Impact case study (REF3)

**Institution:** University College London

**Unit of Assessment:** 5 – Biological Sciences

**Title of case study:** Enhancing the impact of arts, culture and nature on health and wellbeing through community engagement and national policy influence

**Period when the underpinning research was undertaken:** 2013 - 2020

**Details of staff conducting the underpinning research from the submitting unit:**

<table>
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<th>Name(s):</th>
<th>Role(s) (e.g. job title):</th>
<th>Period(s) employed by submitting HEI:</th>
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<tbody>
<tr>
<td>Prof Helen Chatterjee MBE</td>
<td>Professor of Biology</td>
<td>September 2000 - Present</td>
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**Period when the claimed impact occurred:** 2014 - 2020

**Is this case study continued from a case study submitted in 2014?** No

1. **Summary of the impact**

Professor Helen Chatterjee’s research investigates links between arts, cultural and other community assets and the wellbeing of the communities who visit and use them. It has directly improved the emotional and mental wellbeing of those participating in the project - ranging from refugees to those with dementia and mental health issues. Through improving the evidence base, the research has informed the outreach and practice of cultural institutions (such as the Art Gallery of Ontario and Tyne & Wear Archives & Museums). Furthermore Professor Chatterjee’s research has helped policymakers to become better informed as to the connections between culture and wellbeing through the All-Party Parliamentary Group (APPG) on Arts, Health and Wellbeing, and has shaped wider heritage policy, for example through citation in reports by UK Department of Culture, Media and Sport and the World Health Organisation.

2. **Underpinning research**

Arts and cultural organisations are increasingly aware of the role they can play in supporting the wellbeing of the communities that frequent them—particularly in terms of reducing depression, anxiety and stress amongst visitors. Yet to achieve these aims, cultural organisations need evidence of the most effective ways to improve audience wellbeing. Until recently this has consisted only of studies with very small sample sizes and predominantly anecdotal feedback. Professor Helen Chatterjee’s work, here described across three related projects, seeks to fill this evidence gap.

‘**Museums on Prescription**’

Chatterjee et al.’s ‘Museums on Prescription’ (between 2014 and 2018, funded by AHRC), was the first project of its kind in the UK to assess the role of social prescribing (community-based referral from a health professional) in museums. The UCL team recruited seven partner museums across London and Kent; the museums ran 12-week and 10-week programmes of museum-based sessions for 115 older adults (65 to 94 years) with approximately 10 participants per group, plus carers. Health and social care practitioners and third sector organisations, for example Age UK, referred participants to museum programmes. Sessions comprised talks, gallery visits, behind-the-scenes tours and collections-inspired creative activities. The research team carried out quantitative evaluation of wellbeing and social inclusion before, during and after the programme using the UCL Museum Wellbeing Measure, a tool developed by Chatterjee and Thomson with 32 specialist museums to better quantify measures of emotional and health responses [R1]. This UCL Museum Wellbeing measure was then utilised in qualitative evaluation of diaries and in-depth interviews. Multivariate analyses showed significant participant improvements in six different emotional registers when comparing participants’ emotions before and after each session, as recorded at the beginning, middle and end of the overall programme’. Two emotions in particular—‘absorbed'
and ‘enlightened’—increased following each session disproportionately to the others, and ‘cheerful’ attained the highest improvement scores [R2].

‘Not So Grim Up North’
The UCL-designed intervention ‘Not So Grim Up North’ (between 2015 and 2018, funded by Arts Council England) was set up with museum partners in Greater Manchester and Tyne and Wear to understand the impacts of cultural and creative programmes for people who had dementia, had survived strokes or who regularly used mental health services. A mixed quantitative and qualitative approach was used to create a video engagement observation tool (co-developed by the researchers), which captured evidence of impact alongside participants and their carers [R3]. Additionally, quantitative and qualitative methods showed how creative participation improved self-esteem and decreased social isolation. Conclusions showed that museums with parks and gardens should consider integrating programmes of outdoor and indoor collections through creative activities that engagement with nature, art and wellbeing [R4].

‘Arts and Forced Displacement’
A further project, ‘Arts and Forced Displacement’ (between 2016 and 2018, funded by the Global Challenges Research Fund (GCRF)) was a collaboration with clients and staff at the Helen Bamber Foundation, London, and Talibiye Refugee Camp, Jordan, to explore how arts and heritage programmes could support the psychosocial health of forcibly displaced people. The project used a Participatory Action Research approach and recruited displaced people, professionals from partner institutions and other stakeholders as co-researchers to co-create outcomes, including a public workshop at the Migration Museum in London showcasing arts and crafts produced by participant refugees and asylum seekers. Chatterjee et al interviewed participant refugees before and after they had taken part in the events to measure their wellbeing. Findings showed that artistic and cultural activities helped participants find a voice, create support networks and learn practical skills useful in the labour market [R5].

