looking to return to work-based environments. Over eight weeks, the team learnt basic collections care techniques helping to improve the storage and access of the Museum of London’s archaeology collections. This process included data entry on spreadsheets cataloguing the objects, recognition photography of the objects, and auditing of the archived material. The project finished with volunteers participating in visitor-facing public engagement at the Museum of London Docklands site.

The benefits were twofold; volunteer feedback (from end-of-project questionnaires) showed that the project increased confidence, improved social interaction, and gave volunteers ‘a routine – something to look forward to’. For the Archive, we benefitted from a better stored,

more accessible finds archive, which in turn also gave volunteers a sense of satisfaction upon seeing the improvements and developments they were contributing to.

Public engagement was both the most challenging and the most rewarding aspect of the project for most participants. Our challenge was to build their self-confidence and once they overcame the initial barrier of talking to their first visitor, they realised they could do it and you could sense the pride amongst them.

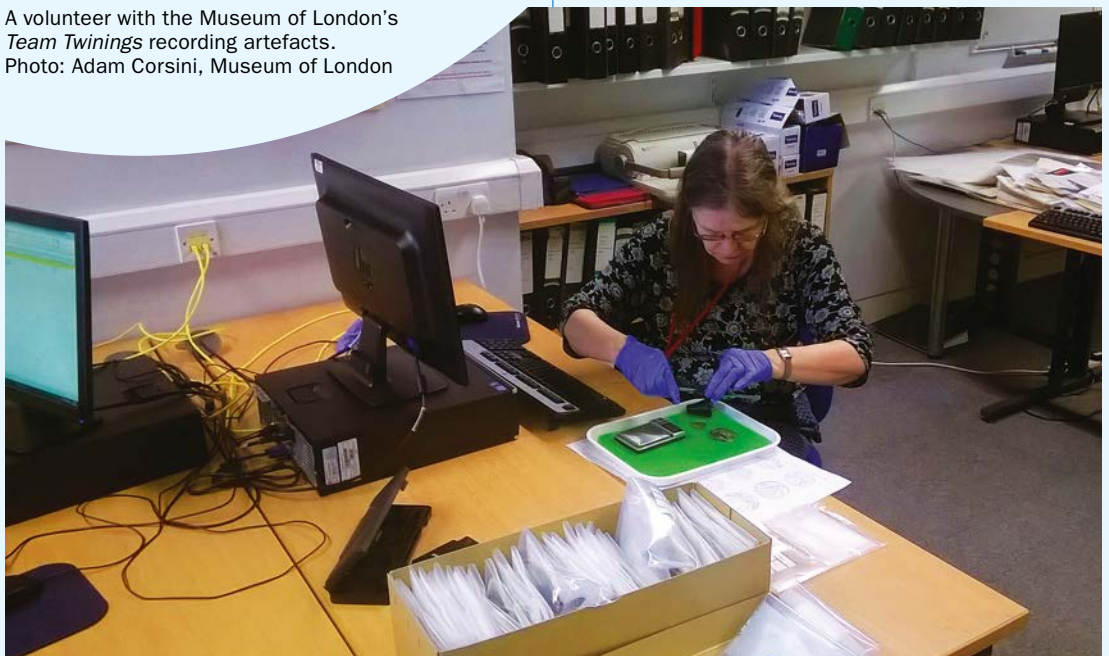
The project was formally evaluated by staff and as part of this volunteers were asked to complete exit questionnaires. All volunteers gave positive comments and found their experience both useful and enjoyable. In addition, one volunteer returned for a second, entirely public-engagement project and another pursued other volunteer opportunities in other organisations.

One volunteer reported that the most useful part of the project was ‘learning to get over the difficulty of talking to strangers.’ Another reported, ‘It has been good to meet people whose working lives have been disrupted in the same way as mine.’”

Adam Corsini

Archaeology Collections Manager,
Museum of London

A volunteer with the Museum of London’s *Team Twinings* recording artefacts.
Photo: Adam Corsini, Museum of London



Other examples include Culture and Connections at Ripon Museum Trust, a supported volunteering programme organised on social prescribing lines with people with mental health issues such as social isolation, anxiety and lack of confidence;³⁴ the *Mentored Volunteering Course* at Holburne Museum in Bath, where participants wanting to develop their confidence, social skills and creativity are mentored to produce and share creative work based on the collections;³⁵ and *Behind the Scenes of Westbury Manor Museum*, a Hampshire Cultural Trust project in which older people unfamiliar with social media platforms are working with a specialist to learn the skills that will enable them to share the story of the museum refurbishment online.³⁶ Breaking Ground Heritage is a veteran-run community interest company whose central mission is to use heritage and archaeology to promote recovery, respite and professional development for the service community, again through volunteering (see photograph on page 15).³⁷

Alongside these inclusion-oriented projects, other work reported addresses health inequalities through creative approaches to health education and mental health awareness. These projects have in common a recognition of the power of objects to provoke or stimulate surprising and enriching conversations. In *Sex and History* at Exeter University, for instance, researchers are working with museums, schools, youth groups and sexual health practitioners to explore the use of historical artefacts for sex education.³⁸

In *Change Minds*, the Restoration Trust work with people in Norfolk living with mental health problems and on a low income, using nineteenth-century asylum archives as a starting point for conversations about life – then and now – with a mental health condition.³⁹ Similarly, the Roman Baths museum offers *Wellbeing Wonders*, a short course run in partnership with Bath College's Community Learning Team, examining notions of wellbeing in Roman and present-day Bath.

College student with a chastity belt at the Intimate Worlds exhibition, Royal Albert Memorial Museum. Credit: University of Exeter



34 www.riponmuseums.co.uk/events/special_projects/culture_and_connections_at_ripon_museums
 35 www.holburne.org/induction-into-museum-volunteering
 36 www.historyofwestburymanor.tumblr.com
 37 www.breakinggroundheritage.org.uk
 38 www.sexandhistory.exeter.ac.uk
 39 www.changeminds.org.uk

Whilst many such projects work with targeted groups identified as excluded in a particular way, there is also an emergent critique that considers this labelling as partly constitutive of the experience of disenfranchisement, and some organisations avoid labelling entirely, as here:



The Community Programme – and indeed Pallant House Gallery more broadly – believe in an avoidance of labelling in terms of individual health, disability or social circumstance. Rather there is a focus on delivering programmes enabling the broadest range of people to access the Gallery. The emphasis upon accepting each participant as ‘an artist’ (no matter their background or experience) was frequently referred to, felt to be an important feature in realising the programme’s positive outcomes.⁴⁰



Creative approaches to delivering health through culture

Health has been defined as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’.⁴¹ The notion of wellbeing has in the last two decades been the subject of extensive research, most predominantly within the positive psychology movement. Research identifies meaning-, purpose- or value-oriented dimensions of wellbeing alongside more obvious experiences of immediate subjective pleasure, bodily health or happiness.⁴² It is well established that structural and social factors are determinants of physical and mental health (above); and there is recognition that new psychosocial conceptions of health are urgently required by a crisis-stricken National Health Service.

It is clear that psycho-social difficulties place a significant burden on health services, in particular primary care; it is estimated that 20% of consultations in general practice concern social rather than medical problems.⁴³ Leading innovators in health policy now advocate for health services that are wellbeing- rather than disease-focused, are ‘people-powered’, and offer ‘more than medicine’.⁴⁴ Arts and heritage organisations are now considered to have an important role to play in supporting health and wellbeing, and their funding is often justified in relation to their potential social benefits.⁴⁵ Interest in the role that culture plays in health has gathered momentum over the last two years as a result of the activities of the All Party Parliamentary Group (APPG) on Arts, Health and Wellbeing. From 2015, the APPG collaborated with King’s College London in a two-year Arts, Health and Wellbeing Inquiry, funded by the Paul Hamlyn Foundation and the Wellcome Trust. This resulted in a substantial 2017 report, *Creative Health*, evidencing the effectiveness of interventions using the arts in health across the lifespan and in a great variety of settings.⁴⁶

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- 40 Potter, S., 2016. *Pallant House Gallery Community Programme Social Impact Study*. Chichester: Pallant House Gallery, p.41.
 41 This definition comes from the *Preamble to the Constitution of the World Health Organisation*, as adopted by the International Health Conference, New York, 19 June - 22 July 1946.
 42 See for example Deci, E. and Ryan, R., 2008. Hedonia, eudaimonia, and wellbeing: an introduction. *Journal of Happiness Studies*, 9(1), pp.1–11.
 43 Polley, M., Fleming, J., Anfilogoff, T. and Carpenter, A., 2017. *Making Sense of Social Prescribing*. London: University of Westminster. www.westminsterresearch.wmin.ac.uk/19629/1/Making-sense-of-social-prescribing%202017.pdf
 44 Langford, K., 2013b. *More than medicine: new services for people powered health*. London: Nesta.
 45 Department for Culture Media and Sport, 2016. *The Culture White Paper*. London: DCMS. www.gov.uk/government/uploads/system/uploads/attachment_data/file/510798/DCMS_The_Culture_White_Paper_3_.pdf
 46 All Party Parliamentary Group for Arts, Health and Wellbeing, 2017. *Creative health: the arts for health and wellbeing*. London: APPG for Arts, Health and Wellbeing. www.artshealthandwellbe



The lead artist and a participant from the *Gardener's Lodge* art group at the Holburne Museum, Bath.
© Pathways to Wellbeing/Holburne Museum

A section of *Creative Health* highlights the immense potential of museums as accessible spaces for creativity, and as 'part of the public health milieu' (p.76). One of the report's three key messages is that 'the arts can help save money in the health service and social care' (p.4); and in the second of their final recommendations, the authors advise that 'the Secretaries of State for Culture, Media and Sport, Health, Education and Communities and Local Government develop and lead a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture' (p.154).

