Professor Helen Chatterjee, Professor of Biology at University College London (UCL) Biosciences and UCL Arts and Sciences

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HELEN CHATTERJEE is a Professor of Biology in UCL Biosciences and UCL Arts and Sciences. Her research includes evidencing the impact of natural and cultural participation on health; she co-founded the Culture, Health and Wellbeing Alliance, is an Advisor to the All-Party Parliamentary Group on Arts and Health, Chairs the Royal Society for Public Health's Special Interest Group in Arts and Health, and is a Founding Trustee of the National Centre for Creative Health. She is currently part of the Academic Collaborative building the evidence base to support National Academy for Social Prescribing (NASP). Her interdisciplinary research has won a range of awards including a Special Commendation from Public Health England for Sustainable Development and the 2018 Arts and Humanities Research Council - Wellcome Health Humanities Medal and Leadership Award; she received an MBE in 2015 for Services to Higher Education and Culture.

'**Community engagement during the COVID19 pandemic: how can community assets and social prescribing redress health inequities?**'

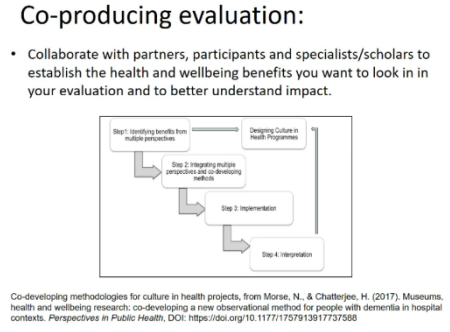
I am going to share the research we have been doing over last 10-15 years regarding the benefit of community engagement. Our research is focused on bio-psychosocial, so what happens to the whole body, both the physical body, but also psychological, and the social benefits of access to arts, culture and nature. We look at this from the perspective of individuals with lived experience and their carers, through to population. A lot of our work is focused on identifying what sort of methods really help up best capture that experience of engagement with community assets like art, artists, museums, and other benefits like our nature and blue assets that James has talked so articulately about. Finally, I think it is really important to connect up research, policy and practice in the sorts of ways that Veronica and her team do at Arts 4 Dementia (A4D). We have seen the huge benefits that arts have had in terms of shifting through major changes in social prescribing.

I am going to do this through the lens of a couple of studies which I am going to whizz through. This first study, Not so Grim Up North, was completed a couple of years ago and was funded by Arts Council England, and working with Manchester Museums and Galleries partnership, and Tyne and Wear Archives and Museums. Those two museums' services have worked really hard over the past 10 years with communities, really taking their collections and spaces to untypical users, they've worked a lot in hospital spaces and community spaces, reaching out to communities and bringing those audiences in. What we

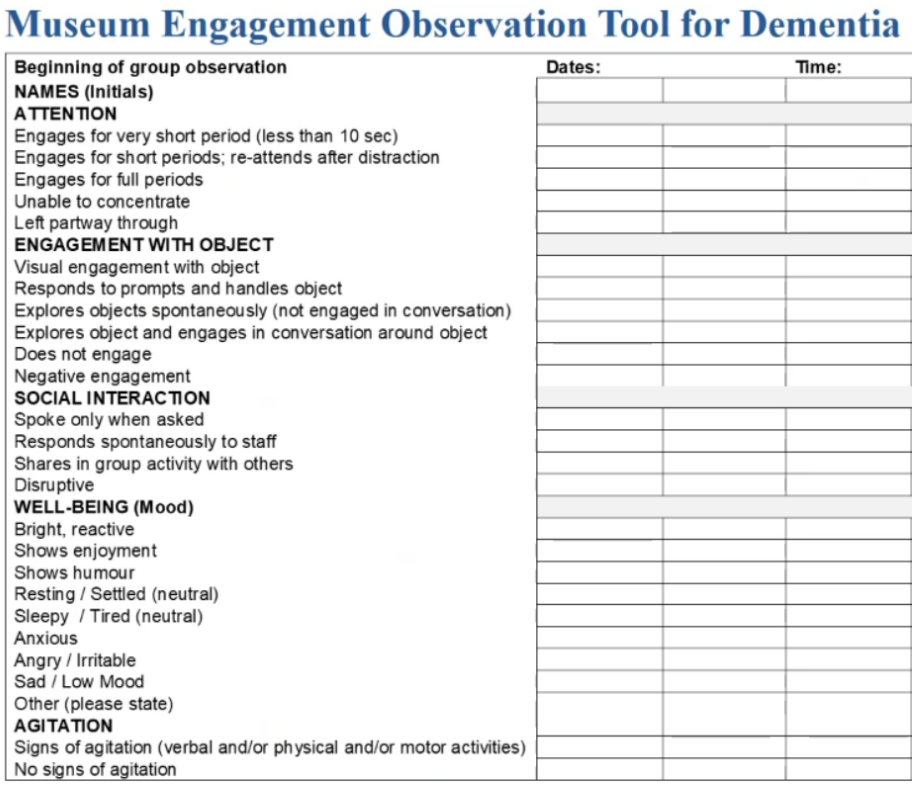
were interested in this project was understanding the impact of different kinds of museum activities on health and wellbeing outcomes. I am only going to share the information for older adults living with dementia in hospitals, but those organisations have been working with people living with dementia, from first diagnosis through to audiences who are already hospitalised. We also worked on this project with people who are stroke survivors, those with an acquired brain injury and those with mental health issues.