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<th>3. References to the research</th>
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Grants supporting this research:
- GBP1,248,268 UKRI (between November 2018 and November 2021) *MARCH*: Social, Cultural and Community Assets for Mental Health
GBP211,119 Global Challenge Research Fund ESRC/AHRC (between October 2016 and April 2018) Co-developing a method for assessing the psychosocial impact of cultural interventions with displaced people: Towards an integrated care framework

4. Details of the impact
'Museums on Prescription' (MoP)
MoP, led by Chatterjee, was not only the first study to assess the role of social prescribing in museums, but also directly benefitted the wellbeing of those adults who participated. Health, social care and third sector partners including Age UK, Camden Carers and Kent County Council identified locally socially isolated, vulnerable and lonely older adults and referred them to participate in the programme at seven partner museums across London and Kent (The British Museum; The British Postal Museum and Archive; Canterbury Museums and Galleries; The Beaney; Central Saint Martins Museum and Study Collection; Maidstone Museum & Bentif Art Gallery; Tunbridge Wells Museums & Art Gallery; and UCL Museums). Older adult participants in the project reported an increased sense of belonging, improved quality of life, renewed interest in learning, increased social activity and continued visits to museum, and there was a statistically significant improvement across all measures of wellbeing and loneliness reduction. Testimonials from participants attest to the programme’s positive impact, with one noting: “It made me feel less lonely. And coming out into places where there are quite a few other people, makes a place like a museum feel more familiar.” Another confirmed how the activity eased their loneliness: “This sort of thing, it helps lonely people, helps with confidence as well and I think that’s the other thing with being lonely or on your own…you haven’t got the confidence to go in on your own.” One participant said that the activity had changed their perspective: “I’ve learnt so much from it. It’s expanded my thinking, it’s keeping my brain going because it’s given me a different way of looking at things.” [S1].

Not only did the programme benefit older adult participants, but also the project partners. For example, the Head of the Evidence Unit in the Personalised Care Group, NHS England and NHS Improvement said: “Helen [Chatterjee]’s work (such as Museums on Prescription and the Community COVID research) is helping to raise awareness of the benefits of arts-based activities for health and wellbeing, as well as getting a better understanding of what works” [S2]. Through offering novel community-based programmes for their service users, and helping to reach previously untapped audiences, the project has also benefitted referrers. The Assistant Curator, Community Programs at the Art Gallery of Ontario, Canada has said that Chatterjee’s research “provides me with the ability to justify, propose, develop and implement programming which has a fundamental impact on wellbeing” [S3].

A key impact of MoP was a best practice resource ‘Museums on Prescription: A guide to working with older people’, which was co-produced by the whole project team, including several older adult participants. Lessons learned from the development of novel MoP schemes are now changing and influencing other museums’ practices through the creation of this resource. Chatterjee has received scores of requests for further information about the project, over 20 invitations to give talks about the project including keynote speeches in the UK and overseas, such as the Alberta Museums Association (September 2019), Group for Education in Museums (September 2015) and the International Culture, Health and Wellbeing Conference, Bristol (June 2017). The project has also received the following awards:

- 2018: National Museums and Heritage Awards: Best Educational Initiative
- 2017: RSPH: Arts and Health Award.

‘Not So Grim Up North’
The ‘Not So Grim Up North’ project directly contributed to the wellbeing of people with dementia, mental illness, stroke survivors and those in addiction recovery through creative activities run by The Whitworth, Manchester Museum and Tyne & Wear Archives & Museums. These museums have developed long-term relationships with local healthcare services (e.g.
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<th>Trafford Hospital</th>
<th>and local third sector charities, and engaged with the project because they were interested in developing a better evidence base around the impact of their work.</th>
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After engaging with the programme, participants reported (in a series of interviews carried out by the project team) that their mood had improved, that they were reconnecting with other people, and getting involved in volunteering. One participant in The Whitworth’s GROW Programme, Manchester, said: “I did feel a lot happier, every time I finished the session. I felt a sense of achievement very much so, self-esteem… a sense of belonging as well and doing something that refers to myself and especially with other people. It just made me feel not only more solid within my beliefs in myself and what I can do but a lot more connected, because it was done in a group session as opposed to a one-to-one.” Another felt that the programme created a sense of community through activities with people who shared the experience of mental health difficulties: “It was very important to relate to people, that we had a common ground factor and that was our mental health experiences. Any other art group that wasn’t focused around mental health, I would never be able to have the same chats and the same connection and the same understanding and empathy” [S4].