As evidenced by the breadth of creative programming revealed in our survey, museums and galleries have distinctive merits as healing institutions embedded in the broader healthcare landscape. It is clear that these merits are connected with the inspiring qualities of spaces as well as collections. Museum spaces carry a variety of resonances from the awe-inspiring to the cosy or domestic, but are almost never anodyne. Such affective atmospheres potentially invite creative responses.⁴⁸ So too do the collections of museums, which often include crafted or literary artefacts ranging from the most utilitarian or homely through to exemplars of what has often been considered 'high art'. Creative workshops in museums have the potential to democratise creative production, since they invite participants to be makers

or wordsmiths as well as spectators, and provide opportunities to showcase creative work alongside permanent exhibitions. This is perhaps especially the case when, as for example in the *Arts and Minds* sessions programmed by the University of Cambridge Museum Consortium, arts activities are used to explore the collection, thereby creating a dialogue, as equals, between creators of past and present.⁴⁹ Similarly, in their *Creative Writing* project, York Castle Museum invited participants (non-traditional museum goers) to work with a freelance writer, inspired by the museum's WWI stories and collections, to develop their own written work;⁵⁰ and the National Portrait Gallery runs free monthly *Family Art Workshops* that use the collections as inspiration, offering younger visitors the opportunity to experience themselves as artists, as well as free *Drop-in Drawing* sessions in the gallery for adults.

Research indicates that creative activities produce an enlarged sense of agency or self-efficacy in participants, and that this may come about not only when easy creative successes are enabled, but also through facilitation of creative projects that require patience and provide the support required to work through challenges.⁵¹ Many of the arts-for-health projects described in the survey are likely to be effective in this way. Trowbridge Museum, for instance, runs *Monday Crafts*, a weekly making group for adults with learning difficulties;⁵² and at The Lightbox, a team of volunteers offers *Art and Craft for Wellbeing*, a programme of creative activities for patients at Woking and Sam Beare Hospices, in a context where experiences of lack of autonomy will be the norm.⁵³ Similarly, Oxford University Museums Partnership, in collaboration with Headway Oxfordshire and poet Kelly Swain, used their *My Brain Diaries* exhibition as inspiration for a project working with adults affected by a brain injury. Group members were given an introduction to the exhibition, including a presentation on MRI scanning. Over four weeks, they then created visual poems, reflecting their own personal brain diary.

48 For a relevant discussion see Duff, C., 2016. Atmospheres of recovery: assemblages of health. *Environment and Planning A*, 48(1), pp.58-74.

49 www.artsandminds.org.uk

50 www.yorkmuseumstrust.org.uk/wp-content/uploads/2017/05/YMT-Discover-Adult-Learning-June%E2%80%93September-2017-12pp-NEW-WEB.pdf

51 See Desmarais, S., 2016. *Affective materials: a processual, relational, and material ethnography of amateur group crafts practice in two arts-for-health settings*. Ph. D. University of the Arts London. Available at: www.ualresearchonline.arts.ac.uk/12308/

52 www.trowbridgemuseum.co.uk/learning/lifelong-learning/monday-art-craft-group

53 www.thelightbox.org.uk/art

Cultural appreciation as a spectator can also be seen as an active and creative engagement, rather than a passive one. In *Culture Quest*, the Restoration Trust works with people in Norwich with mental health conditions living in supported housing, through a weekly drop-in music appreciation group;⁵⁴ and the Beaney House of Art and Knowledge hosts *Sounds Beaney* – a programme of music for wellbeing. These free public performances clearly enhance the wellbeing of both audience and participants, who include people affected by social isolation, visual impairment and Parkinson's.⁵⁵ Object handling too involves a creative, active and discursive engagement with material culture. The University of Cambridge Museum Consortium, through their *Curiosities at the Bedside* project, provides monthly sessions at a local dialysis unit. Here museum staff move around the wards from bedside to bedside inviting people to look, hold, discuss and explore collection objects and the stories they hold (see front cover photograph). The project not only takes the museum off site and into people's lives, and helps to make time in the unit interesting and enjoyable, but provides valuable experiences of active engagement as an antidote to enforced passivity.

Alongside the visual, musical and literary creativity described above, museums and their extraordinary spaces and collections inspire a number of less traditional health-promoting activities for body, mind and spirit. These reflect the increasingly robust evidence base for mindfulness-based psychological interventions.⁵⁶ The National Gallery, for instance, runs a programme of *Looking without Talking* events – an opportunity to sit quietly and alone in front of a painting with the lighting adjusted, label removed and the room closed off in order to create a quiet and meditative environment. After the session, participants can join a discussion if they wish. Huddersfield Art Gallery, similarly, runs a forty-minute lunchtime *Mindful Art* session exploring a single artwork, and Yorkshire Sculpture park runs monthly *Still Looking* events exploring ways mindfulness practices can be used to move from a passive to a more active engagement with an artwork.⁵⁷

Model of Social Prescribing as defined by the Social Prescribing Network



54 www.culturequest.org.uk

55 www.canterburymuseums.co.uk/events/sounds-beaney-singing-on-a-sunday/

56 See for example Baer, R. (ed.), 2006. *Mindfulness-Based Treatment Approaches: Clinician's Guide to Evidence Base and Applications*. London: Elsevier.

57 www.yssp.org.uk/exhibitions

As the benefits of the arts for health are better acknowledged and evidenced, there is growing interest amongst clinical commissioners in ‘social prescribing’. This term is used to describe any ‘formal means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local non-clinical services’, although in practice, voluntary sector groups of all kinds also take on the referring role.⁵⁸ The development of social prescribing in the last two years is also evident in the 2016 establishment of the Social Prescribing Network, in a 2017 national conference, and the establishment of a Health and Wellbeing Fund on social prescribing.^{59 60 61} Research using a ‘Social Return on Investment’ methodology suggests that social prescribing can be both therapeutically and economically effective.⁶² These developments represent an important opportunity for productive and mutually beneficial partnerships between health services and the heritage sector. The impacts of a multi-setting *Museums on Prescription* project have been researched by a team at University College London and Canterbury Christ Church University;⁶³ and there are many instances of projects, some described below, where museums are working in partnership with local clinical commissioning groups or referring organisations.

Examples submitted through our survey include York Museums Trust’s *Art for Wellbeing*, a programme of art workshops providing a friendly and inclusive creative space for adults facing mental health challenges, referred variously by York Mind, NHS support workers and disability support services; Holburne Museum’s *Gardener’s Lodge Art Group*, whose participants are referred through mental health and support services in Bath; and Bristol Museum and Art Gallery’s *Art Shed* project for participants with mental health issues such as anxiety and depression, which draws members from arts-on-prescription groups across the city.⁶⁴

58 Brandling, J. and House, W., 2009. Social prescribing in general practice: adding meaning to medicine. *British Journal of General Practice*, (59)563, pp.454–456; Brandling, J. and House, W., 2007. *Investigation into the feasibility of a social prescribing service in primary care: a pilot project*. Bath: University of Bath and Bath and North East Somerset NHS Primary Care Trust.

59 www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/socialprescribing-network

60 www.kingsfund.org.uk/events/social-prescribing

61 www.gov.uk/government/publications/health-and-wellbeing-fund-2017-to-2018-applicationform

62 Kimberlee, R., Ward, R., Jones, M. and Powell, J., 2014. *Measuring the economic impact of Wellspring Healthy Living Centre’s social prescribing Wellbeing Programme for low-level mental health issues encountered by GP services*. Bristol: University of the West of England.

63 See footnote 3.

64 www.bristolmuseums.org.uk/blog/community/art-shed-museums-medicine

CASE STUDY

Bristol Museum and Art Gallery – Art Shed

“Over 60 people have taken part in one or more sessions since we started in January 2016. Everyone attending the course has a diagnosed mental health issue, commonly depression or anxiety. Participant ages range from young adults to retired people. Participants are referred to Art Shed by facilitators of seven or eight public health-funded Arts on Prescription courses that take place at wellbeing centres and surgeries around the Bristol area. Typically these prescribed courses last about 12 weeks, so Art Shed is offered as a progression from this initial course. We take referrals directly from the facilitators of these courses rather than from GPs so, for us, the referral process is really simple.

I think the benefits come about in a number of ways. Firstly, there is real power in having a safe, welcoming space where people can simply share in an activity (whatever this may be), have a chat and have a cup of tea. Secondly, we have had lots of comments about how having exclusive access to parts of our collections has made people feel ‘special’ and ‘privileged’. This seems to have a real impact on participants’ confidence and sense of worth. We are often the one reason people come into the centre of town and meet people from across the city and we have seen many friendships develop between participants that now have a life beyond the course.

Evaluation by psychology students at the University of the West of England showed that participants’ mood had increased during the workshops and participants feel more positive and more energetic. This positive effect seemed to predict longer-term increases in overall wellbeing, suggesting that attending may have a more sustained impact.

Among the many quotes we have gathered are:

‘You feel kind of connected to the centre of Bristol. You know you’ve got a connection whereas it can feel very isolated with depression. You’re in the real world where everything is going on.’

