

## Evidence briefing

# Social prescribing: arts, heritage, and culture

## Introduction

This briefing helps set out what the evidence currently tells us about arts, heritage, culture and health and wellbeing.

It summarises the key findings from a rapid evidence review, commissioned by NHSE, and delivered by NASP's academic collaborative.

The methodology for the rapid evidence review, a thematic overview of the results, discussion of the reliability of the data, and future recommendations can all be found in more detail [here](#), alongside other rapid evidence reviews completed in this [series](#).

## Headlines from the rapid evidence review

Evidence confirms that:

Taking part in art, nature, exercise, music, creative, expressive, social, or philosophical activities including through social prescribing, can lead to a wide range of benefits such as:

- Increased social interaction, adoption of healthy behaviours, promotion of physical movement and activity, improved emotional, cognitive, and sensory processing, and decreased stress.<sup>[1-4]</sup>
- Preventing and treating the long-term conditions that are creating pressure on the healthcare system.<sup>[1]</sup>
- Improvements in outcomes such as employment and skills, economic development, pride in the local area, and social cohesion.<sup>[1]</sup>

The UK is considered to be a leader in arts-based social prescribing, having been implementing community referrals since the mid-90s.<sup>[1-3, 24]</sup>

Collaboration with the wider local community infrastructure is important for the success of social prescribing models.<sup>[9]</sup>

The evidence supports the role of arts, heritage and culture activities in strategies to support health and wellbeing, including through social prescribing, and specifically for supporting people living with long term conditions and those likely to be experiencing health inequalities.<sup>[9,10,26,27,32,35,44,47]</sup>

## What the evidence tells us about taking part in arts, heritage, and cultural activities and our health & wellbeing

- **Evidence is consistent in showing a positive relationship and impact:** There is now a large body of research that consistently shows a positive link between better health and wellbeing and time spent taking part in art, nature, exercise, music, creative, expressive, social or philosophical activities.<sup>[1,3]</sup>
  - This evidence also shows that these activities can facilitate good health and wellbeing for those with long term physiological or psychological conditions.<sup>[9,10,26,27,32,35,44,47]</sup>
- **There are likely to be many pathways to impact:** How the relationship between ‘arts, culture and heritage’, and ‘health and wellbeing works’ is unclear. However, taking part in these types of activities can involve us being moved emotionally by art, using our imagination, stimulating our brain and senses, having social interaction, and being physically active . In turn, these can lead to improved psychological (e.g., coping and emotional strategies,) decreased stress, and a reduction in social isolation and loneliness. Evidence also suggests that these can also lead to adopting healthy behaviour and developing skills.
- **These activities can be useful in treating and preventing long-term conditions:** Research suggests that approaches that focus on health and wellbeing (rather than causes of disease) are helpful for treating and preventing long term conditions, can take pressure off of socialised healthcare systems, and can help to increase ability to recover quickly from, or adapt to difficult circumstances, and wellbeing in both individuals and communities.<sup>[1,5]</sup>

## What the evidence tells us about taking part in arts, heritage, and culture activities through social prescribing

- **Arts and heritage on prescription models can be beneficial for physical and psychological health.**<sup>[8,11,13-15,18,19,21,25,38]</sup>
- **The success of these models seems to rely on wider community infrastructure such as arts and heritage buildings and local charities to**

**partner with, and to be used well.**<sup>[9]</sup> People living in areas that are rich in these local assets and organisations experience lower rates of mental ill-health, such as anxiety and depression, and lower rates of physical ill-health, such as obesity, chronic pain, and diabetes.<sup>[3]</sup> In contrast, negative health outcomes are closely related to lack of these assets in towns.<sup>[3]</sup>

- **Collaboration is important**, with cultural institutions (such as museums and libraries) being generally positive about collaborating with others and with the health sector, and which enables smooth running of social prescription services.<sup>[13]</sup>
- **The demand is increasing:** As a result of the COVID-19 pandemic there has been a large increase in the general appetite for home and community based arts and culture related activity.<sup>[32]</sup>
- **The UK is considered to be a leader in ‘Arts on Prescription’ social prescribing.** One review<sup>[24]</sup> outlines the state of social prescribing within Europe, and although Sweden appears to be ahead in arts on prescription services having implemented social prescribing services into local infrastructure, it is widely considered that the UK is able to provide more longer term and in depth analysis of the service implications of social prescribing having been implementing community referrals since the mid-1990s.<sup>[1-3, 24]</sup>

## What the evidence tells us about the role of arts, heritage and culture activities in improving health & wellbeing among populations likely to be experiencing health inequalities

The majority of the research summarised in this section reports findings from arts on prescription, or social prescribing pathways. More research is needed to better understand how these can reduce health inequalities among disadvantaged or marginalised communities.<sup>[39,44,47]</sup> However, the evidence available suggests that patients tend to value arts, culture and heritage and understand their benefits.<sup>[35]</sup> There is still a lack of representation in the evidence from audiences likely to be experiencing inequalities, due to access restrictions or other barriers outlined in this review. Greater outreach initiatives would support engagement with a wider range of audiences.

- **Mental health service users:** alongside talking therapy and a range of holistic interventions, the arts can help individuals with mental ill-health connect, be active, notice and be mindful, which have in turn been linked to improved wellbeing.<sup>[16,39,34]</sup>
  - In one study, 46 mental health service users participated in a museums on prescriptions scheme which included gardening, art making and interaction with museum collections<sup>[34]</sup> After a 10-week programme, those taking part reported improved self-esteem,

decreased social isolation alongside the formation of a community around the activity.

- Another study<sup>[16]</sup> reported reduced psychological stressors and the therapeutic qualities of museums on prescription.
- **Migrants:** Less research has been done looking at migrant groups (including refugees, asylum seekers and economic migrants). A systematic review<sup>[32]</sup> reported that overall the research on this topic was of low quality. However, where researchers had looked at how well this works, social prescribing was reported to improve self-esteem, confidence, empowerment, and social connectivity.
- **Underserved populations:** those who live in deprived areas with less access to community resources, or from low socioeconomic backgrounds, experience unequal access to social prescribing services.<sup>[11,35]</sup> This is in line with the findings in NASP's rapid evidence review on [who is, and isn't, accessing social prescribing](#). There are a complex set of barriers to taking part - such as lack of public transport links or childcare; less willingness to take part in arts on prescription activities; and gaps in financial and legal aspects of social prescribing (e.g., help with housing, benefits and legal or other welfare issues). <sup>[9,10,26,27,32,35,44,47]</sup>
- **Lonely, socially isolated individuals:** Loneliness and social isolation can negatively affect physical and psychological health. Arts, heritage, and culture based social prescription can improve feelings of connection and belonging to a community, particularly when social prescriptions work alongside community organisations such as local museums, cafes, libraries, community charities, befriending services and heritage sites. Such activities can reduce social isolation, as well as lead to improvements in health-related behaviours.<sup>[34,39,40,48-52]</sup>

**Older adults with cognitive decline (for example problems with memory, reasoning, and language):** Arts on prescription, culture and art projects, museums on prescription and social prescribing were reported to have a positive impact on subjective wellbeing in older adults.<sup>[8,10,43]</sup> Two studies<sup>[26]</sup><sup>[43]</sup> reported that arts on prescription and social prescribing had the potential to slow down cognitive decline. One study showed that visiting museums, galleries, and the theatre has a relationship with a lower risk of developing dementia in older age.<sup>[26]</sup> This was not affected other health and social factors. This was also dependent on how the service is implemented and designed.<sup>[8,16]</sup>

## What the evidence tells us about barriers to, and enablers of, social prescribing pathways

In general, the evidence for arts, heritage and cultural social prescribing activities echoes findings from studies of other types of social prescribing services. For example, effectiveness appears to rely on:

- involvement of stakeholders including community organisations and service users in the co-production of social prescribing services.<sup>[35,36]</sup>
- holistic' behaviour change strategies alongside measures to encourage active participation by health sector staff and service providers <sup>[30]</sup>
- building partnerships with local community assets such as museums, cafes, libraries, galleries, theatres etc.

## How reliable is this evidence?

The evidence base for social prescribing is relatively new and emerging. It also varies in terms of how well it was designed, and how well factors such as participation, or changes in health and wellbeing were measured. The quality of the studies included in this review was checked using a standard methodology, involving an assessment of how well the studies were carried out according to agreed standards.

Individual studies included in each of the systematic reviews considered also had some limitations, so data may not always be applicable to the wider population.

## Evidence informed implications for social prescribing planning, delivery and research

There is an abundance of evidence that supports the role of arts, heritage and culture activities in supporting health and wellbeing. There is also evidence to support the benefits of these activities as part of social prescribing, and specifically for supporting people living with long term conditions and those likely to be experiencing health inequalities.

However, there is a need for more reliable data from community organisations. Development of better evaluation tools would enable third sector organisations to understand and report the impact of their initiatives more accurately.

Co-design and co-production consistently appear within the literature as effective ways of implementing arts, heritage and culture programmes within primary care and social prescribing. Effective partnerships with stakeholders and community organisations alongside 'buy in' by frontline workers may enable organisational behaviour change. This should sit alongside partnerships with community assets such as museums, cafes, libraries, galleries, theatres etc.

Patients tend to value arts, culture and heritage and are knowledgeable of their benefits [35]. But since there is still a lack of representation from audiences likely to be experiencing health inequalities, due to access restrictions and other barriers, greater outreach initiatives would benefit these wider audiences.

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