In our research we use a whole range of different methods. I think it is important to really understand the nuances of what happens when people engage in arts and community assets, and what sort of benefits can be derived from those sorts of engagements. We use a mix of both quantitative and qualitative evaluations. This included UCL Museum Wellbeing Measure (2013), Short Warwick Edinburgh Mental Wellbeing Scale (2008) and life satisfaction questions, systematic observations (dementia and stroke patients), participant, facilitator and research diaries, structured observations, and end of programmes interviews. I am not going to talk in detail about those methods or indeed specific outcomes today. I wanted to focus specifically on some work that we did developing new tools, working very closely with participants and people with dementia or lived experience, their carers, and their health care professionals, to really develop methods that help us better to understand how we can produce better methods to capture that experience.

Here, *Museums, health and wellbeing research: co-developing a new observational method for people with dementia in hospital contexts* (2017) we were working particularly with healthcare professionals both in the community who were supporting people living with dementia, but also within hospital settings. The reason I think it is so important, to have this shared co-production in doing research, is that we want to deliver the best outcomes for the participants when we are working with them as a community organisation. In order to do that, we need to develop best kind of interventions, programmes and projects that can deliver the best outcomes. For us this has really involved a whole series of conversations, discussions, and piloting of different sorts of tools. Working with the tools that already exist to capture experiences of say people living with dementia, and then thinking how we can adapt those



tools to deliver the best outcomes within the very bespoke activities that our arts organisations, like museums and galleries, are delivering.



Museum Engagement Observation Tool for Dementia

Beginning of group observation	Dates:		Time:
NAMES (Initials)			
ATTENTION			
Engages for very short period (less than 10 sec)			
Engages for short periods; re-attends after distraction			
Engages for full periods			
Unable to concentrate			
Left partway through			
ENGAGEMENT WITH OBJECT			
Visual engagement with object			
Responds to prompts and handles object			
Explores objects spontaneously (not engaged in conversation)			
Explores object and engages in conversation around object			
Does not engage			
Negative engagement			
SOCIAL INTERACTION			
Spoke only when asked			
Responds spontaneously to staff			
Shares in group activity with others			
Disruptive			
WELL-BEING (Mood)			
Bright, reactive			
Shows enjoyment			
Shows humour			
Resting / Settled (neutral)			
Sleepy / Tired (neutral)			
Anxious			
Angry / Irritable			
Sad / Low Mood			
Other (please state)			
AGITATION			
Signs of agitation (verbal and/or physical and/or motor activities)			
No signs of agitation			

Our Museum Engagement Observation Tool for Dementia, *The Role of Co-production Methods in Developing an Observational Tool for Museums in Health Research for People Living with Dementia* (2020) developed in collaboration with a range of different hospital staff, carers and people with dementia, was really helping us understand what sort of benefits we are looking to derive from these sorts of activities. Here we are talking about close looking at museum objects, and associated arts activities like craft, drawing or painting associated with the museum collections. In speaking with our different audiences that we were working with there, what we were looking to deliver was trying to pull together what the sorts of benefits can be from that very close work. Here we are looking at visual association, hand-eye coordination, precision grip, in tandem with having conversation, often with people who might be at that stage in their dementia where they are not able to communicate verbally very effectively anymore. Having opportunities to do that sort of engagement is important. The way this tool developed was really about having close observation and looking over a long period of time, with researchers really following those participants as their involved in those activities. That enables us to capture those nuanced outcomes.