‘Even when I’m feeling low I still want to get here and to do these things cos I know it’s going to help me. And it does perk me up at the end of the day.’”



An *Art Shed* volunteer helps run a screen-printing session. Photo: Finn White.



Museums on Prescription session – at the Grant Museum, UCL Culture London. Photograph taken by Linda Thomson

These projects illustrate a range of ways in which museums introduce participants facing potentially isolating or limiting health challenges to extensive new cultural and social networks. In *Art for Wellbeing* above, for example, sessions are also included in the public programme, so attract a variety of participants including adults with learning difficulties, support services staff, visitors who find the session by chance, and local students. *The Gardener's Lodge* project, similarly, participates fully in a lively local calendar of art events and exhibitions including the Bath Fringe Arts Festival. The community connections made possible by such programmes are one aspect of the effectiveness of social prescribing for the promotion of wellbeing.

The social prescribing described above often involves fairly informal and time-delimited arrangements between referrers (both in primary care and the third sector), intermediaries with a signposting role, and heritage organisations. Our survey suggests, however, that museums and health services are also exploring more integrated and stable models of partnership. Since 2009, for instance, the South London and Maudsley NHS Foundation Trust (SLaM) has been developing

the *Journeys of Appreciation* programme in partnership with the Cinema Museum, Dulwich Picture Gallery, Horniman Museum and Gardens and Tate Modern and Tate Britain. The project provides monthly museum visits and associated creative workshops for older adult in-patients with mental health problems and dementia and staff at the Maudsley Hospital, Ladywell Unit, Lewisham Hospital and the Bethlem Royal Hospital.⁶⁵ Hospitals and museums also form successful partnerships organised around the delivery of formal art psychotherapy. In *Museums for Art Psychotherapy*, for instance, the Gloucestershire Together NHS Foundation Trust makes use of museum collections and settings within NHS Art Psychotherapy groups, running sessions in museums as well as using museum objects in clinical settings to support the therapeutic process.

Such partnerships may be of great value for museums in the area of organisational change. The Horniman Museum and Gardens, for example, works in close partnership with SLaM Recovery College, a provider of educational opportunities to users of SLaM mental health services and their supporters, in the delivery of training:

65 www.slam.nhs.uk/media/387013/joap_the_case_study_for_outreach_europe_project_2015.pdf

CASE STUDY

Horniman Museum and Gardens – Horniman / SLaM Partnership

“Staff from the Recovery College provide training in mental health awareness to Horniman Museum and Gardens staff, a rewarding and confidence-building experience for Horniman staff and SLaM service users. Reciprocally, the Horniman offers training to support external partners, including health sector staff, to visit the Horniman and use it effectively as a resource. The Horniman co-developed and co-ran a six week course with the Recovery College to create a new object handling resource for Horniman visitors. Course staff and students then helped run a public event for World Mental Health Day at the Horniman.

The partnership has been sustainable because of buy-in from key staff in both organisations. Taking time early on to jointly set goals and understand both organisations’ capacity and ethos gave the relationship good momentum and allowed us to develop the partnership in realistic increments. Mutual training opportunities helped build stronger foundations. Delivering ‘Mental Health Awareness’ training from a cross-departmental budget supported organisational change at the Horniman. The training increased buy-in and distributed responsibility for the partnership further than just the Community Engagement team.

The benefits for participants in the co-developed Recovery College course include ‘feeling part of normal life’, being acknowledged, meeting ‘life’ at the museum, being part of a group, feeling more confident about returning to work, and doing something structured in a creative but safe space. Training for visitor-facing staff is designed to increase awareness and reduce stigma.

Participants have told us:

‘Having being unwell and out of work for a while I have lost a lot of confidence but during the sessions I realised I could still work in that kind of environment... For me, it was a safe space to see if I’m ready for the world of work again. I left the museum with a great confidence boost and it will definitely help me in my journey back to work.’

‘There are so many things that are aiding my recovery, which is obviously an ongoing process. Participating in this SLaM group Discovery Box project has helped me immensely and I am so grateful for this opportunity to help others learn about mental illness and how to maintain wellness. It’s great that the Horniman Museum has facilitated this for our group and I have met some lovely friends. New friends definitely aid recovery!!!”

Julia Cort

Community Learning Manager, and Jess Croll-Knight, Community Engagement Coordinator, Horniman Museum and Gardens



Recovery College students take part in the *Discovery Box* project. Horniman Museum and Gardens

Training is also increasingly available to support heritage organisations in establishing such partnerships. Through Museum Development Yorkshire's Health and Wellbeing Consortium, for instance, museums have been offered structured and peer-learning opportunities, including visits to exemplar organisations, as well as funding to develop new initiatives. Health service and other partnerships were a key focus of regional Museums as Spaces for Wellbeing trainings delivered in 2017 by the Alliance.

Co-creative approaches to programming and curation

Alongside these changes, the concept of wellbeing has been undergoing gradual transformation. Early critics of the use of the concept in cultural policy making pointed to the fact that it could be used to treat individuals as 'passive demographic containers' to whom services were handed out without consultation.⁶⁶ In the museum sector, this issue was addressed in the Paul Hamlyn *Our Museum* project. The resulting report, *Whose Cake Is It Anyway*, flagged up the potential for a situation in which communities, 'rather than engaging at every level of their work', were 'relegated to mere consumption of museums' and galleries' "products".⁶⁷ A subsequent publication, *No Longer Us and Them*, offers detailed indicators of success for four characteristics of a truly participatory museum – one that fosters 'community agency', engages in 'capability building' and collaborative 'reflection', and is 'rooted in community needs' (pp.12-13).⁶⁸ This shift reflects a much more general trend in service and policy design, research and education, towards 'co-design', 'coproduction' or 'co-creation', a third term that incorporates the other two.



The directors of co-creative projects often see their institutions as community-based organizations in service to the needs of visitors, rather than as providers of services the institution perceives as valuable. Co-creative projects are 'demand-driven' in the most rigorous sense of the term, and they often require institutional goals to take a backseat to community goals.⁶⁹



The projects described by participants in our survey evidence a range of imaginative strategies for involving participants in the design of wellbeing-oriented projects, and as active contributors to museum exhibition design and curation. Co-creation is increasingly being considered as a pervasive philosophy of organisational practice:

66 Parr, H., 2004. Medical geography: critical medical and health geography? *Progress in Human Geography*, 28(2), p.251.

67 Lynch, B., 2009. *Whose cake is it anyway? A collaborative investigation into engagement and participation in 12 museums and galleries in the UK*. London: Paul Hamlyn Foundation, p.5. www.ourmuseum.org.uk/wp-content/uploads/Whose-cake-is-it-anyway-report.pdf

68 Bienkowski, P., 2016. *No longer us and them. How to change into a participatory museum and gallery: Learning from the Our Museum Programme*. London: Paul Hamlyn Foundation. www.phf.org.uk/publications/no-longer-us-change-participatory-museum-gallery-learning-museumprogramme

69 Simon, N., 2010. *The Participatory Museum*. www.participatorymuseum.org/read



Victoria and Albert Museum Family
Led Tour, Image © V&A

CASE STUDY

Tyne and Wear Museums and Archives (TWAM) – Co-creation as an organisational philosophy

“For TWAM, co-creation is about museum staff and other people (who don’t work in museums) working together from an early idea stage to think about, decide upon and deliver some kind of museum or gallery intervention that connects to collections.

The people TWAM partner with could be participants and/or external workers and professionals. The intervention could range from a taster outreach session, a series of workshops in venue or off site, a display or exhibition, to a programme of events

in or out of TWAM venues. Co-creation of work is important to TWAM and partners as it enables an authentic and well-thought-through intervention to be ‘invented’, trialled and iterated with new learning each time.

For TWAM, the Outreach team-led health and wellbeing programmes have been organisationally embedded rather than just bolted on. TWAM have enabled this to happen through:

- identifying health and wellbeing themed programmes as initiatives TWAM want to lead on
- allocating core funding to deliver these programmes
- advocating the programmes regionally, nationally and internationally
- investing in staff development to do this
- use of language – TWAM run engagement programmes, not projects



TWAM Platinum Programme,
Live Well project launch, Feb 2017.W
Photo by Nigel John Photography

Although we run engagement programmes as a core offer, we do also have projects running under these umbrella programmes. This gives us two main advantages: 1 – We are able to focus on the four programmes we offer and not feel pressured to agree to projects that do not fit with our focus; and 2 – we are able to fundraise for specific projects that fit within one of the programme headers.

The benefits of working this way for partners, whether participants or external workers/professionals, and TWAM are:

- the ability for TWAM staff to focus and specialise on specific sectors with key advice from partners
- to forward plan and plan strategically
- to better establish referral pathways for external professionals
- to attract further investment (funding and research) for specific projects

- to show commitment to working in this way by advocating to funders, partners and peers
- to understand practices and agendas of partners and the sectors they occupy”

Zoë Brown

Outreach Officer,
Tyne and Wear Archives and Museums



TWAM Platinum Programme, 2017.
Photo: Nigel John Photography



Heritage organisations are using a variety of strategies to give museum visitors or particular audiences a voice, to engage them in the curation and delivery of particular projects, or to involve them in an ongoing way in museum decision making. Where this concerns the curation of individual exhibitions, co-creation functions to give potential visitors a say in what makes a rewarding display, to harness their particular expertise, or to involve them in the production of content. This invitation is often extended to audiences overlooked in traditional decision-making processes. At the Victoria and Albert Museum, for example, young children were asked to rate the interest value of objects to be displayed in the Europe 1600-1815 galleries. The objects selected were then displayed at a height that maximised their visibility for younger visitors, and children were involved in subsequent interpretation and label writing. Finally, families with

children aged five to twelve were recruited as volunteer tour guides. Tours were advertised as part of the public programme and delivered by the children themselves and their families in February and May 2016 half-terms, and again during the 2016/17 Christmas Holidays (see photograph on page 29).⁷⁰

Young people were also central to the success of *The Gurkha Connection* project at the Hampshire Cultural Trust, here through involvement in producing its content:⁷¹

70 www.vam.ac.uk/blog/news-learning-department/family-art-fun-in-the-europe-galleries-1600-1815

71 www.hampshireculturaltrust.org.uk/gurkha-connection-0

CASE STUDY

Hampshire Cultural Trust – The Gurkha Connection Project

“Collaborative working, whether internally, regionally or across the UK, is an important part of the way Hampshire Cultural Trust provides a platform for arts, culture and heritage for local communities. The Gurkha Connection was a community-based project in which three groups of young people aged 12 to 18 took a leading role. Their involvement culminated in an exhibition and commemorative book. The project showcased, celebrated and commemorated the important and historic relationship between the Gurkhas and the British Army, and also celebrated the local Nepalese community. During the project, the young people worked with professionals including photographers and heritage experts to learn the skills required to develop the exhibition and book. They also visited museums and met and worked with members of the local Nepalese community and serving Gurkhas.

The young participants were given a leading role in the project which meant that they were able to both shape and own it. As a consequence they developed confidence, research and teamwork skills, and their hard work resulted in a creative and rewarding experience. Benefits also came about for the young people through their engagement with the wider community in which they live, something that gave the project great relevance for them. Through their interviewing and other contributions, the young people played an important role in recognising and celebrating the local Gurkha and Nepalese communities.



The *Gurkha Connection* project at Hampshire Cultural Trust. Photo: Ross McGauran

The answers that the young people provided to questions at the end of the project demonstrate the value of this co-creative approach. For example:

Q. Why did you want to take part in the Gurkha Connection Project?

A. ‘I wanted to take part in the Gurkha Connection Project because I wanted to use the opportunity to learn more about my local community and those living in it and I wanted to try and develop new skills to help me in my future life.’

Q. What do you want visitors to learn/find out and to take away with them?

A. ‘I want visitors to gain a stronger understanding of the role that the Gurkhas have played in the history of Britain and the role they and the whole Nepalese community still play in society today. I hope that the project succeeds in bringing the communities together by making people more aware.’

Q. Why do you think it is important to celebrate and commemorate the relationship between the Gurkhas and the British Army?

A. ‘Maybe it is because, this is one way to join two communities together and for us to appreciate both and it creates a better one.’

The project was funded by a grant from the Armed Forces Community Covenant and ran with support from Rushmoor Borough Council.”

Ross McGauran, Cultural Engagement Coordinator (The *Gurkha Connection* Project Co-ordinator) and **Sophie McLean**, Cultural Engagement Coordinator, Hampshire Cultural Trust

In *Art on the Farm* at the Beaney House of Art and Knowledge, museum staff are working with adults with learning disabilities, who visit the museum with partner organisation Art on the Farm. Participants are exploring the Beaney looking at representations of weather, and then creating an exhibition, a film and a weather trail to be used by workshop leaders in the future. Meanwhile the Horniman Museum and Gardens have worked collaboratively with participants at SLaM Recovery College (above) and a further 15 community partners to imagine and co-produce new content for Discovery Boxes, which are transportable mini-museums – boxes containing a selection of handling objects linked to a theme. They will be used by families and community groups at the museum, and on outreach visits to community venues and hospitals. Each group has chosen a theme that is relevant to them, curated objects to represent this theme, and produced interpretation to go in their box.⁷²

In other cases, co-creation is supported by the setting up of peer-led groups or focus groups designed to give sections of the community a more ongoing involvement in museum programming and curation. The Holburne Museum, for instance, participates in a fortnightly *Peer-Led Museums Group*, meeting across three Bath museums. Its members are people with experience of mental health issues who are interested in working with local museums to promote positive mental health and wellbeing for all their visitors and the local communities surrounding them. Participants develop knowledge of the museums, and work with the organisations to advocate for museums and wellbeing through exhibiting work and organising events. In the process they work with each other, drawing on the different talents, strengths and knowledge that each person brings, and acquire new skills.⁷³ The New Art Gallery Walsall, meanwhile, is developing a focus group and older people's network with the aim of creating an active community involved in collections activities through volunteering, co-curating and developing a social space on the gallery's roof terrace.

Whilst there is clear philosophical justification for a culture of co-creation in museums, it also has important benefits at the individual level. Some of the reasons for this are articulated in terms of reciprocity by Pallant House Gallery:



Reciprocity is acknowledged to be a key mechanism in creating stable social relationships in a person's life, while exchange theory suggests that being more dependent on others may cause unbalanced relationships, with associated mental distress and discontinuity as possible negative consequences... Crucially, the Community Programme at Pallant House Gallery has evolved across a period of years in response to participant needs and suggestions. This democratic process has resulted in a clear sense of empowerment and ownership by those individuals engaged, leading to a rich dynamic between the Gallery and its communities.⁷⁴



72 www.horniman.ac.uk/get_involved/blog/redstart-arts-discovery-box

73 www.holburne.org/peer-led-museums-group

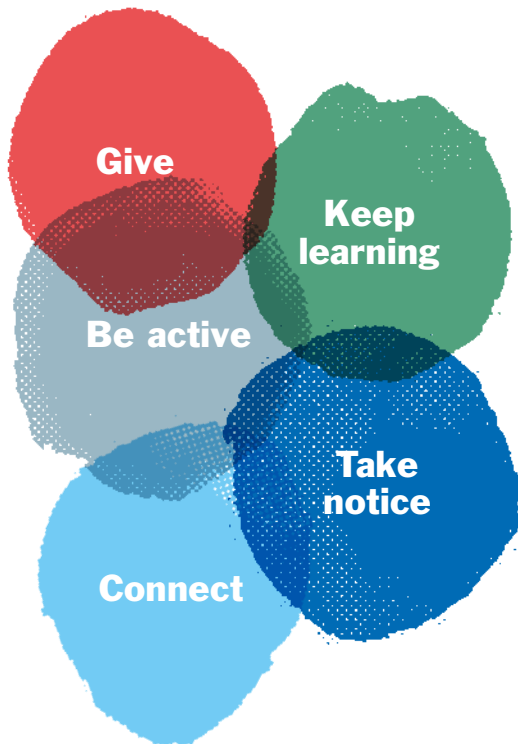
74 Potter, S., 2016. *Pallant House Gallery Community Programme Social Impact Study*. Chichester: Pallant House Gallery, p.41.

Creative approaches to green wellbeing

Recommendations concerning wellbeing still differ in the extent to which they acknowledge the impact of our surroundings and the value (or necessity) of a sustainable relationship with them. *Five Ways to Wellbeing*, for instance, is a set of five actions that research demonstrates contribute to individual wellbeing. It was commissioned by the Government's Foresight project on Mental Health and Wellbeing, and devised by the New Economics Foundation in 2008.⁷⁵

The five actions – 'Be Active', 'Keep Learning', 'Give', 'Connect', and 'Take Notice', make no explicit reference to the connection between human beings and the natural environment, whereas the subsequent Six Ways to Wellbeing model designed by South London and Maudsley NHS Trust and partners (often described as the 'wheel of wellbeing' or WOW), incorporates these five recommendations and adds a sixth, 'Care for the Planet'.⁷⁶

Five Ways to Wellbeing



Six Ways to Wellbeing model



75 www.neweconomics.org/2008/10/five-ways-to-wellbeing-the-evidence

76 www.wheelofwellbeing.org/

There is in fact a robust and steadily growing body of evidence for the wellbeing benefits of connection with the natural environment. The physical health benefits of outdoor activities, including walking, are well known. Just as important are the benefits for mental health. Nature-based therapeutic interventions involving horticulture and environmental conservation have been shown to increase mental wellbeing, reduce depression, anxiety and stress-related symptoms, and improve self-esteem and confidence.⁷⁷ Self-esteem and mood also improve in non-clinical populations as a result of walking in green spaces of high natural and heritage value.⁷⁸ At the same time we are increasingly disconnected from nature as a society, and this is particularly the case for children. A 2012 National Trust report, *Natural Childhood*, noted that British children watch on average more than 17 hours of television a week, and spend 20 hours a week online; 11-15-year-olds spend 40% more time in front of a screen than they did a decade ago. Meanwhile concerns about the risks of playing unsupervised outdoors and lack of accessible green space combine to create a situation in which nine out of ten children can identify a dalek, but fewer than one in three a magpie.⁷⁹

There is growing interest in the relevance of green wellbeing for provision of services:



In current times where there are real concerns about the burgeoning costs of maintaining good public health and tackling health inequalities, combined with the drive for integration in health and social care services, the multiple outcomes gained from nature-based initiatives present a possible solution.”⁸⁰



New organisations are responding to this elevated awareness. The Merseyside-based Natural Health Service, for instance, aims to link commissioning bodies with a range of evidence-based interventions that connect people to the natural environment through activities such as health walks, horticultural therapy or mindful contact with nature.⁸¹ This type of work in museums is becoming more common as outdoor space, both urban and rural, comes to be recognised as an important community asset. More broadly, nature, landscape and the built environment themselves are forms of heritage central to the work of some sector organisations, and their potential for health and wellbeing is being harnessed in imaginative ways, as case studies below will illustrate.

Many heritage organisations recognise outdoor space, on whatever scale available, as a key asset in wellbeing-oriented work. A number of organisations responding to our survey have projects that involve outdoor walking, whether on site or elsewhere. Harrogate Museums are typical in organising *Wellbeing Walks* in the local area, taking in a topic of local culture or heritage (see photograph above). The Restoration Trust runs walking groups that combine physical exercise with other activities conducive to wellbeing. The project *Burgh Castle Almanac* with residents of Great Yarmouth and Waveney, for instance, involves walking, recording and creating at Burgh Castle Roman Fort, whilst the project *Human Henge* invites people with mental health problems and living on low incomes in Wiltshire to enjoy walks in Stonehenge’s ancient landscape, accompanied by archaeologists and musicians.⁸²



Participants on a *Wellbeing Walk* offered by Harrogate Museums and Arts. Photo: Harrogate Borough Council

- 77 Bragg, R. and Atkins, G., 2016. *A review of nature-based interventions for mental health care*. Natural England Commissioned Reports, Number204. www.publications.naturalengland.org.uk/publication/4513819616346112
- 78 Barton, J., Hine, R. and Pretty, J., 2009. The health benefits of walking in greenspaces of high natural and heritage value. *Journal of Integrative Environmental Science*, 6(4), pp.261-278.
- 79 Moss, S., 2012. *Natural Childhood*. Swindon: The National Trust. www.nationaltrust.org.uk/documents/read-our-natural-childhood-report.pdf
- 80 Bragg, R., Wood, C., Barton, J. and Pretty, J. 2015. *Wellbeing benefits from natural environments rich in wildlife: a literature review for the Wildlife Trusts*. Colchester: Essex, p.5. www.wildlifetrusts.org/sites/default/files/wellbeing-benefits-fr-nat-env-report-290915-final-lo_0.pdf
- 81 www.naturalhealthservice.org.uk/wordpress/
- 82 www.humanhenge.org/about/

CASE STUDY

The Restoration Trust – Human Henge

“*Human Henge* engages the whole person, mind body and soul, so people walk in the ancient landscape, learn about prehistory and the natural environment, engage all their senses and are freely creative and imaginative. The culminating ceremony inside the Stone Circle at Stonehenge marks the changing seasons and connects personal, group and archaeological histories.

Walking has obvious physical benefits, but it is also a way for people to be with each other in open space that feels safe but expansive. We walk in all weathers, and at night, which is quite challenging between October and March. *Human Henge* is a kind of pilgrimage, with a series of smaller destinations leading to the Stone Circle around the Winter Solstice and Spring Equinox, and we walk with intent to that end. We conceptualise the benefits in terms

of space. Mental ill health cramps space - mental, social, physical, temporal and imaginative. *Human Henge* seems to happen in a liminal space where people can be themselves, separately and together; our research says that they value ‘being human’. One person said ‘I like the walking and talking and learning all at the same time rather than being ...an illness or a condition or a client or an end user...’

Another person commented: ‘From day one of the project there was an objective, a reason for being there. For others and myself it was not about mental health or treatment, although it is important, it was about learning and getting private time in the stones. None of us knew that we would be forced to sing or walk for miles but these were some of the best fun we had.’”

Laura Drysdale

Director

The Restoration Trust



Participants from the Restoration Trust's project *Human Henge* at Stonehenge.
Photo: Chris Hogg



The Clubhouse Project at Brooklands Museum, Weybridge. Photo: Brooklands Museum

Museums can also make creative use of small spaces where necessary. Thackray Medical Museum's *Raised Bed Trail* – six raised beds of medicinal herbs and plants, the legacy of an urban growing project carried out in 2016 – is linked to a longer walk through grounds of the local hospital. The walk aims to encourage staff, hospital users and museum visitors to enjoy exercise whilst learning about the plants on display.

As with the urban growing project above, many projects involve participants in a more active role in the creation of trails and gardens. At Brooklands Museum's *Clubhouse Project*, for instance, adults with learning and other disabilities work on site to develop a garden; in the *Gaffer's Garden* project run by Birmingham Museums Trust, adults with mental health difficulties are working to recreate a historic vegetable garden; and at the Whitworth Gallery in Manchester, the recently opened Art Garden is the setting for a horticultural wellbeing programme run in partnership with local mental health partners and charities. As noted in a recent Mind publication, such programmes have broad appeal and in particular 'have proved to be successful in overcoming the barriers to accessing wellbeing services that men experience'.⁸³ The Whitworth also recognises the potential of any garden, for all visitors, as a 'sanctuary' replete with 'waves of texture, colour and scent, which reveal themselves throughout the seasons'.⁸⁴

⁸³ Mind, 2013. *Feel better outside, feel better inside: Ecotherapy for mental wellbeing, resilience and recovery*. London: Mind, p.4. www.mind.org.uk/media/336359/Feel-better-outside-feel-better-inside-report.pdf

⁸⁴ www.whitworth.manchester.ac.uk/learn/outdoors/artgarden/



Visitors making herb bags at Kirklees Museums and Galleries' pop-up *Museum in a Tent*. Photo: Kirklees Museums and Galleries

Creative attitudes to wellbeing across the board

A normative view of wellbeing as a stable and natural feature of some individuals or groups and not others has been challenged on many counts. A lifespan orientation to wellbeing, as featured for instance in *Creative Health*, highlights that particular challenges to wellbeing arise at particular life stages, and that some of these life challenges will be familiar to many if not all. In addition, wellbeing is linked to community and structural factors rather than a strictly individual affair or personal responsibility, and merits collective attention to 'ways we can help each other to stay well';⁸⁵ it has been convincingly argued that it may be as important to think in terms of healthy societies as healthy individuals.⁸⁶ This broader extension of the concept of wellbeing fits with current more asset-based (that is to say, strengths-focused) and preventative approaches to public health.⁸⁷

Many museum health and wellbeing projects are now focused on factors – such as connected communities and intergenerational partnerships – conducive to wellbeing across the board. Rather than targeting specific audiences, they encourage more general reflection on the nature of collective and individual wellbeing. Mansfield Museum, for instance, stages an annual *Health and Wellbeing Festival*, working with over 55 organisations across a number of sites to run around 70 events including blood pressure testing, yoga, guided walks, nutrition talks, theatre performances, wheelchair basketball, storytelling and a walk-through inflatable colon. This annual event is complimented by a free monthly *Feel Good Friday* event aimed at adults and run in partnership with Mansfield District Leisure Trust, at which visitors can have a go at a variety of different activities such as short tennis, and seek advice on healthy lifestyles:

⁸⁵ Horniman Museum and Gardens, written communication via survey.

⁸⁶ See for instance Duff, C., 2014. *Assemblages of Health*. New York: Springer.

⁸⁷ For resources and an explanation of asset-based approaches, see www.nesta.org.uk/asset-based-approaches-health-and-wellbeing-context

CASE STUDY

Mansfield Museum – Health and Wellbeing Festival and Feel Good Fridays

“Mansfield District, like many areas, is facing numerous health challenges that have an impact on local services and dealing with this has become a major priority for Mansfield District Council. In recent years Mansfield Museum has programmed more events and activities that aim to improve the health and wellbeing of the local area; this fits in with council priorities but also means that there is a wide variety of activities on offer for our regular audience.

Over many years the Museum has succeeded in embedding itself into the heart of the local community. Through exhibitions and events it has developed links

to schools, local groups and businesses. It has built up a large group of visitors that engage with the Museum on a regular basis. The Museum is seen by its visitors as a friendly and safe place and welcomes everyone including those who might have challenging physical and mental health conditions. Because of this, programming and delivering health and wellbeing activity becomes an easy fit for the organisation. We are able to offer health and wellbeing activities to visitors in an environment that they feel comfortable and familiar with. An older couple who attend our Feel Good Friday sessions talked about how they didn't feel like they could go into a gym but were happy to come to the Museum to try out fitness.”

Jodie Henshaw,
Museum Development Officer,
Mansfield Museum



Visitors to a *Feel Good Fridays* event at Mansfield Museum.
Photo: Mansfield Museum

Along similar lines, the Horniman Museum and Gardens collaborates with community partners to co-design and run engaging and accessible wellbeing events for all as part of their public programming. These include art and craft activities and object handling sessions designed to promote awareness of positive mental health and wellbeing, to reduce stigma, and to stimulate reflection on the nature of wellbeing.⁸⁸ Birmingham Museums Trust run a twice-yearly one-day event, *Be Well at BMAG*, featuring a range of wellbeing activities for adults and children, and supporting local wellbeing organisations to reach new audiences through information stands, whilst Kirklees Museums and Galleries run interactive *Pop-Up Museum* events with a health and wellbeing focus in unexpected public spaces, connecting with Kirklees residents who don't normally visit their sites.