Museum staff also reported benefits, as described by the Assistant Outreach Officer from Manchester Museums, who said: “Participant X was quite agitated at first (shouting), however, as time went on he completely engaged – talking about the objects and asking about what was happening next week. He told me he was looking forward to seeing me next week!” [S4].

Participating museums also noted how the project had improved their outreach practice. The Head of Outreach at Tyne and Wear Archives and Museums said that “being involved in this research has positively impacted how we design, develop and deliver our outreach services and programmes, which in turn leads to wellbeing improvements for our audiences” [S5].

### ‘Arts and Forced Displacement’

The GCRF-funded ‘Arts and Forced Displacement’ project showed that creative activities offered opportunities for displaced people to be seen as something other than a refugee or asylum seeker; in addition, participants enjoyed acquiring language skills and gained a chance to explore difficult issues associated with displacement in a safe space outside the clinical setting. One client in the midst of seeking asylum described the “sense of community” that the project offered: “with that opportunity of people meeting up in the groups where there is a therapeutic activity going on, again it’s a distraction from immigration and we know we are all going through it […] And learning new things like polishing our existing skills, it’s just amazing.” [S6]. Another participant point out the programme’s ability to create long-lasting social connections: “If you’re in a situation where you’ve been completely isolated from people for a while and you just don’t know who to trust, or to be around people, it’s one of those spaces where you can get to meet people, socialise, and actually make friends. […] And these friendships do last” [R5].

### ‘National Alliance for Museums, Health and Wellbeing’

Chatterjee’s research into heritage and wellbeing led her to become Chair and Co-Founder of the National Alliance for Museums, Health and Wellbeing (from 2014 to 2018, funded by Arts Council England), which established a national sector support organisation providing training, conferences and a free online course. In 2018 the Alliance merged to form the Culture, Health and Wellbeing Alliance, which Chatterjee helped to set up. CHWA has over 5,000 members and provides the secretariat to the All-Party Parliamentary Group (APPG) on Arts, Health and Wellbeing, on which Chatterjee advises. The APPG’s Inquiry Report ‘Creative Health: The Arts for Health and Wellbeing’ includes a special section on Chatterjee’s Museums on Prescription project, and Lord Darzi, (Professor of Surgery, Imperial College London) has said that the report “[laid] out a compelling case for our healthcare systems to better utilise the creative arts in supporting health and wellbeing outcomes, building on a growing body of evidence in mental health, end-of-life care and in supporting those living with long-term conditions” [S7].
The impact of Chatterjee’s work in relation to wider sector support and on policy can be seen through her role as an Advisor for the APPG on Arts, Health and Wellbeing and the Culture, Health and Wellbeing Alliance (CHWA) where she chairs the Strategic Alliance Partners Committee including senior reps from the NHS, Public Health England, Local Governments Association and Arts Council England. Lord Howarth (Co-Chair of the APPG) described Chatterjee’s presence on the APPG as “an invaluable source of ideas to all involved,” in part due to her “ability to communicate technical matters intelligibly to those without her specialised expertise” [S8]. The Policy Project Manager for the Heritage Fund said that “Professor Chatterjee’s expertise within the All-Party Parliamentary Group on Arts, Health and Wellbeing has led directly to a long-term improvement in the profile and social impact of UK cultural participation, including resource allocation” [S9].

The influence of this work on wider heritage policy can be seen in its frequent citation in recent reports from key stakeholders in the heritage sector. For instance, The Heritage Alliance 2020 report, ‘Heritage, Health, and Wellbeing,’ featured a section on heritage wellbeing, saying that “Heritage can provide healing spaces and activities for people living with particular conditions, such as dementia and post-traumatic stress disorder (PTSD). This work has been spearheaded by Professor Helen Chatterjee and her colleagues at University College London” [S10]. The World Health Organisation cited [R2], [R3], and [R5] in its 2019 evidence report, ‘What is the evidence on the role of the arts in improving health and well-being?’ and a recent report commissioned by the Department for Culture, Media, and Sport cited [R5] to argue that “the evidence base on arts and social cohesion is strong and can be trusted to guide policy development” [S10].

5. Sources to corroborate the impact
[S2] Testimonial from Head of evidence unit, Personalised Care Group, NHS England and NHS Improvement
[S3] Testimonial from Assistant Curator, Community Programs at the Art Gallery of Ontario, Canada
[S5] Testimonial from Head of Outreach, Tyne and Wear Archives and Museums.
[S8] Testimonial from Lord Alan Howarth of Newport, Co-Chair of the APPG AHW
[S9] Testimonial from Policy Project Manager, Heritage Fund and former Curator, Community Learning at Tate Modern (2006-2014)
[S10] Heritage sector policy documents citing Chatterjee’s research: