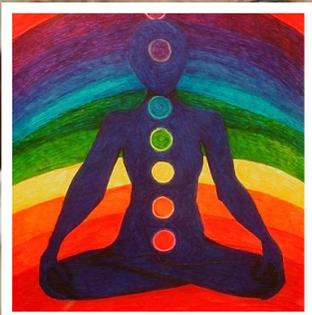


# The role of Culture and Sport in supporting adult social care to deliver better outcomes





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# Foreword

The good news is that people are living longer and rightly expecting to maintain their independence and quality of life for as long as possible, knowing that should they require access to more intensive care in their later years then suitable high quality provision will be available. Many older people will maintain their health and well being into their later years whilst others may face challenges with respect to social isolation, increasing physical frailty, declining mental health and their ability to access services and programmes.

The coalition government has created significant policy and financial shifts affecting the delivery of all public services. Whilst resources are reducing, the many challenges facing communities and individuals remain the same, thus creating more opportunities for culture and sport to work collaboratively with adult social care to address these challenges more effectively and efficiently.

This document is primarily aimed at providers of culture and sport services in councils and their partners and is designed to enable them to better understand and engage with the social care sector. It will also assist them to better contribute to improving the outcomes of older and vulnerable people by engaging with the right partnerships, engaging with strategic commissioning processes and being able to better evidence the contribution the sector can make.

However, it is also intended to introduce adult social care providers, particularly commissioners, to the opportunities and benefits of the culture and sport sector so they can develop better relationships with them.

Although the guidance is primarily focused on the English legislative and policy context the issues and approaches are equally relevant and can be extrapolated to the situation in Wales, Scotland and Northern Ireland.

The expectation of reduced public expenditure will create further challenges and opportunities to resource preventative services. There will be a continuing need to efficiently resource new and innovative ways of providing joined up services that deliver better outcomes for the individual.

Culture and sport has the unique ability to make older peoples lives better by helping deliver the 'Five a Day' ingredients of a healthy, productive and fulfilling life.

The drive towards strategic and outcome based commissioning provides new opportunities for culture and sport to be actively procured to deliver specific programmes of activity in support of these outcomes. However, commissioners need to be aware of the culture and sport opportunities and culture and sport providers need to be better engaged and sufficiently equipped for the commissioning process.

The government has set a target to roll out self-directed support, where the individual is provided with a personal budget to spend as they choose, conditional upon it supporting the achievement of agreed outcomes, to every area by April 2013. This offers older and disabled people an opportunity to access a wider range of services to improve their own lives. There is no reason why personal budgets cannot be used to access for example sport and physical activity, music lessons and local history classes to enable people to get out, remain active and socialise with others. Furthermore, culture and sport can also play an important role in supporting carers.

The Health and Social Care Act will see the abolition of Primary Care Trusts and Strategic Health Authorities, with healthcare funds transferred to Clinical Commissioning Groups to oversee. Alongside the transfer of the Public Health function to councils, these changes provide an opportunity to raise the profile of preventative services and demonstrate how culture and sport can play a greater role in contributing to people's increasing independence.

We hope the document provides a mandate for shared action for the future that leads to better outcomes for older and vulnerable people.

**Iain Varah**  
**Chair of the National Culture Forum**

**Richard Hunt**  
**Chair of the Chief Culture and Leisure Officers Association.**

**Dawn Warwick**  
**Co-chair ADASS Older Peoples Network**



# Why should culture and sport engage with adult social care providers?

## Purpose of the document

This document is aimed at providers of culture and sport services in councils and their partners. It is designed to help them to:

- understand and engage more effectively with the social care sector in their local communities and councils by understanding the context in which providers of social care currently operate and;
- contribute to the improvement of the outcomes of older and vulnerable people by engaging with the right partnerships, engaging with strategic commissioning processes and being able to show more convincingly the contribution the sector can make.

The document is also intended to:

- introduce adult social care commissioners to the opportunities and benefits of understanding the cultural and sport sector so they can develop better relationships within it.

## The vision for adult social care

The current financial context and reductions in public expenditure present a challenge to adult social care as does increasing demand both in terms of demography and in expectations about the quality of care which people receive.

Continued reform is necessary as is creativity in developing new models for the commissioning and delivery of preventative services, care and support. The focus is on avoiding duplication and improving outcomes for people in both universal and targeted services. The former includes promoting health and wellbeing for all, avoiding hospital admissions, the provision of good information and advice and the availability of a range of good quality local service

provision. The latter includes more focused services such as re-ablement and care.

The good news is that people are living longer and rightly expecting to maintain their independence and quality of life for as long as possible, knowing that should they need more intensive care in their later years then suitable high quality provision will be available. Many older people will maintain their health and wellbeing into their later years. Others may face the challenges of social isolation, increasing physical frailty, declining mental health and their ability to access services and programmes.

### Remember

- **One in four people born today will live to 100 years of age**
- **By 2026 there will be 1.7 million more adults who need care and support**
- **Currently there are 4 people under 65 for every person aged over 65 – but by 2029 there will be 3 people under 65 for every person aged over 65**
- **While life expectancy is increasing, healthy life expectancy is not increasing at the same rate – people are spending a longer time living with conditions that seriously reduce their quality of life, such as arthritis, the effects of a stroke or dementia.**

## Helping older people live independently

Adult social care continues to respond to the major challenges which must be met if services are to be delivered in the future that meet both the expectation of the individual and the quality the profession wants to provide. Councils are transforming the social care they provide to adults, placing the person at the centre and promote choice and control.



Underpinning this is a focus on trying to support people to maintain their independence and quality of life while encouraging preventive services that promote wellbeing and reduce or delay the need for intensive health or social care. Similar objectives have been set in Wales and Scotland. This ambition can only be delivered by working in partnership and joining up different services and it is anticipated that this will be a central theme for many of the Joint Health and Wellbeing Strategies that Councils are charged to have in place by the end of the 2012/2013 financial year. The national evaluation of partnerships for older people projects has clearly shown the benefits of such an approach.

### Investing in prevention

As the pressure on public finances grows the ability to invest in the preventative agenda will become more challenging. Supporting older people to remain independent and outside other more intensive health and care services will increase the demand on culture and sport to target activity at this growing sector of the population. The financial cost-benefit case is becoming easier to make and understand.

“Some of these services (culture and sport) bring potential savings for the taxpayer as well as benefits to participants. In particular there is evidence that exercise classes such as Tai Chi can prevent falls amongst older people, resulting in significant improvements in quality of life and reduced spending on healthcare. On average a fall resulting in a hip fracture costs around £20,000 to the taxpayer – and evidence suggests that 15 weeks of balance classes reduces the likelihood of a participant falling by around 50 per cent. Our illustrative example suggests that each £1 spent on balance classes by the taxpayer in LinkAge Plus areas could yield health and social care saving of £1.35 plus benefits to the individual of around £0.90 from improved longevity and quality of life.”

[The business case for LinkAge Plus](#)  
Peter Watt and Ian Blair for Department of Works & Pensions, 2009.

In the context of significantly declining resources there will inevitably be an even greater focus on efficiency and finding new and innovative ways of providing services that deliver these better outcomes. Culture and sport have the unique ability to make older people’s lives better. There are many examples of this, from participation in physical and social activity to the use of music to help people with dementia to the impetus to go online to research family history records given by the popular television programme ‘Who do you think you are’

But it is in terms of the preventative agenda that culture and sport can make the biggest difference. Keeping people active and engaged in their communities as they get older will lead to a better quality of life later in life and significant savings in social care and health budgets.

Significant research is emerging as to the financial and non-financial impact of health improvement activity and the need for greater focus on the financial impact of health improvement activity on local government services. It also shows that there are a number of areas where local authorities could expect to make efficiency savings including older people’s health and independence, workforce health and climate change and sustainability.

### 5 a day for a more productive and fulfilling life

The Foresight Report<sup>1</sup>, an analysis by a panel of 400 scientists, concluded that five simple steps incorporated into daily life can fortify mental health and this can contribute to a more productive and fulfilling life.