Museums are also increasingly sensitive to the ways that wellbeing can be ruptured by common life events such as new parenthood or bereavement. These experiences, although ubiquitous, can be tipping points at which health and wellbeing are critically undermined. Museums have potential here to intervene in ways that educate, increase resilience, and help to protect wellbeing. Recognising that that the long-term and ongoing challenges of loss are often overlooked, for example, the National Memorial Arboretum runs a monthly *Remembrance Project* group in which an art therapist works with a group of bereaved families. Responding to the challenges of new parenthood, meanwhile, Cambridge University Museums' *Creative Families* project offers adults and babies the opportunity to enjoy and make art together.⁸⁹



Indoor pop-up museum, Kirklees Museums and Galleries. Photo: Kirklees Museums and Galleries

88 www.horniman.ac.uk/index.php/visit/events/world-mental-health-day

89 www.museums.cam.ac.uk/blog/2017/03/29/creative-families-the-first-step/

CASE STUDY

Cambridge University Museum – Creative Families

“The Fitzwilliam Museum has a partnership with Romsey Mill Children’s Centre in Cambridge. A group of young parents who are receiving support from the Family Workers there had recently completed a Bronze Arts Award through the museum. Creative Families was an extension to this. Other young parents who had not taken the Bronze Arts Award were also given invitations by the Young Parents Worker.

New parents’ wellbeing needs are as diverse as any other group, of course, but we know that this can be a challenging time with lots of change. The pressures can be exacerbated for young parents who may find themselves facing challenges around training or employment (particularly for mothers who may need to interrupt their education while on maternity leave), housing, relationships, finances and health. Young parents can perceive that they are being unfairly judged by others, and they can feel under a lot of scrutiny as they navigate this new experience. We know that low self-esteem and poor mental health, relationship difficulties and domestic abuse are experienced disproportionately by young parents.

The museum offers an opportunity to move beyond the routine, the everyday and the expected, and to see ourselves and the babies in new and refreshing ways. Unlike our regular programme, there was no set route or activity plan for each of the sessions. Instead, the educators and parents were tasked with observing how the babies responded to different objects and experiences and thinking of ways to build on this. As a result, parents were attentive and sensitive to their babies’ responses to the different experiences, provocations and invitations to play that were on offer: we made sure that there was always a choice of ways to engage to encourage families to seek out the most appropriate for them and not feel under pressure to take part in a certain way. Parents were able to contribute

their own understandings and observations of their babies at home as well, and were treated as competent and knowledgeable rather than as vulnerable and needing support.

One of the mums expressed pride in making the effort to attend all the sessions, and another enjoyed the opportunity to make new friends (both for herself and her son). All the families valued the artwork they made together inspired by the experiences in the collection, and enjoyed having protected time to spend together in a shared experience.

Feedback included ‘Lovely group. Lovely people. Lovely museum. Thank you so much!’ from the parent of a one-year-old.”

Nicola Wallis, Museum Educator,
Fitzwilliam Museum



Participants in *Creative Families* at the Fitzwilliam Museum, Cambridge.
Photo: Fitzwilliam Museum

Opportunities for partnership in this area are growing as the NHS seeks to explore how perinatal mental health can be addressed through cultural partnerships and how the ‘creative health’ agenda might contribute to wellbeing in the early years.⁹⁰

There is also an emerging interest in the wellbeing of museum staff – a group whose wellbeing needs easily disappear under the radar in this context. As is the case in many sectors, economic challenges may result in cultures of low pay, isolation and excessive responsibility for employees, as well as well as a transient and insecure ‘creative precariat’ of freelancers.⁹¹ According to a Museums Association survey, 65% of respondents felt their workload had increased as a result of cuts, and 66% felt their pay was not commensurate with their responsibilities.⁹² Museum staff and freelancers, furthermore, sometimes work with vulnerable participants in the absence of adequate peer support, on-going training or supervision, thereby compromising their own wellbeing; and organisational conflicts about the wellbeing agenda itself may contribute to the stresses of the museum workplace. The importance of staff wellbeing is starting to be acknowledged, as evidenced in, for example, a February 2018 event on the topic run by the Alliance, the Museums and Participation Network and the Group for Education in Museums; and greater attention is being paid to staff wellbeing within individual organisations:

CASE STUDY

York Museums Trust – Reflecting on staff wellbeing

“The museum profession is infamous for short term contracts, low pay and having to move where jobs are available. These challenges do affect staff wellbeing and organisations should recognise this and provide incentives and extras in recompense. It doesn’t have to be pay rises or permanent contracts; initiatives that attempt to address the cost of living deficit like discounts and freebies would help. Without financial support, it is difficult to fully increase staff and volunteer wellbeing but a little will go a long way.

York Museums Trust looks after three museums in the city and has just over 100 members of staff and 300 volunteers that help care for and interpret a collection of 1.5 million objects. As Volunteers Coordinator my role is to ensure our volunteers have a great experience and help us to give visitors greater access to our collections. We also want people to benefit from their time here and we have created a wellbeing programme that gives them the opportunity to learn new skills and to meet others in the organisation. We have also opened this up to staff as there are not many opportunities for people to mix in an informal way. Activities include yoga, crafts, tours, outings and walks to get people talking, mixing and hopefully increasing their wellbeing. Currently this is done with no budget; people give up their time and share their skills to help others.”

Philip Newton, Volunteers Coordinator,
York Museums Trust

90 www.england.nhs.uk/mat-transformation/mat-pioneers

91 See for example Standing, G., 2009. *The precariat: the new dangerous class*. London: Bloomsbury.

92 www.museumsassociation.org/museums-journal/news/06052015-staff-stress

2

Good practice

Learning through experience

Since the publication of the *Preliminary Report*, the Alliance has had further opportunities to explore the views of heritage professionals concerning their health and wellbeing work in a variety of contexts. These have included group discussions, workshop activities and feedback from conferences, training sessions and a programme of research. In this feedback, some dominant themes emerge, highlighting the live issues facing the sector in creating and delivering effective, sustainable and skilful health and wellbeing interventions. In designing the most recent survey, the National Alliance set out to gain a deeper understanding of respondents' experiences and learning in these areas, by asking about challenges and opportunities experienced in relation to new audiences, partnerships, evaluation, organisational change and funding (see Appendix 1).

Developing relationships with new audiences

Respondents were asked for their advice about how to develop a project with a new audience. Four themes emerged strongly from their answers. These were flexibility, co-creation, training, and the importance of a long-term approach.

Answers repeatedly flagged up the importance of ‘flexibility’, ‘adaptability’ and ‘responsiveness’, not only at the planning stage of a project but throughout. Respondents underlined the importance of adapting to the needs and capabilities of the people with whom they worked, and of being prepared to change plans according to necessity, in response not only to participant feedback, but to changes in organisations and society more broadly.

This responsiveness to participant wishes is related to co-creation, another important theme in its own right. Co-creation was articulated as ‘asking audiences and involving them in decisions’, as ‘collaboration’, and as ‘service user involvement’ or ‘participant involvement’. The practical value of mutual understandings, shared motivations and common objectives – and the importance of acting upon what was communicated – were emphasised. Some respondents underlined, in addition, the value of participants as knowledgeable contributors with expertise of their own to share. Co-production was valued as a way of bringing new voices into the museum, whilst empowering participants.

Whilst the role of participants as teachers and informants was recognised, many respondents also underlined the importance of training from outside sources, and the advice offered can be summarised as follows:

Make sure staff are offered training so they are confident to welcome the audience you want to attract.

Harness the expertise of organisations already working with the audience you hope to engage, by establishing partnerships. These organisations are often happy to be involved in upskilling staff and volunteers.

Ensure where necessary that you have support from and avenues of communication with health care professionals.

Lastly, the importance of a long-term approach to developing projects was expressed again and again, at every level of project planning and delivery. Taking enough time to plan was seen as important pragmatically:

If events are to go well, there must be adequate time for planning.

A spacious approach will allow you to start small with a view to developing a project into something larger over a substantial time frame.

Time is required to try things out, and to spot opportunities as a project develops – it may evolve in unexpected directions.

A slow pace was also seen as crucial in the context of building relationships, in the following ways:

Time is important in order develop links and build trust in advance of a project – people need plenty of time to engage and commit, and will not necessarily be grateful or even receptive to what you have to offer initially.

Trust continues to develop during the life of a project, and this may be a ‘slow burn’ process.

Time needs to be factored in, throughout a project, for collaborative reflection and sharing.

This long-termism extended to reflection on the overall lifespan of projects. Respondents acknowledged that it was problematic when short-term projects raised participant expectations and then left them feeling stranded, and that it was therefore essential to consider the project’s legacy.

On the basis of these replies, this long-term approach can be seen as an emerging common philosophy of practice resulting from experience.

On a lighter but not inconsequential note, one respondent pointed out that very good biscuits are a key factor in the success of new work.

Successful working in partnership

Survey respondents were asked to share their advice on developing partnerships in their health and wellbeing work, and to share the challenges and opportunities met along the way. Whilst partnership was acknowledged to be essential to effective work, the current funding landscape presented a challenge at times, and a number of respondents had found it difficult to navigate or build partnerships with the health sector. Some had found that taking a bottom-up rather than top-down approach had paid dividends, and that once connections were made with staff and services at a grassroots level, it was easier to make things happen. Networking, word of mouth, lateral thinking and persistence were key.

People also emphasised the opportunities presented by the current situation, arising from the increasingly high visibility of mental health, the strengthening evidence base for culture and the arts in health, and the great number of underfunded third sector organisations and community groups seeking new ways to connect with other resources.