They identified ‘5 Steps to Happiness’

**Connect:** Developing relationships with family, friends, colleagues and neighbours will enrich your life and bring you support

**Be active:** Sports, hobbies such as gardening or dancing, or just a daily stroll will make you feel good and maintain mobility and fitness

<sup>1</sup> Foresight Report: [Mental Capital and Wellbeing](#)



**Be curious:** noting the beauty of everyday moments as well as the unusual and reflecting on them helps you to appreciate what matters to you

**Learn:** Fixing a bike, learning an instrument or a language – the challenge and satisfaction brings fun and confidence

**Give:** Helping friends and strangers links your happiness to a wider community and is very rewarding

The Learning Revolution movement has already adopted these five principles and in participating in the scheme over 3,000 museums, libraries and archive services have pledged their support to the concept.

Strategic and outcome-based commissioning also provides new opportunities for culture and sport providers to be actively procured to deliver specific programmes of activity. But recent research suggests that commissioners may not be aware enough of culture and sport opportunities and providers may not be engaged and equipped for the commissioning process. This is particularly true of the many civil society providers of culture and sport. If so, an opportunity is being missed.

The drive towards self directed support (where the individual is provided with their own budget to spend as they choose conditional upon it supporting the achievement of agreed outcomes) also offers opportunity for people to access a wider range of services to improve their own lives. There is no reason why personal budgets identified to meet an outcome, for example, 'to reduce social isolation' cannot be used to pay for sport and physical activity sessions, music lessons or local history classes to help people get out, remain active and socialise.

**Culture and sport can help deliver the 'Five a Day' ingredients of a healthy, productive and fulfilling life:-**

**Connect** by helping people develop relationships with family, friends, colleagues and neighbours that will enrich their life and bring support

**Be active** by creating opportunities through sport, dancing, or just a daily walk to make them feel good and maintain mobility and fitness

**Be curious** by engaging people in activities and events that enable them to experience the positive everyday moments as well as the unusual and in reflecting on them help them to appreciate what matters to them

**Learn** by engaging people in reading, playing an instrument or being creative providing them with a challenge, satisfaction, fun and confidence

**Give** by providing opportunities for volunteering, linking their happiness to a wider community benefit.



# Understanding the Policy Context

## More older people living longer

The demographic forecasts for the next 50 years indicate that the proportion of the population aged over 50 will grow significantly. The composition of the older population is changing. The fastest increasing section of older people is those aged 85 and over and the number of older people from black and minority ethnic groups will also increase creating a more diverse community and more diverse needs. Populations will change as people migrate to be nearer their families, or move away from cities to rural and coastal areas.

Although the following legislative and policy context is primarily focused on the English framework similar issues and approaches apply in Wales, Scotland and Northern Ireland.

Local authorities and health commissioners are required to map the current and future needs of the diverse communities they serve, using their Joint Strategic Needs Assessment (JSNA) to inform the planning and commissioning of services. The Active People Survey which measures sport participation is part of the core data to be considered in these assessments<sup>2</sup> and the Derbyshire Assessment is a good example of how this data has been used to define strategic need.<sup>3</sup>

In many areas, local authorities and their partners have introduced policies and services that:

- enable older people to influence and shape public services
- support everybody to enjoy a good quality of life as they age
- encourage older people to make an active contribution to the community, making good use of their skills and experience.
- promote wellbeing and maintain independence within the context of ensuring their dignity.

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<sup>2</sup> [Department of health guidance on Joint Strategic Needs Assessment.](#)

<sup>3</sup> [Derbyshire Joint Strategic Need Assessment.](#)

There are economic benefits to older people, communities and public services in adopting a preventative and supportive approach to an ageing society. Good health in later life and the active contribution of older people to the community make sense in economic terms, but the benefits are much greater than this. We are all living longer and want to look forward to enjoying our later years. We all have skills, knowledge and experience that we want to continue using. This is a tremendous resource at a time when local authorities and other public sector and third sector partners are facing financial pressures alongside an increased demand for their services.

In a democratic society where older people make up an increasing proportion of the population, it is right that they should have a voice and influence decision making within their communities. Increasingly, a far wider range of public services – such as housing, transport, leisure, culture, community safety and education – are recognising that they must consider the needs of older people in all their planning and provision. Age-proofing all mainstream services through engagement with older people is therefore essential.

The national agenda for change is strongly supported by policy to improve older people's experience of services. From the contribution they make as active citizens, through to the care they can expect to receive if they become dependent on health and social care services.

The Coalition Government's White Paper *Equity and Excellence: Liberating the NHS*<sup>4</sup> has recognised Local Government as a key player in the fight to improve the health of local people and tackle health inequalities, working with other local partners through Health and Wellbeing Boards, and using means such as Joint Strategic Needs Assessments to agree health priorities for the future and influence the delivery of services to meet those needs.

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<sup>4</sup> [Equity and Excellence: Liberating the NHS](#), DH, July 10



The development of Health and Wellbeing Boards and closer working with GPs in commissioning services, as well as the move of Public Health into local authorities all offer opportunities to develop a 'whole system approach' towards promoting independence and preventing ill health

Elected members and local authority officers will play a key role in improving the health of their communities and it is important that culture and sport is properly represented on these boards and leadership is shown by members and officers to ensure the importance of culture and sport is understood and valued.

#### Key Policy Documents:

- ***A Sure Start in Later Life: Ending Inequalities for Older People***, Social Exclusion Unit, 2006
- ***Putting People First: a shared vision and commitment to the transformation of adult social care***, Ministerial Concordat, 2007
- ***Commissioning Framework for Health and Well-being***, Department of Health, 2007
- ***Making a strategic shift towards prevention and early intervention***, Department of Health 2008
- ***Lifetime Homes, Lifetime Neighbourhoods: a National Strategy for Housing in an Ageing Society***, Department of Health, Communities and Local Government and Department for Work and Pensions 2008
- ***Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own***, Department of Health 2008
- ***National Dementia Strategy***, Department of Health 2009
- ***Building a Society for All Ages***, HM Government 2009
- ***Learning Through Life: Inquiry into the Future of Lifelong for Lifelong Learning***, 2009
- ***White Paper Equity and Excellence: Liberating the NHS***, July 2010
- **Prime Minister's challenge on dementia**, Department of Health, March 2012
- **Health and Social Care Act, 2012**
- ***Caring for our future: reforming care and support***, White Paper, HM Government, July 2012

## Think Local Act Personal

Announced in November 2010, this sector wide partnership agreement endorses moving forward the personalisation of services and emphasis on community based support. The overall aim is to move to a position where as many people as possible are enabled to stay active and healthy in their communities for longer, delaying or avoiding the need for targeted social care and health services.

Local councils have a key role to play particularly in securing greater cooperation across public services to improve people's experiences – and leisure and culture services can play a key role.

Both the universal approach of promoting health and wellbeing and the focusing of sports and arts services on those people receiving targeted care support can make a difference in this area.

### The role of local government

Local government strongly supports a clear and consistent set of principles underpinning the delivery of services to older people including:

- recognising the contribution that older people can make to their community with a wide range of skills, knowledge and experience
- involving older people in commissioning, delivering and evaluating services (this includes all public services used by people aged 50 and over)
- improving the accessibility of all public services to all older people
- age-proof all policies to ensure that they do not discriminate against, or exclude, older people
- recognising diversity among older people and involve seldom-heard and vulnerable older people in planning and reviewing services
- building social capital so that older citizens can contribute to their communities
- promoting independence, good health and wellbeing in later years
- providing personalised, flexible services based on individual need
- giving older people choice and control in the services they use and how they are delivered



Local authorities and their partners are finding creative ways of promoting health and wellbeing. There are a number of examples in the Partnerships for Older People's Projects (POPP) pilots, a Department of Health (DH)-funded programme<sup>5</sup> that provided 29 councils with £60m to develop innovative ways to improve older people's quality of life and decrease the need for hospital or residential care. In addition to POPP, there is a

**Key learning points from National Evaluation of Partnerships for Older People Projects: Interim Report of Progress, October 2008**

- Prevention and early intervention services need to address the spectrum of need from promoting access to universal services for the general population through to addressing complex needs.
- A broad range of council services have a key contribution to make in delivering prevention and early intervention including, for example, housing, **leisure**, transport and community safety.
- Commissioning decisions should focus on value for money and *return on investment* rather than performance against budget.
- Different interventions produce different returns and it is important to be clear about this at the outset; some interventions produce net savings whereas other investments will improve older people's quality of life.
- It can be difficult to measure something that has been 'prevented': for example, the impact of 'simple services' that are focused on improving wellbeing such as provision of information, help with shopping etc. However, approximate impacts can be developed to inform commissioning processes using quality of life tools and routinely collected data.

growing body of good practice in this area of work.

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<sup>5</sup> [Partnerships for Older People Projects \(POPP\) programme](#) – on the National Archives website

**Demonstrating and measuring the contribution of culture and sport to adult social care priorities**

Under the coalition government we are seeing a change to both national and local performance management regimes. Many national indicators have disappeared and are being replaced with new outcomes and accountability frameworks.

On 16 November 2010, the Government published the consultation paper *Transparency in outcomes: a framework for adult social care*. The response to the consultation described the case for the Adult Social Care Outcomes Framework, in the context of a broader, more transparent and outcome-focused approach to presenting information on what adult social care has achieved. The first Adult Social Care Outcomes Framework (ASCOF) was then agreed between the Department of Health, the Association of Directors of Adult Social Services (ADASS) and the Local Government Group.<sup>6</sup>

The framework sets out outcomes and performance measures in four domains.

Domain 1: Enhancing quality of life for people with care and support needs; seeks to enable:

- People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information.
- Carers to balance their caring roles and maintain their desired quality of life.
- People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs. People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

Domain 2: Delaying and reducing the need for care and support; seeks to enable:

- Everybody to have the opportunity to have the best health and wellbeing throughout their life, and access support and

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<sup>6</sup> [Transparency in outcomes: a framework for quality in adult social care](#) Department of Health



information to help them manage their care needs.

- Earlier diagnosis, intervention and reablement so that people and their carers are less dependent on intensive services.
- People who develop care needs, to receive support in the most appropriate setting, which enables them to regain their independence.

Domain 3: Ensuring that people have a positive experience of care and support; seeks to enable:

- People who use social care and their carers to be satisfied with their experience of care and support services.
- Carers to feel that they are respected as equal partners throughout the care process.
- People to know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm; seeks to enable:

- Everyone to enjoy physical safety and feel secure.
- People to be free from physical and emotional abuse, harassment, neglect and self-harm.
- People to be protected as far as possible from avoidable harm, disease and injuries.
- People to be supported to plan ahead and have the freedom to manage risks the way that they wish.

## **The Health and Social Care Act (2012)**

The core principles of the Act mean that more power will be devolved to clinicians and more choice will be given to patients over how they are treated. The Act will:

- Reduce bureaucracy: Two layers of management (Primary Care Trusts and Strategic Health Authorities) will be removed through the Act;
- Give responsibility for local public health services to local authorities who will pull together the work of the NHS, social care, housing, environmental health, leisure and transport services;
- Strengthen local democratic involvement: locally elected councillors and other representatives on the Health and Wellbeing Boards will be able to influence and challenge commissioning decisions and promote integrated health and care;
- Devolve power to health professionals, who will be free to design and tailor local health services for their patients;
- Ensure a focus on integration: There will be strong duties on the health service to promote integration of services;
- Drive up quality: Patients will benefit from a renewed focus on improving quality and outcomes.

These changes provide an opportunity to raise the profile of preventative services and demonstrate how culture and sport can play a greater role in contributing to people's increasing independence.

### **Culture and sport**

National indicators for culture and sport have been withdrawn, although Sport England is continuing to collect and publish data on adult participation in sport and active recreation, formally NI 8.

Culture and sport providers now have an opportunity to demonstrate the contribution they can make to the delivery of the above Adult Social Care outcomes particularly those relating to improving the quality of life, personalisation, delaying and reducing the need for care and enhancing the experience of care including the experience of carers.

To assist providers of culture and sport make these links and build better relationships with commissioners of social care a culture and sport



outcomes framework has also been developed and is available on the Local Government Group website along with advice on how to develop your own local framework with health and social care colleagues.<sup>7</sup>

The guide includes example outcomes frameworks that suggest how culture and sport activities may contribute to better outcomes for:

- children and young people
- the economy
- the environment
- health and wellbeing
- older people
- safer communities
- strong communities.

Creating an outcomes framework for culture and sport will help you:

- measure and evidence the contribution culture and sport make to better outcomes in areas of policy that matter most locally
- communicate to opinion formers and decision makers the value of culture and sport to individuals, communities and places
- explain why public money should be invested in your service and inform advocacy that makes the case for continued or new investment in culture and sport
- strengthen collaborative working and partnerships by demonstrating to other organisations the benefits of working with you
- engage with the commissioning process, for example, by influencing commissioners or supporting culture and sport organisations in bidding for commissions
- focus business and service planning on the priorities for your area
- promote improvement by identifying what works in delivering better outcomes.

The outcomes triangle and logic model for Older People is included in Appendix 1. These

demonstrate how culture and sport services on the ground can be shown to relate to wider social care needs and outcomes such as reducing injury and falls, being more active and engaged in their community, accessing information and advice and providing access to more personal services through local leisure centre's, libraries and arts facilities.

You should also aim to evidence the different levels of outcome and the assumptions linking them together. The example framework suggests a range of national and international sources that can be used alongside local evidence; it also gives examples of possible performance indicators that could be used to track progress.

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<sup>7</sup> [Local outcomes framework for culture and sport](#) on the LGA website



# How can culture and sport providers engage with adult social care providers?

## **Making links with the right partnerships and commissioners**

Culture and sport has a good record of working in partnership with other stakeholders at operational level. However, although there are a number of initiatives across the country using different models to integrate primary health care and social care commissioning, the sector has yet fully to engage strategically with the key partnerships. The embedding of Health and Wellbeing Boards and the significant challenge on GP's as they take greater control of health commissioned resources through their Clinical Commissioning Groups presents an opportunity for our sector.

Because of its relationship with health improvement, sport is positioned well to respond to this but all cultural services are now beginning to identify and respond to the strategic possibilities for contributing to helping councils and their partners address major issues like health improvement, community cohesion, economic development and delivering better outcomes for children, young people and older people.

## **Joint commissioning for better outcomes**

In the light of new policy initiatives, expectations are rising and local partnerships will need to be able to evidence better outcomes.

The geographical and social variations in key indicators for health and wellbeing show there are still wide differences in access to local services and in their quality. The inequalities in life expectancy and health between the best and the worst areas remain stark. These are linked more generally to the broader social determinants of health and wellbeing, as well as to lifestyles and access to services. Tackling these issues to produce better outcomes requires strong alignment of public agencies at the local level, as well as productive engagement with local communities. Culture and sport must play its part in addressing these differences.

Primary care trusts (PCTs), GP commissioners and Local authorities are all commissioners and often providers of interdependent services, very often for the same groups of people. Much of their money goes on intensive health and social care services for older people, where the demographic pressures are considerable for both organisations.

Increasingly the advantages of closely aligned budgets have been recognised, although it has still proved difficult to move funds from relatively inefficient downstream areas into systematic programmes of upstream prevention. Relatively little money goes on the promotion of 'healthy ageing', despite the shared responsibility of the agencies and the proven benefits of this type of investment. Local authorities are in a key position to mobilise services such as culture and sport to strengthen the promotion of good health and active ageing.

This would be a good investment and would involve moving only small amounts of money and capacity into such schemes. But this has been difficult to achieve because commissioning has not always been sufficiently informed and empowered in the face of intensive demands to meet statutory obligations while simultaneously achieving cost efficiencies. One obstacle is the fact that the benefits of resourcing preventative services are generally long term but many resource decisions are taken with short or medium term objectives. We need to address this challenge and promote solutions that work.

There are practical benefits in joint commissioning across the whole spectrum of health and local authority services. They range from better access to mainstream council services and their redesign to meet new needs and expectations, to improving the quality and value for money in very specialist health and social care services.

In many areas inter-organisational developments are happening, but often as localised projects rather than mainstream programmes. Progress has been slow and good practice in one field or locality



has not always been adapted systematically and spread to others fast enough. The key local partners now need to find ways of enhancing the impact of their joint commissioning, not only for urgently needed health and social care services, but also for wider population health and wellbeing, which is fundamentally about the quality of life of individuals and families in their local communities. Whatever organisational models are in place, they will need to rise to the challenge of strengthening local outcomes and building healthy and sustainable communities.

The Community Budgets pilots<sup>8</sup> are trying to show how moving from simple partnerships to integrated budgets, service planning and delivery can improve both effectiveness and efficiency.

The culture and sport sector now have an opportunity to engage with these commissioning processes and help councils take the opportunities available through culture and sport to create better outcomes for older and vulnerable people.

### **Commissioners engaging with culture and sport**

Over the last two years the Local Government Group in partnership with its improvement partners have developed a significant range of guidance and learning on the commissioning process. This has included:-

- research<sup>9</sup> into the commissioning of cultural services to improve outcomes for children and young people.
- a step by step guide to the commissioning process<sup>10</sup>.
- the evaluation and learning from a programme of support to a range of councils developing their approach to strategic commissioning
- research into the capacity building needs of culture and sport civil society organisations<sup>11</sup>

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<sup>8</sup> [Total Place: A whole area approach to public services](#)

<sup>9</sup> [Creating Better Outcomes for Children and Young People by improving the Commissioning of Cultural Services](#) on the LGID website

<sup>10</sup> [Understanding commissioning guide](#) on the LGA website

The original research, undertaken with twelve directors of children and young people's services or their representatives across four regions, indicated that cultural services are absent from the strategic commissioning process in those areas. Whilst there is some excellent joint working, partnerships, grants and 'spot purchasing' of particular services or projects, **cultural services are not routinely involved as key players in the mainstream structures or processes of commissioning.**

The research identified a number of opportunities where cultural organisations can make a strong strategic contribution to improving outcomes for children but these opportunities require creative and innovative approaches to overcome some key barriers and challenges in the sector. These same opportunities and challenges will also apply to providing better outcomes for older people.

The challenges are:

- **Improving how the sector is positioned and organised.**

Culture and sport services do not always sit in local authority structures in a way where they can easily engage strategically with key partnerships overseeing health and social care. This is particularly an issue in two-tier authorities where culture and sport is often fragmented. Where services have been outsourced to trusts or contractors the fragmentation can be worse with a range of different delivery partners operating in the same place.

There are national, regional and local resources, strategies and mechanisms to engage civil society organisations in commissioning ensure their representation on key bodies and build their capacity as providers of services. Despite this culture and sport organisations in general are not part of, or engaged in these approaches.

As a result commissioners do not understand how the sector is organised and how to engage with it. It is seen as fragmented and competitive. If they are to play a full strategic role and contribute to better outcomes for older people culture and sport providers must collaborate with each other within councils and with third sector organisations.

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<sup>11</sup> [Building capacity in culture & sport civil society organisations](#) on the LGID website

- **Demonstrating evidence of how culture and sport activities contribute to outcomes**

Evidencing impact remains a key challenge for the sector. While there is often appreciation of the value of culture and sport, commissioners are demanding better evidence of the effectiveness of culture and sport programmes and how they are making a difference. There is a need for substantial research and a better evidence base to establish the impact on better outcomes for older people and for children and young people. The culture and sport outcomes framework identifies an extensive range of evidence that can be used to demonstrate potential impact.

- **Improving how the sector communicates**

Engagement with strategic commissioning and Health and Wellbeing Boards will involve communicating differently and building new relationships and alliances. At a very basic level, strategic commissioners have expressed an openness and willingness to engage in 'conversations' with cultural and sporting organisations. But they need this to happen in a manageable way, given the pressures on their time. There will also need to be a willingness proactively to develop an offer which is responsive to the new environment and the needs of commissioners rather than simply chasing commissions that plug funding gaps left by budget reductions.

- **Improving efficiency and accreditation**

Commissioners are also looking for efficient relationships with potential deliverers of services. They require robust evidence of value for money and relevant accreditation and safeguarding policies. Creativity and the development of new products and services which demonstrate an understanding of local challenges will be important. The research into capacity building needs also identifies the concept of "brokerage" and the use of organisations such as County Sport Partnerships or local cultural consortia that can act between fragmented providers and commissioners to enable the commissioning process to operate more efficiently and build the capacity needed in civil society providers to participate in the process.

The evaluation report identified early shows how a range of councils have started to tackle these challenges.

## Personal budgets

The principles underlying the transformation of adult social care services were set out in Putting People First: a Shared Vision and Commitment to the Transformation of Adult Social Care first launched in December 2007, and in the Transforming Social Care local authority circular released in January 2008.

This has now been refreshed into a sector wide agreement in terms of the next steps – Think Local, Act Personal. The transformation agenda covers four broad areas:

- choice and control
- universal services
- social capital
- early intervention and prevention

The development of personal budgets is central to the choice and control theme. The DH website<sup>12</sup> states:

*“Personalisation, including a strategic shift towards early intervention and prevention, will be the cornerstone of public services. This means that every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings... the work on direct payments and individual budgets... are crucial to delivering greater personalisation, choice and improved quality.”*

Personal budgets are a development of direct payments. Under direct payments people receive a cash sum in lieu of services offering greater choice and control over how and from whom services are provided. Personal budgets differ from direct payments by combining a range of funding streams to support independent living additional to any agreed social care expenditure. They involve being clear with an individual how much money is available to meet their needs, and then allowing

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<sup>12</sup>[Information on personalisation](#), an introduction to personalisation and link to the personalisation toolkit produced by the Care Services Improvement Partnership (CSIP) - on the National Archives website.



them maximum choice over how the money is spent, and on what. This includes the 'managed service' option, which sees the council continue to arrange services for the individual. The personal budget used to purchase social care is means tested, conforming to current local authority charging arrangements.

Supported self-assessment is also part of the choice and control agenda. Service users assess their own needs and then, through a personal budget, they can decide how to meet them.

Payments can be made to:-

- Disabled People aged 16 and over
- People with parental responsibility for disabled children
- Carers aged over 16

From April 2011 councils are required to offer all individuals eligible for publicly funded adult social care the opportunity to receive this through a personal budget, except when people need emergency access to provision. This is a fundamental change to the social care system that will change the way that social care is organised and the way services are provided. It will require a system where services and support are more diverse and fluid.

There are already examples of individuals being given more choice to assess their own needs and make decisions on how these needs are met and they have looked to access local opportunities to increase their physical and social activity in leisure and recreational pursuits. This not only gives culture and sport providers a chance to shape services to meet these needs but also to market other opportunities to a new client group.

The Demos report *At your service: navigating the future market in health and social care*<sup>13</sup> provides an interesting insight into how people are choosing to spend their personal budgets. It shows access to leisure services being particularly popular and other examples of money being spent on; art materials and photography classes etc. The report contains useful case studies including Worcestershire where around half the recipients

were using their money for health and fitness related activity.

One real life example which demonstrates the relationship with the culture and sport agenda comes from the London Borough of Wandsworth. Here, prior to receiving a direct payment, a physically disabled service user required home carers to provide much of his personal support and they did not arrive to help him get ready for the day until mid-morning. Armed with his direct payment he now employs his own personal assistant who gets him up when he wants not when it fits in to an agency's timetable. This person feels best in the morning and now gets up early to go to the gym. He is now in control of his life, he is happy and has achieved selection for the Paralympic weightlifting squad and participated in the 2012 Olympic Games.

### Supporting carers

There are six million unpaid carers in the UK. They care for relatives and friends who, because of frailty, disability, mental health condition or substance misuse, could not manage without their help. They may live with, or apart from the person who they care for. They may provide the person they care for with personal care, physical care, administrative support and/or emotional support. They often do all this, with little or no help. Carers can be disadvantaged in society as a result of their caring role. One in six carers find that they have to give up work in order to look after the person they care for. For the 3 million people who manage to combine paid employment with caring, career opportunities may be restricted. The health of carers is also affected. More than 1.25 million people look after someone for more than 50 hours a week. It is unsurprising that many carers are unable to have a life outside of caring, sustain physical injuries and/or have mental health problems as a direct result of their caring role.

The government has recognised the importance of carers in its latest national strategy for carers, *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own*, Department of Health (June 2008, updated November 10). Prior to this, a 2007 Carers UK report estimated that carers save the UK economy more than £87 billion a year, more than the Government's annual NHS budget. This

<sup>13</sup> [At your service: navigating the future market in health and social care](#), Demos, 2009



is likely to increase, given the demographic fact that over the next 50 years the number of people aged 65 and over will increase from approximately 9 million to more than 16 million. With pressure already being exerted on adult social care budgets and less money being invested in the social care of people with low to moderate needs, the role of carers in the future will become more and more important.

By supporting carers both in their caring role and to have a life outside of caring, the culture and sports sector can promote the health and wellbeing not only of carers but for those for whom they care.

There are a number of examples of innovative schemes by local councils to support carers including the introduction of carers' leisure cards, relaxation activities and other schemes such as the initiative below that offer a break from the caring role.

### **The Bubble Project - Warrington Young Carers at Warrington Museum & Art Gallery**

This project was commissioned by Warrington Museum with funding provided from Warrington Borough Council's Community for Health budget. Warrington Young Carers partnered the project, which was delivered by artist Lois Blackburn and poet Philip Davenport.

The objective was to develop links with the local Carers Centre through a temporary Urban Art exhibition entitled *Due Date* by New York Street artist Elbow-Toe. The subject matter of this exhibition related well with the carers; it was about the pressures, anxiety and concerns of becoming parents for the first time and ultimately being responsible for another human-being.

During a five week residency artist and poet, created a very strong bond with the young carers - as did the Museum and its staff. Young carers found that relating their experiences and their world to that of an exhibiting artist gave them a positive outlet for expressing their emotions through art.

The Carers Centre manager, who was interviewed as part of the project made these comments:

*"...Childhood, it's often not there. It's taken away from young carers – and the playing that goes with it. That's where making art comes in. It gives back a little play, a little bit of childhood. They're allowed time for self-expression, to discover themselves. It's complex. Some of these kids have a great life. With some, I see great sadness behind the eyes. They want someone to understand. Once you've gained their trust and respect they'll open up to you. Art is a great place to be. You can be yourself, it gives you room to reveal and to hide. Making art, these kids can tell you about themselves without having to tell you..."*

A final exhibition was created for this project and through negotiation with the local market, it was agreed that the Young Carers could paste up their work in true Street Art fashion.

This project has been extremely positive for all involved. The Young Carers now regularly visit the museum and see it as 'their' museum. Strong links have been created with the Carers Centre and the museum is currently working on a new project with a slightly older age group – 16 to 24 year olds.



# Demonstrating the contribution culture and sport can make – the evidence base

Proving that culture and sport can have an impact on people’s lives remains a key challenge for the sector. Although independent evidence on the general health and wellbeing value of physical activity is now accepted by health professionals, other arts and cultural services have only recently moved into this area; however there is significant anecdotal evidence of the benefits that participation can bring to individuals.

This final section identifies some of the evidence to support the role of culture and sport in social inclusion, health and mental health and gives some examples where councils are using culture and sport to support adult and other aspects of social care. It also identifies a range of current evidence and some case studies that demonstrate the contribution culture and sport can make.

Where required further details can be obtained from the relevant Local Authority.

## A review of the evidence

### 1. A literature review of the evidence base for culture, the arts and sport policy.

A literature review carried out for the government in Scotland<sup>14</sup> identified evidence of the contribution made by culture and sport to general health and wellbeing. The key areas of evidence identified in the review were:

#### Social Inclusion

- Participation in arts activities can result in the acquisition of new skills, increase self-confidence, improve social networks and make people more employable

- Innovative and creative outreach work in museums can reach socially excluded groups and develop new skills, increase self-esteem and confidence and enhance formal and informal learning
- Libraries can play an important social, as well as educational, role in the community, and can lead to personal development, social cohesion, community empowerment, local image and identity and wellbeing
- Research on Scottish museums concluded that the specific needs of people with learning disabilities should be targeted, as often this group only benefits from promotion of inclusion for other types of disabled groups, and not from being targeted themselves
- The experience of families with disabled children visiting arts and culture venues was that difficulties in relation to access and facilities stopped the children fully enjoying their visit
- Access difficulties for visually impaired people to the performing arts have still not been addressed, and there is a need to share good practice on a national basis

### Upstream project: Devon

Feeling isolated is a common problem among the elderly and it can often lead to a downward spiral whereby people begin to feel depressed and suffer other mental health problems causing them to rely more on health and social care services.

The Upstream project has enabled eight women from the Devon farming village of Witheridge to get together each week to take part in activities including painting, writing and photography classes.

The scheme helps people who are lonely, depressed or suffering from minor mental health problems. It is based around the concept of getting

<sup>14</sup> [A literature review of the evidence base for culture, the arts and sport policy](#) The Scottish Government, 2004



them involved in community activities – often arts-based – to give them confidence to engage with community life.

Upstream was set up in 2001 by a group of GPs who felt their patients would benefit from the help. They were given £500,000 by the Lottery to fund the scheme across mid-Devon for five years.

It works through a referral system. Doctors, social workers and other health professionals recommend people for the support. However, the group is increasingly seeing self-referrals as it gets a wider public profile.

Upstream has helped 700 people since it started, with referrals now running at about 200 a year and research by the Peninsula Medical School in Plymouth has shown it is having a positive impact on the overwhelming majority.

Researchers found that 80 to 90 per cent had noticed positive benefits and twenty to 30 per cent were undergoing a dramatic transformation in behaviour.

Reductions in depression and loneliness, increased sense of self-worth and less reliance on health professionals were all noted. This success prompted Devon County Council and the local primary care trust (PCT) to take on responsibility for funding the project.

Over £1 million has been provided through the Government’s Link Age Plus and Partnership with Older People Programmes (POPP) to run trials across the county.

For more information visit:  
[www.upstream-uk.com](http://www.upstream-uk.com)

### **Sport, physical activity and health**

Several rigorous hospital-based studies involving control groups have shown that participation in arts activities can result in:

- Reduced stress levels
- Improvement in mood
- Distraction from medical problems
- Reduction in medication

- Quicker recovery rates
- Reduction in patients suffering depression
- Less visits to the GP
- Improved communication skills in those with special needs
- Development of new skills by carers and increased confidence

The most robust evidence on the impact of physical activity is found in the area of health:

- People with active lifestyles have a lower risk of coronary, cardiovascular and respiratory disease than those who have inactive lifestyles
- Participation in sport and physical activity can have a beneficial effect on mental health, and bring an improved sense of wellbeing and self-esteem
- A physical activity programme through GP referrals for those with coronary heart disease resulted in a reduction in blood pressure, anxiety and depression in participants, social networking and an improved sense of well-being

### **Fit body: fitter mind**

The London Borough of Croydon’s Social Inclusion Partnership group is funding an exercise scheme that uses boxing training techniques. It is intended to improve the physical and mental wellbeing of people with a broad range of mental health problems from depression to psychosis.

Poor physical health is common in people with mental health problems. This is because they are more likely than the rest of the population to smoke, be overweight and have a poor diet.

Boxercise is a 10-week scheme that puts people through fitness training using shadow boxing, among other things. The non-combat programme is run by former world boxing champion Duke McKenzie and local mental health charity Mind in Croydon.

Participants are also given advice about employment, education and training. More than 50



people have taken part since it was launched last year. They have ranged in age from their early 20s to their 50s. 40% of participants are women.

Feedback from people who have taken part has shown that the programme has helped them:

- lose weight
- become more confident
- ease their mental health problems.

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## Northumberland Fishnets

### Project overview

Northumberland FISHNETS partnership was led by Northumberland Care Trust. The partners came together to deliver an older peoples' falls prevention programme in Northumberland in response to an opportunity for funding from a government initiative, the Partnerships for Older People Programme (POPPs).

The project delivered the following key outcomes:

- increasing the number of people helped to continue to live at home,
- reducing emergency hospital admissions of older people and
- reducing the number of falls leading to fractures and hospital treatment.

The project's two main physical activity interventions were:

- Young at Heart sessions, hosted in leisure centres in Northumberland; and
- the Fishnets Falls Prevention Exercise Program – a 12-week incremental exercise schedule.

The Young at Heart sessions provide an opportunity for older people to try out a range of sporting activities during a fun,

free, non-committal event as well as providing information about health education and about local services. Participants took part in carpet bowls, short tennis, badminton, health walks, Tai Chi, yoga, new age curling, indoor bowls and aqua-based exercises.

Participants in the Fishnets Falls Prevention Exercise Program took part in a 12-week incremental exercise schedule. Participants were referred to the programme either because they have already had a fall or because they are at risk of falling. Following engagement in the falls prevention programme, participants were encouraged to become involved in regular sport and physical activity.

### Outcome

Since the start of Fishnets:

- over 3,000 older people have accessed Fishnets-related physical activity;
- over 1,400 older people have attended Young at Heart and falls fair events;
- 50 new exercise leaders have been trained to work with older people;
- leisure centre staff across Northumberland have been trained and are now providing specialist fall services.

In terms of wider objectives, the project evaluation indicated that:

- there was a 12% reduction in hip fractures in year one;
- care homes reported up to 30% reduction in falls; with a shift from a reactive approach to falls in the older population to a preventative approach by managers that had engaged in the FISHNETS training.

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### Sport and disability

- Young disabled people are far less likely to participate in extra-curricular and out of



school sport or physical activities than non-disabled young people

- Participation in sport or physical activity is 24% lower for disabled adults than for non-disabled adults
- Walking and swimming are the most popular activity for disabled and non-disabled adults
- Disabled people are deterred from sport participation due to personal reasons such as lack of confidence or feeling different, and external reasons such as lack of information on how they could participate, lack of physical and emotional support and appropriate facilities.
- 65% of disabled adults who took part in sport in the previous year indicated that they would like to play more sport
- 20% of disabled adults who did not take part in sport in the previous year indicated that they would like to do so
- More than half of disabled adults felt that their disability had limited their participation in sport or physical activity at school
- Almost one-fifth of disabled adults were never or only sometimes given the opportunity to participate in physical activity at school
- More than one-fifth of disabled adults had been discouraged from taking part in physical activity at school
- Low rates of participation in sport or physical activity among disabled adults are significantly influenced by their experience of sport participation at school

## 2. Arts in health: a review of the medical literature<sup>15</sup>

- The use of the arts in mental health care helps to improve the communication skills of mental health service users. This helps relationships with family and carers and can provide with new ways of expression, stimulate creativity and enhances self-esteem.
- The use of literature, creative writing and poetry in mental health services

also produces significant benefits for both the patient and the care provider. It enables patients to regain control over their own inner world, increasing their mental wellbeing. It helps the nursing and medical staff understand the cultural, social, ethnic and economic factors influencing the behaviour and needs of patients.

- Theatre, drama and visual arts can all provide people with powerful ways of expressing themselves and understanding their own world. This helps to promote empathy between patients and staff in an acute mental health setting.

Most importantly, perhaps, arts and culture can promote wellbeing in general through their engagement at a human level with people, their hopes, fears and lives. As such, their potential to promote positive mental health is significant as well as their ability to provide innovative therapeutic interventions where people are in contact with services.

### Kirklees Council Adult Services Out of the Blue

#### Project Overview

Out of the Blue is a network of creative arts organisations offering a range of choices for people as part of their mental health and wellbeing care planning. This network has been commissioned by Kirklees NHS and Kirklees Council's Personalisation and Commissioning Services to support people experiencing mental health issues.

The Kirklees joint mental health commissioning strategy, updated for 2012 by the council and the primary care trust, envisages helping local people with mental health issues to maintain and improve their wellbeing. The intention is to help those who experience mental health distress obtains the highest level of independence within their communities through the use of a range of support networks and services and to support their recovery. A creative arts service, featuring art, drama, dance and music, is part of this offer.

<sup>15</sup> [Arts in health: a review of the medical literature](#), Dr Rosalia Lelchuk Staricoff, 2004



## Outcome

Out of the Blue responds to the personal needs of those involved with the project, finding ways of ensuring people are co-productively involved in agreeing the support they need.

The ethos is based on:

“Whenever illness is associated with loss of soul, the arts emerge spontaneously as remedies, soul medicine.”<sup>16</sup>

Re-commissioned by Kirklees Council and NHS Kirklees for April 2012, between 100 and 120 people typically access the Out of the Blue project at any one time.

The project employs a process outlined in The Outcome Star, a tool that measures outcomes and experience. The collective outcomes support the performance information required in social care and the NHS. These indicators are supported by evidence on referral pathways, attendance and personal testimony.

Out of the Blue demonstrates that people who experience mental health issues value creative arts very highly. Such projects promote social networking and enable the use of direct payments to provide personal solutions via creative arts. The Outcome Star has a real meaning for participants and the project continues to show how much a non-medical approach can achieve.

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## Suffolk Artlink Creative Carers

### Overview

Creative Carers is sustainable model for working with older people in residential and day care settings. Creative Carers is a professional training programme devised by Suffolk Artlink and lead artists Caroline Wright and Helen Rousseau. The

need for this project was identified by Suffolk County Council in 2003 in order to improve the skills of care workers in delivering activities and the programme evolved from research and pilot work carried out in 2004.

Creative Carers focuses on training staff to deliver high-quality, stimulating, and creative activities with the older people in their care. Staff from residential homes, day centres and occupational therapy assistants have all taken part in the programme with staff from five residential homes taking part in the programme in 2012. The programme focuses on the benefits of process over product and takes into account the limited time and resources carers have to work with to ensure the training is as relevant as possible.

### Outcome

The programme benefits both the older people in care and the care workers themselves. Managers have reported an increase in wellbeing of residents including and a decrease in requests to see the doctor. There is a more positive relationship between carers and cared-for as both parties are able to share in creative experiences. Carers have also reported an increase in confidence, increased job satisfaction and greater creative skills.

Artlink commissioned a reflective study<sup>17</sup> and is conducting a Social Return on Investment evaluation of the current programme.

Suffolk Artlink also delivers Side by Side – a project for family carers and the people they care for (including people with dementia) to take part in creative activities together. Artist-led creative activities provide a platform for carer and cared-for to explore their creativity and allow them to reclaim their original relationships. The new shared experience creates an equal environment amongst the group, allowing them to express themselves as individuals. Dementia mapping, an international approach for measuring wellbeing in people with dementia, is used to evaluate the sessions and all participants in the group have had an increased wellbeing score at the end. Artists experienced in different media lead the sessions and introduce

<sup>16</sup> Shaun McNiff, *Art Heals: How Creativity Cures the Soul*

<sup>17</sup> [A reflective study of the creative carers programme](#), 2008, Caroline Wright

ideas for how to continue the work together at home.

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### 3. Effects of creative and social activity on health and well-being<sup>18</sup>

Greaves and Farbus study into the effects of creative and social activity on the health and well-being of socially isolated older people found that depression and social isolation affect one in seven people over the age of 65. Previous research indicates that interventions which promote active social contact, encourage creativity, and use mentoring are more likely to positively affect health and well-being.

Given this was an uncontrolled study, the conclusions must be tentative, but the data indicated a wide range of responses (both physical and emotional), including increased alertness, social activity, self-worth, optimism about life, and positive changes in health behaviour. Stronger, 'transformational' changes were reported by some participants. Individual tailoring seemed to be a key

#### Royal Cornwall Museum Communities: older people

mediator of outcomes, as was overcoming barriers relating to transport and venues. Key to the process was the development of a positive group identity, and building of confidence and self-efficacy.

Through a memory box outreach scheme, this project supports the

<sup>18</sup> Greaves, C.J. and Farbus, L, 2006 *Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multidimensional study*, *Journal of the Royal Society for the Promotion of Health* Vol. 126, No. 3, pp.134-142 (Abstract only)

health and wellbeing of older people by providing quality experiences within care homes across Cornwall. It was supported by training museum partners and care workers to deliver reminiscence sessions with health partners across the region and thus build and sustain stronger communities.

The project aimed to:

- work with partners in the development of resources to accompany the boxes, including the production of support material and training opportunities for people working with older people
- develop a loan scheme for care homes and older people centres across the region, based on our memory boxes
- develop and evaluate the service, broadening subject matter in response to public need and provision across Cornwall
- map existing provision of loan boxes and material across museums in Cornwall, maximising access to collections for older people within the local community
- provide this information for the public to access in one place on the Museums in Cornwall website
- work more strategically with other organisations, including Age Concern, Arts for Health, the Alzheimers Society, Cascade Theatre Company, (all of whom we have already begun to forge partnerships with) to develop a working party pooling expertise and resources so as to develop the memory boxes and reminiscence services alongside those throughout Cornwall
- create skills-sharing opportunities with partners across the region
- arrange inter-generational sessions resulting in community and in-house and online exhibitions
- contribute to Hub advocacy publications
- develop inter-generational workshops resulting in temporary exhibitions in care homes

#### Harris Museum: who cares?

This Manchester project links a combination of collections, gallery spaces, health professionals and museum professionals to create valuable experiences for both enrichment and therapeutic



purposes. It builds on existing practice and shares practice as it emerges across the region.

The aims of the programme are to:

- move from existing models of arts and health initiatives that have focused on activity within health organisations such as hospitals
- move towards partnerships which bring the arts organisations' practice to bear on the activity, as opposed to just the employment of individual artists in a hospital setting
- establish the gallery as a site for therapeutic activity

The shared programme operates across three Manchester venues and:

- provides an 'innovation cluster' of practitioners in the museums and strategic health partners to examine approaches to delivery
- advises and supports six venues in the development of partnerships with the health sector and/or with arts and health practitioners
- advocates the museums' contribution to health through consultation and dialogue with the health sector
- brokers partnerships between museums and the health sector
- organises events for museum and health practitioners in order to develop understanding of the arts and health agenda across the region.
- evaluates the impact.

The programme uses research, evaluation and current arts and health activity to inform its development. This ensures it is based on up to date best practice and knowledge in the field.

The impact of the work will be demonstrated through an evaluation partnership with experts in the field.

#### 4. A prospectus for arts and health<sup>19</sup>

The prospectus, produced jointly by the Department of Health and Arts Council England, celebrates and promotes the benefits of the arts in improving everyone's wellbeing, health and healthcare, and the arts' role in supporting those who work in and with the National Health Service. The prospectus shows that the arts can, and do, make a major contribution to key health and wider community issues.

##### The Benefits of dance

Dancing can bring a wide range of physical and mental benefits<sup>20</sup>:

- healthier heart and lungs
- stronger muscles
- stronger bones and reduced risk of osteoporosis
- better coordination, agility and flexibility
- improved balance and enhanced spatial awareness
- increased physical confidence
- improved mental functioning
- increased energy expenditure to counteract unwanted weight gain

Dance's creative and collaborative nature can bring personal and social benefits:

- improved general and psychological well-being
- greater self-confidence and self-esteem
- increased trust
- better social skills
- reduced social isolation and exclusion

#### Stratford Integrated Dance Project

##### Overview

The Stratford project started with a dance and disability awareness day to raise people's understanding of dance development and introduce the concept of the Dance4Health project.

<sup>19</sup> [A prospectus for arts and health](#), 2007, Department of Health with Arts Council England

<sup>20</sup> [Dance and health. The benefits for people of all ages](#), 2006 Department of Health with Arts Council England



Sessions were delivered by Foot In Hand Dance Company.

This was followed by taster sessions exploring dance from three different parts of the world. Over 30 different people signed up for these sessions. Participants ranged in age from 25 to over 60 and had a range of physical and learning abilities.

As part of the programme people volunteered to undertake health checks. The checks were done before the dance project with a second check after the completion of the 10 weeks. Two people were asked to visit their GP due to high blood pressure.

### Outcome

Thereafter dance sessions ran for a period of 4 months. The participants were asked to complete three staged questionnaires at the beginning, middle and end of the 10 week project. The questionnaire was made available in easy-read format by the WCC Learning Disability Partnership to ensure that everyone who wanted to could contribute to the research.

Following the e second health checks four of the participants had lost between 1kg to 2kg in weight and there were significant changes in flexibility.

Over the ten weeks anecdotal information showed effects on the participants' social health and emotional well-being. One of the women said the group was the highlight of her week; "the only thing that gets me out of bed". One group member joined the Foot In Hand company as a professional performer and participated at the cultural festival attached to the 2009 Special Olympics in Leicester.

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## 5. Your health and the arts: a study of the association between arts engagement and health

This report <sup>21</sup>presents key findings on the associations between engagement in the arts, health and illness. The study is based on population surveys carried out for Arts Council England by the Office for National Statistics (ONS).

It describes attendance, participation and access to the arts by sex, age, socio-economic status and region. The report also explores the relationships between involvement in the arts and health and illness, taking account of age and other characteristics of respondents.

### Bhangra-cise for older women in Nuneaton

#### Overview

Research was undertaken with the Nuneaton and Bedworth Health and Wellbeing Forum to identify local health issues and demographic groups who could benefit from dance activities. Older people and physical activity was highlighted as one of areas.

Silhouette Dance Company were commissioned to deliver sessions in local schools, day centres, temples and at the Newtown Centre to encourage a wide range of participants from different ethnic backgrounds. Publicity was produced in Urdu, Hindi, Punjabi, Gujarat and English. Warwickshire County Council's Edward Street Day Centre, which provides day services for older women with Muslim backgrounds, took part in the project and completed the Dance4Health full programme including health checks, dance sessions, lifestyle questionnaires and a focus group.

The majority of the women who participated were aged between 65 and 75. Eight women

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<sup>21</sup>[Your health and the arts: a study of the association between arts engagement and health](#), 2005, Arts Council England



undertook a health check prior to and at the end of the 10-week programme. The fitness advisor recommended that six participants required a GP's note to enable them to participate because they had serious medical conditions.

### Outcome

Silhouette devised a 10-week dance programme led by two dance artists that could be undertaken both standing and seated. The sessions consisted of warm-ups, sequences, interactive dance activities and cool-downs.

Over 10 weeks there were recognised improvements in participants' attitude to taking part in physical activity with one member of the group walking to the centre rather than taking the bus and another re-joining the gym. Positive comments were received in the focus group on how participation had benefited people.

At least three participants noted improvements in mobility in the shoulder and knee joints and the hands. There was a slight improvement in Body Mass Indices with a reduction for all eight participants of 0.01% to 1.0%. And seven out of eight women had a slight weight loss with one participant losing 2.2kg in the 10 weeks. The dance artists also noticed that motivation to take part increased as the weeks went by.

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## 6. The Local Wellbeing Project

The Local Wellbeing Project explored how local government action, in collaboration with national agencies and local communities, can contribute to a growth in happiness and wellbeing, both by enhancing services and providing or planning new services.

Most of the factors that affect happiness occur at a local level, in relationships within the family, with people in the neighbourhood, at schools and at work, and in people's feelings about their immediate environment. This means that the

interventions that could increase happiness can be delivered at the same very local level and are under the direct or strategic control of local government and other local agencies.

The projects aims were:

- To explore how local government intervention in key areas could contribute to greater wellbeing
- To explore the value to local government of prioritising wellbeing in service delivery and strategic planning
- To develop replicable practice to maximise wellbeing in the delivery of services under five themes
- To establish robust and cost effective ways of measuring wellbeing and resilience at local level.

The project consisted of five strands:

- emotional resilience for 11 to 13-year-olds
- wellbeing of older people
- guaranteed apprenticeships
- neighbourhoods and community empowerment
- positive parenting and parenting support.

Two major themes underpin all these work strands: environmental sustainability and the measurement of wellbeing.

The final Local Wellbeing Project report *The State of Happiness*<sup>22</sup>, brings together three years of groundbreaking work based on in-depth pilots in the three partner local authority areas as well as other national and international developments in this field. It points to a future where public agencies will take it for granted that they should consider the potential impact of their actions on happiness and wellbeing, and it includes many examples of how culture and sport is improving wellbeing in communities.

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<sup>22</sup> [The State of Happiness](#), 2010, The Young Foundation



# Taking Action

This document outlines the key role that culture and sport already play in supporting adult social care to deliver better outcomes.

Adult social care is facing some major challenges which must be met if services are to be delivered in the future. Culture and sport have the unique ability to make older people's lives better and this contribution is set to become more important in the future, with declining resources.

Keeping people active and engaged in their communities as they get older will lead to a better quality of life later in life and significant savings in social care and health budgets.

However if the sector is to increase its contribution to helping older people remain independent and outside other more intensive health and care, a long term approach to developing more comprehensive, joined up packages of support across a multiplicity of partners will be essential in order to best target activity at this growing sector of the population.

We hope you have found this document informative and that the featured case studies inspire you to take further action in your local area.

## **Six things culture and sport managers can do to contribute to better outcomes for older people.**

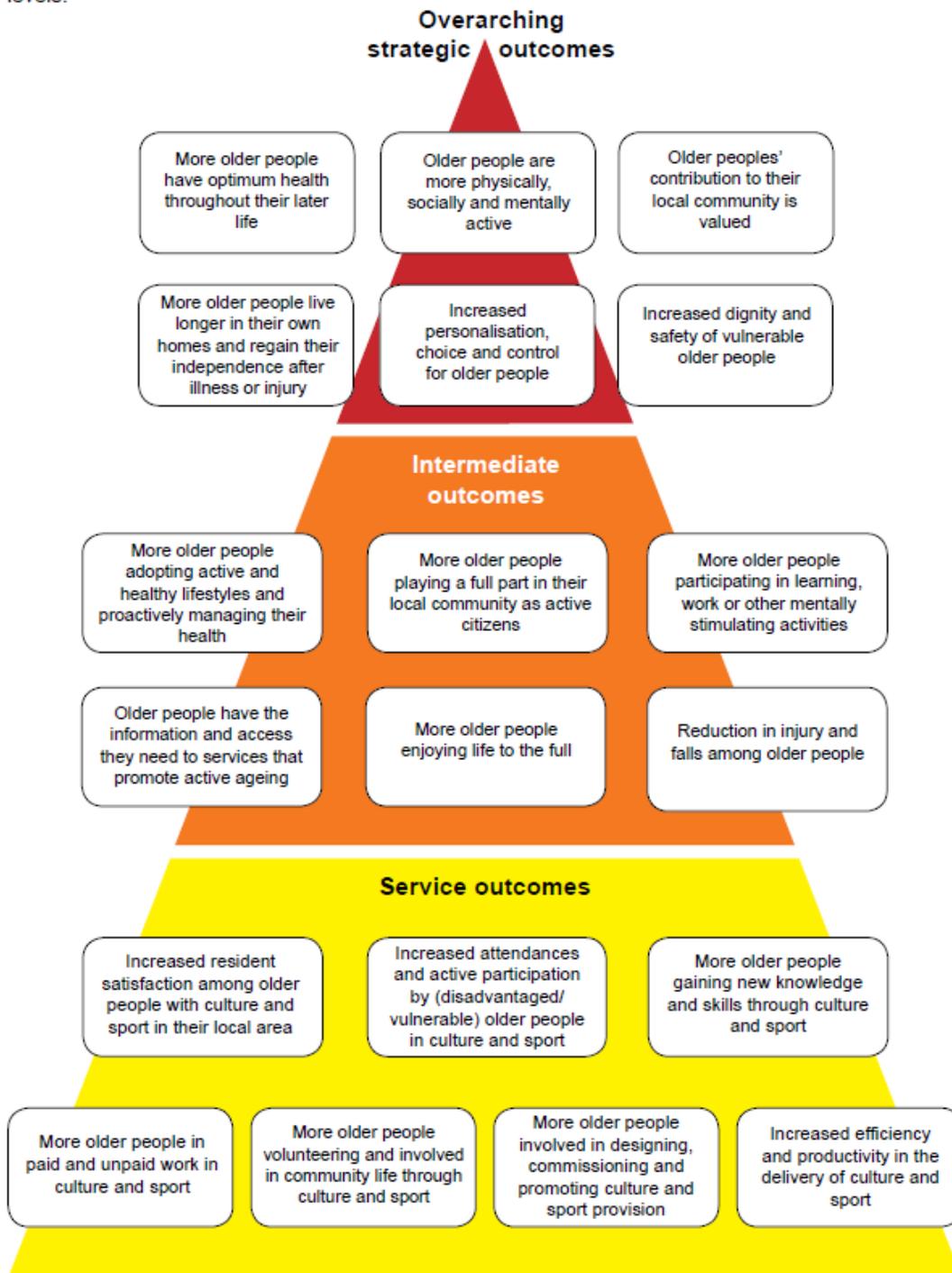
- 1. Read this document and seek to understand the context that adult care providers are operating in.**
- 2. Investigate what your local adult care needs are and think about which ones your services could make a contribution to.**
- 3. Identify and engage with the key partnerships that are currently addressing these issues locally.**
- 4. Engage with the commissioning processes that are currently taking place.**
- 5. Build a consortium of providers that can help deliver services and collate the evidence about what your services can contribute.**
- 6. Deliver services that improve outcomes for older people and measure your contribution.**

# Appendix 1

## Outcomes Framework - Older People

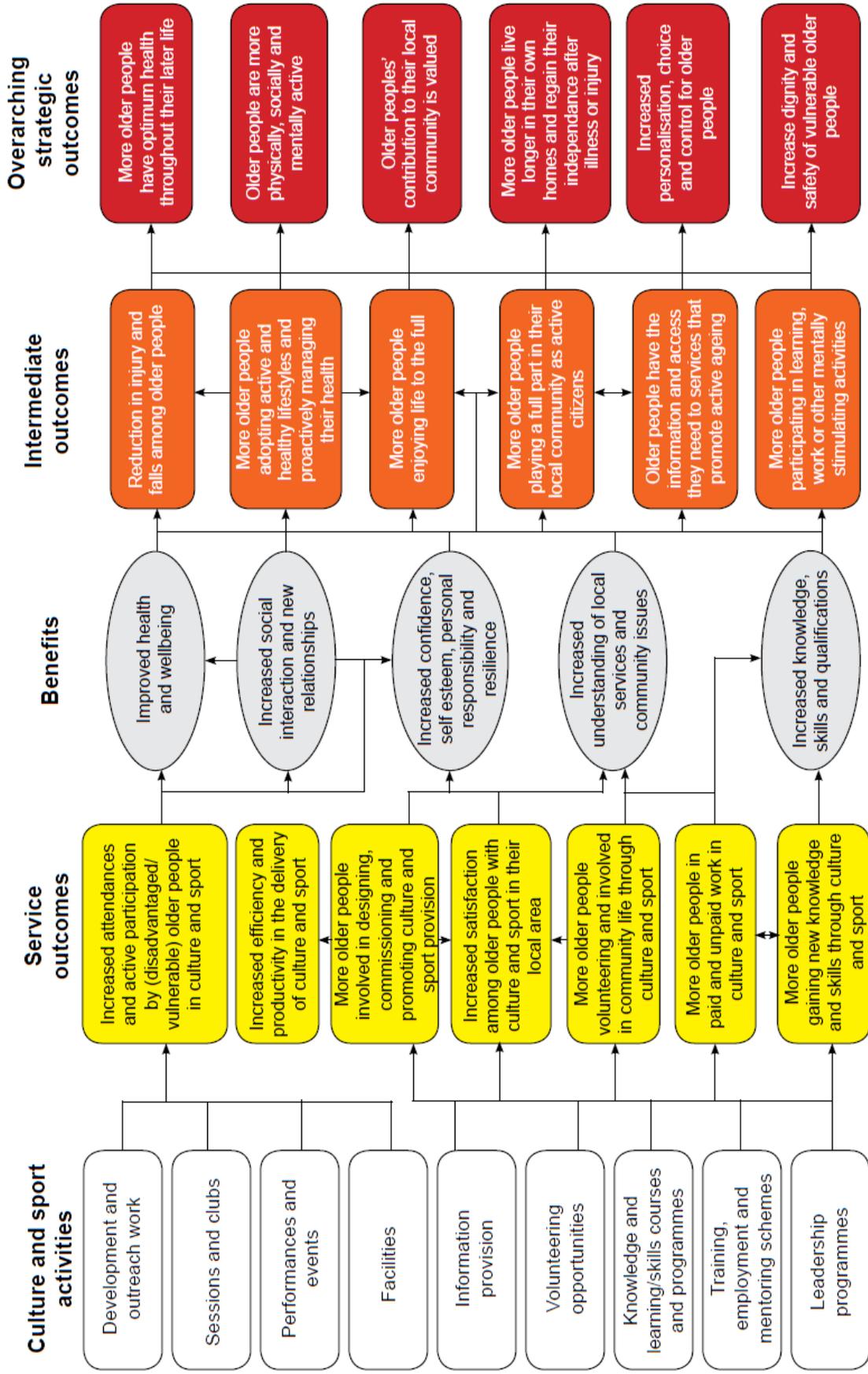
### Outcomes triangle: older people

This outcomes triangle gives an overview of culture and sport's contribution to better outcomes for older people. It suggests local outcomes at service, intermediate and overarching strategic outcome levels.



## Logic model: older people

This logic model illustrates the main links between service activities and better outcomes for older people. It suggests broad groupings of activities, benefits of culture and sport to individuals, communities and places, and how these in turn contribute to the achievement of intermediate and overarching strategic outcomes.





Produced by IDeA in association with the National Culture Forum  
Revised by the Chief Cultural & Leisure Officers Association, August 12