Many respondents reflected on the riches of working in partnership. Respondents saw a good collaboration as a mutually enriching relationship in which organisations benefitted from each other's expertise, community links and organisational networks. There was consensus that partnerships worked best when the needs of all parties were carefully considered and when there were clear objectives and agreements. Advice offered included the following:

Establish clear understandings about project objectives between all parties from the outset.

Develop consensus about roles and responsibilities.

Co-design a partnership agreement that can be referred to. This isn't a static document and will need to be regularly reviewed.

Structure in regular opportunities to reflect on joint practice – for instance end-of-session debriefs; and stay in communication where possible between sessions.

Use all possible opportunities for reciprocal training, and seek advice from partner organisations about how to make projects inclusive, accessible and enjoyable.

Collaborate with partners where possible in every area, including funding, delivery and evaluation.

Have clear agreements about exit strategies from the beginning.

Perhaps unsurprisingly, taking a long-term view also emerged here as a major theme. Respondents noted that choice of partner was crucial, and that it was important to take time to get this right, although it was also pointed out that excellent partnerships could develop from uncertain beginnings. In some cases respondents found it had taken several years to develop partnerships that had resulted in a year or two's joint work, but that the projects had been of high quality as a result. Importantly, some organisations underlined the importance of maintaining partnerships or keeping them warm between pieces of work, rather than abandoning them. Outreach visits or regular invitations to the museum were suggested as means of doing this. Many respondents represented time as something that could be harnessed to their advantage, rather than something in limited supply; once the long-term perspective required for successful partnership working was factored in, organisations were freed to make use of extended time frames to develop their work in a spacious and reflective way.



Dancing at the Fitzwilliam Museum, a co-produced programme exploring how moving improves wellbeing and helps us engage with art. Photo by KJ Martin, kandrphoto.com

Effective evaluation

Feedback from Alliance trainings suggests that evaluating health and wellbeing provision is an area of concern for many heritage professionals, and this is reflected in the answers to the survey question: 'What advice would you give about evaluation in this area, including challenges and opportunities?'

A list of the challenges experienced by respondents covers many of the familiar difficulties with evaluation and research methodologies in the social sciences, including:

- the varying communication needs and capacities of participants*
- participants' not infrequent dislike of forms and wellbeing measuring tools, potentially resulting in inadequate or inaccurate feedback about participant experience*
- participants' inhibitions about expressing their opinions freely*
- participants' wishes to offer a pleasing answer to evaluators*
- the problem of creating 'hard evidence' from soft measures*
- the difficulty of defining wellbeing, making gains in wellbeing difficult to capture, even with validated and reliable quantitative tools such as the Warwick and Edinburgh Mental Wellbeing Scale*
- the challenge of building in evaluation from the start of a programme, to provide a longitudinal dimension*
- the inadequacy, for research purposes, of numerical data gathered from very small numbers of participants*

There was, however, a spirit of pragmatism when the multiple purposes of evaluation were acknowledged. Respondents noted that evaluation could serve:

- to develop practice*
- to influence*
- to offer to senior managers and funders*
- to ensure the delivery of programming that is meaningful and enjoyable*
- to help understand markets, strengths and weaknesses, and to ensure an element of quality control*
- to permit mapping against national policies and drivers to document the impact organisations are having in terms of the national agenda*

- to gain advocates and backing from stakeholders at all levels*
- to lobby potential funders*
- to understand the longer term value of a health and wellbeing programme and to improve it*
- to learn from the process of projects*
- to make a contribution to academic knowledge through formal research*

Given this huge diversity of purposes potentially served by evaluation, there was recognition that 'one size does not fit all'. In many cases, evaluation was necessary in order to make a reasonable case (to funders, management or partners) that the objectives of a programme were being met, and in such cases a straightforward strategy was to establish the desired outcomes of a project, and then to find ways of evidencing the extent to which they were achieved.

The respondents most experienced with evaluation reported flexible use of a range of methods in parallel, noting that an evaluation based on several types of information gathering was more robust than one using a single method. The approaches used were not necessarily complex. Amongst those mentioned were:

- records of attendance*
- formal focus groups*
- informal conversation*
- recordings (with consent)*
- photos (with consent)*
- using artworks*
- observations made by facilitators, staff or partners, ideally written up in brief notes after sessions*
- simple surveys, questionnaires or feedback forms*
- simple wellbeing scales*
- sticky notes, or feedback added to flipcharts or table cloths*
- participant quotes, recorded with participant consent by facilitators or participants themselves*
- participants' informal retrospective assessments of impact*

One respondent noted that a simple thematic analysis of a questionnaire can produce surprisingly rich and nuanced information about impact – in this case about how positive anticipation and preparation for a forthcoming group could transform a lonely weekend.

A number of organisations advocated the use of external evaluators, but this was generally only realistic where projects had funders who were paying for this, or where museums worked in partnership with organisations with their own evaluation strategies in place. Whilst evaluation was most often carried out for the purpose of evidencing effective and reflective practice to facilitators, management, partners and funders, a number of organisations were working in partnership with academic institutions and participating in research intended to make a contribution to disciplinary knowledge and an evidence base. This was not necessarily straightforward, potentially involving challenges such as obtaining clearance for ethics proposals, or conflicts of interest about the most appropriate strategies for gathering data. For a number of respondents, however, this was a successful strategy that harnessed the substantial research expertise of an academic partner to produce findings with a broader relevance, whilst benefiting the museum.

Creating organisational change

Health and wellbeing provision in museums, as an arguably recent form of activity closely connected with broader changes in the funding landscape and structure of health services, both drives and depends upon organisational change. The Alliance survey asked respondents: ‘What advice would you give about organisational change connected to this work, including challenges and opportunities?’ It was evident from responses that some of those who replied were working in organisations committed from top down and at every level to a health and wellbeing agenda, whilst others felt themselves to be working in a vacuum, in opposition to organisational pressures, or exerting a bottom-up influence.



A *Relax with Paintings* session at the National Gallery for the City Lit Mental Wealth Festival 2017.
Photo: Christina Bradstreet

Where a health and wellbeing philosophy was organisationally embedded, respondents reported that there were clear links to the organisation's top-level aims and values, that a variety of departments and work streams were collaborating in an integrated way, and that the ethos was reflected in training and recruitment at every level, as well as in capital investment and long-term strategic thinking. A common tactic for organisations moving in this direction was to rethink health and wellbeing provision in terms of a core offer, rather than as something peripheral and project-based. This often entailed a clear articulation of the relevance of health and wellbeing to objectives already established in the sector, such as education, inclusion and community cohesion.

The advice given highlights the benefits of a collaborative, cross-organisational approach, where health and wellbeing are not the province of an isolated team or lone member of staff. Respondents suggested:

involving public engagement, collections and visitor teams in health and wellbeing provision
extending training so that even those working externally to the organisation, such as caterers, cleaners and security, are aware of visitors' needs
encouraging other staff to get involved with activities themselves, in order to properly appreciate their value or impact

In other organisations, survey respondents were working to exert influence at a higher level, and the main strategy advocated was sharing the work. Respondents suggested:



finding opportunities for sharing quotes, images and evaluation and case studies with the wider organisation

starting small, talking about successes, and being persistent

advocating through to visitor services level as well as upwards

Respondents acknowledged that there could be no certainty that such work would be a source of profit for organisations (although on occasion it might bring in new funding, for instance from the health sector). It was nonetheless possible to argue for its worth to the organisation in terms of, for instance, promotion of the museum to new and established audiences, increased volunteer capacity, and staff training that improved customer service.

Lastly, it was pointed out that these organisational changes and resistances created new pressures for museum professionals, perhaps particularly those involved in health and wellbeing programmes, and that there is a need, as pointed out above, to better support the health and wellbeing of staff in this sector.

Strategies for funding health and wellbeing provision

The survey respondents least anxious about funding were those working in institutions where health and wellbeing provision had the status of a core activity, for instance when understood as relevant to an organisation's education strategy. Those reliant on some external funding for their health and wellbeing work were divided about the current funding landscape. Social prescribing schemes were seen as a possible solution, although a number of respondents had tried and failed to attract the interest of commissioners; those who had succeeded had been able to draw upon robust evaluations of their work. There was, however, a surprising amount of optimism expressed by those finding funding from other sources. Respondents who were making the system work shared an entrepreneurial spirit, accessed multiple sources of funding, and were stoic and pragmatic about the labour involved. Sources of funding suggested included:

micro-grants from community organisations
education funding

research funding

commercial sponsors (Co Op, local businesses)

charitable trusts

individual donors (even if small amounts, for instance for a single memory suitcase)

charging for some public events in order to fund other work

low-cost self-funding

'pooled' funding, where partners are involved

Factors conducive to success included a long-term approach to building relationships with potential funders; careful attention to local need, participants' needs, and a good fit between project and funder's requirements; and a designated member of staff experienced in putting together funding applications. A number of respondents also pointed out that successful health and wellbeing projects can potentially be run at low cost.

An important issue raised by many, including those who were successfully finding funding, was the impact of a short-term, project-based approach on vulnerable participants. Respondents pointed out that withdrawal of an intervention experienced as supportive could be deleterious to health and wellbeing, and that in many cases there was nothing equivalent to which participants could be signposted. The issue of the sustainability and legacy of health and wellbeing work in the heritage sector, and in arts for health more generally, will require ongoing reflection.



Painting remembrance stones in the sunshine as part of the *Remembrance Project* at the National Memorial Arboretum. Photo: Paula Kovacs



Conclusions Summary

This report has extended the earlier sector mapping activities of the Alliance, as documented in the *Preliminary Report*. Part 1 of the present report provided an overview of the shifting cultural and health service context in which health and wellbeing work in the heritage sector is evolving, and provided a variety of examples and case studies demonstrating the potential that museums and galleries have in this area. Part 2 used data from a new survey to report on how innovative and effective practice is developing in response to the opportunities and challenges of the current situation.

As this report has demonstrated, museums and galleries both influence and are obliged to respond to a broader social, policy and economic context. Whilst they face a multitude of challenges resulting from economic austerity, demographic changes, entrenched health inequalities, and a restructured and embattled health service, this is also a landscape of opportunity that, for the moment, offers particularly fertile terrain for innovation and structural change. Since our last report, the relationship between culture and health has achieved new visibility through the activities of the All Party Parliamentary Group for Arts, Health and Wellbeing. Alongside this development, social prescribing is increasingly envisaged as an effective and economically viable response to psychosocial difficulties not best addressed in primary care. The heritage sector provides sympathetic terrain for emerging asset-based cultures of co-creation, community building and green wellbeing. Our survey data, as reflected in the Part 1 case studies, demonstrates that museums are ideally placed to be key players in supporting

health and wellbeing for individuals and communities, through a common and robust set of commitments to community, inclusivity, creativity, lifelong learning and partnership, as well as extraordinary resources in the form of people, spaces and material culture. Health and wellbeing are increasingly understood as tied up with, and not separate from, learning, creativity and connectedness, and thus part of what museums have always offered to their communities, even if not articulated in these terms. As demonstrated in Part 2, in reframing part of what heritage organisations offer from the alternative perspective of health and wellbeing, museums and museum professionals demonstrate a high level of reflexivity and ethical concern, resulting in a culture of knowledge sharing and good practice which will support this work in its future development.

Visitors to the Folk Art Collection,
Compton Verney Art Gallery and Park.
© Compton Verney Art Gallery and Park



Museums as spaces for health and wellbeing: the future

On the basis of these findings, it might be said that the culture of heritage, health and wellbeing has arrived at a distinctive juncture of opportunity. This results from a confluence of factors including an emergent culture of organisational support and excellent practice in museums; the new visibility of culture and health on the policy-making stage; and a health service committed to redressing health inequalities and urgently in need of new approaches to psychosocial problems. This report has also highlighted some of the obstacles that stand in the way of growth. These include:

- ethically important issues of legacy and sustainability
- the lack of established models through which social prescribing might be rolled out
- the challenges of project evaluation
- the slow rate of organisational change on which progress depends
- the low visibility of health and wellbeing in museums, even where embedded organisationally

Some possible routes forward also emerge from the material in this report. With reference to legacy and sustainability, museums that have made health and wellbeing central to their offer find themselves increasingly able to sustain this work with core funding. In moving in this direction, health and wellbeing can potentially be argued for as inseparable from the business of learning from, belonging to and participating in culture. Recent work in health sociology and cultural geography, referenced in this report, provides valuable resources in framing these arguments.

Concerning the need for workable structures for social prescribing, it seems likely that these are evolving, albeit in a piecemeal way. Museums can potentially play a key role in piloting frameworks through which people can be signposted to the cultural and community resources they require. There is need for innovative models of access, as well as innovative models of practice, and responses from the survey demonstrate a high level of creativity and ambition in developing both.



Family carers receive support at *House of Memories* dementia awareness workshop at the Museum of Liverpool. © Gareth Jones



Our ambition is to establish a creative model of scalable cross-sector training and development through a UK-wide House of Memories programme and National Care Academy, which strongly promotes the social value of culture and museums. This will offer new learning and educational development, bringing together people from different cultures, ages and backgrounds to share memories and to discover new ways to connect with shared histories, presents and futures.



Carol Rogers, Executive Director, Education and Visitors, National Museums Liverpool

Where innovation takes place, it merits dissemination, which leads to the issue of evaluation. For historical reasons connected to the development of an evidence base, the requirements of advocacy, research and evaluation have sometimes been blurred in the world of culture, arts and health.⁹³ With the publication of *Creative Health*, it is now reasonable to assert that there exists a plausible evidence base, grounded in carefully designed academic research, for the benefits of cultural participation. For those interested in undertaking formal research, *Creative Health* (p.156) contains valuable recommendations concerning Research Councils funding, an interdisciplinary approach and a focus on gaps in the evidence base. Evaluation at project level is not required to provide further evidence of this kind; it is, however, invaluable both when it comes to seeing what works at piloting stage, and in order to confirm that projects are ethically designed, effectively run and plausibly beneficial to participants. As noted above, complex protocols are unnecessary to carry out this type of evaluation; nor is there necessarily need for a standard format, although this may be essential for larger-scale research. Effective evaluations can be based on simple information, ideally gathered in a variety of ways. Survey responses suggested that successful partnership building with health commissioners depended on the existence of this kind of robust documentation. Thought about in these terms, evaluation is a form of curiosity, something in which museums excel.



Museums and galleries are uniquely placed to meet the growing health and wellbeing needs of more fulfilled lives. We have rich and diverse resources and facilities to support visitors to develop a sense of creativity, purpose and connectedness. At YSP we have a unique combination of world class art, outstanding nature and historic landscape, all of which are proven factors in benefitting health and wellbeing – and we are really curious about how these elements interact, and how we can work with this to produce wellbeing experiences, resources and events.



*Rachel Massey,
Art and Wellbeing Coordinator,
Yorkshire Sculpture Park*

As concerns organisational change and the relatively low visibility of health and wellbeing in museums and galleries, sector support organisations such as the Alliance are likely to continue to play an important role in creating a unified culture in which good practice, critical reflection and creative thinking are shared. In order to continue their support to the sector under a single umbrella, in spring 2018 the National Alliance for Museums, Health and Wellbeing and the National Alliance for Arts Health and Wellbeing will be joining to become the Culture, Health and Wellbeing Alliance.

For more information please visit
www.culturehealthandwellbeing.org.uk

93 See for example Belfiore, E. and Bennett, O., 2010. Beyond the 'toolkit approach': arts impact evaluation research and the realities of cultural policy making. *Journal for Cultural Research*, 14(2), pp.121–42.



A Talk and Draw session
at the National Gallery.
Photograph: Christina Bradstreet.



There is a lot of wellbeing work going on and a lot of acknowledgement of the role of art and culture in health and wellbeing, but provision occupies small islands of good practice rather than one visible movement. Due to our strategic objective to embed wellbeing, it is well established across our programmes. However, one unfortunate setback of this is that it can be relatively hidden. Our future aspiration is to be more visible.



Gill Hart, Head of Education, National Gallery

Top tips



1

Work in partnership

Effective partnerships multiply expertise, resources and networks. Make sure assumptions and objectives are shared through dialogue and recorded in written agreements that are regularly reviewed.



2

Embed health and wellbeing organisationally

Where wellbeing is understood as a core part of an organisation's mission, a health and wellbeing offer is easier to develop and maintain.



3

Consider sustainability carefully

Museums and galleries have a duty of care towards vulnerable audiences, and an ethical responsibility to develop new programmes or projects with due thought to the long-term needs of and consequences for participants.



4

Respond to local needs

Heritage organisations have a vital role in place making, and can use consultation, piloting and documents like JSNAs (Joint Strategic Needs Assessments) to clarify where their energy is best invested in order to make a difference to their communities.



Take an asset-based approach

The multiple assets of museums include staff, partners, visitors, expertise, location and indoor and outdoor spaces as well as collections.



Document your work

Documentation and evaluation are key to reflective practice, and essential for making a case for your work to funders, managers, colleagues, partners and participants.



Give yourself time

Take all the time necessary to build strong relationships with funders, partners and participants, and factor this in from the start.



Shout about it!

Good practice and organisational change come about through sharing the work, within, beyond and between heritage organisations.

Appendix 1

Survey questionnaire

National Alliance for
Museums, Health and
Wellbeing Survey –
Closing date 16 October 2017

QUESTION 1

Name:
Job Title:
Organisation:
Address:
Email:
Phone number:

QUESTION 2

Would you like to receive a copy of the report that will be published in Spring 2018?

QUESTION 3

If your organisation is running health- or wellbeing-related programmes or activities, please enter details separately for up to five current or recent projects:

Title:
Target audience:
Short description:
Web links:
Project partners:
Funding:
Evaluation methods:
Length of project:
Sustainability/legacy:

QUESTION 4

What advice would you give about working with particular audiences in the projects above, including challenges and opportunities?

QUESTION 5

What advice would you give about developing partnerships in this work, including challenges and opportunities?

QUESTION 6

What advice would you give about evaluation in this area, including challenges and opportunities?

QUESTION 7

What advice would you give about organisational change connected to this work, including challenges and opportunities?

QUESTION 8

What advice would you give about funding health and wellbeing activities, including challenges and opportunities?

QUESTION 9

Are there other aspirations or live issues you would like to share in relation to health and wellbeing projects, either within your organisation or in the museum sector more generally?

QUESTION 10

If you have photographs of your current or recent health and wellbeing projects that you would like featured in the second National Alliance for Museums Health and Wellbeing Report, to be published in early 2018, please indicate below.

Many thanks for your participation!

An *Art and Social* event at Yorkshire Sculpture Park.
Photo: David Lindsay





National Alliance
for Museums,
Health & Wellbeing



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