What we found in these settings is really the value of activities as an adjacent to traditional occupational therapies that might be being offered in this setting, and person-centred care. Overview of findings was positive impact of creative museum sessions of psychological

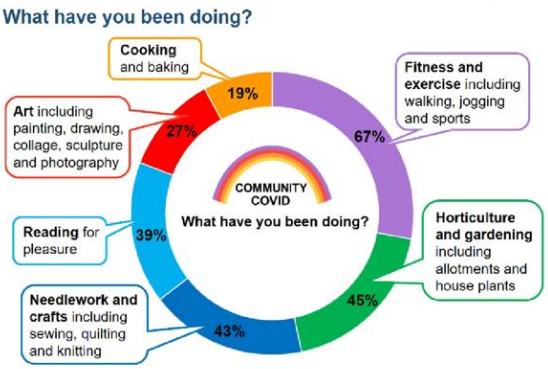
wellbeing, mood, and social participation. This person-centred approach is the real value. We are not talking about replacement, but it is about delivering better therapeutic outcomes that can be delivered through arts engagement.

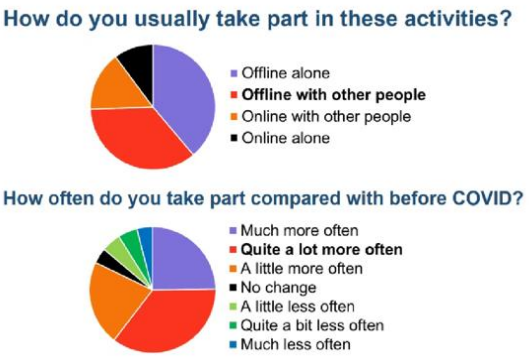
We have seen COVID19 particularly affecting the most vulnerable and isolated members of society, we know that they have been adversely and disproportionally affected. We have been doing research over the past year or so with a whole range of organisations, looking at what they have been doing, essentially to try and tackle those major issues of, for example, people living in poverty or who are receiving low wages, and those people who have been more adversely affected, as has been shown by Michael Marmot's really fantastic COVID study, *Build Back Fairer: The COVID19 Marmot Review* (2020). We undertook a study a year ago called *Community COVID: Combating Social Isolation through Creative and Community Engagement* (2020). I am going to whizz through some of the key findings for this: here we are interested in looking at what organisations like A4D have done in the face of COVID, what works best for those participants, and also how can we look at the lessons we have learned, to take forward into a more blended approach as we come through COVID.

- **Survey: *What have you been doing?* (n = 310)**
  - Open questions about activities during pandemic restrictions
  - Wellbeing rated using UCL Museum Wellbeing Measure
  - Loneliness rated using 3-item Loneliness Scale
- **Follow-up interviews: *More about what you have been doing* (n = 40)**
  - In-depth interviews using guideline questions with subset of survey respondents
  - Carried out by 5 Voluntary Arts Regional Development Officers (to avoid researcher bias)
  - Wellbeing and Loneliness rated using above scales
- **Community COVID questions embedded in HEartS Survey (n = 3,647)**
  - Survey carried out by Royal College of Music using Qualtrics
- **Vulnerable and Shielding Research**
  - Interviews and workshops with people who are vulnerable and shielding
  - Interviews and focus groups with practitioners
  - Survey sent out to practitioners, social prescribing link workers, community organisations
  - Rapid evidence review: n=300 case studies, peer reviewed and grey literature

This has focused on collecting data from a range of organisations who are offering a whole range of services, and most importantly those individuals supporting those services, and those with lived experience who are participating. We have conducted a whole range of surveys, interviews, and creative workshops to capture those experiences. What we found was just a huge plethora of fantastic resources made available, from arts to nature and wildlife organisations.

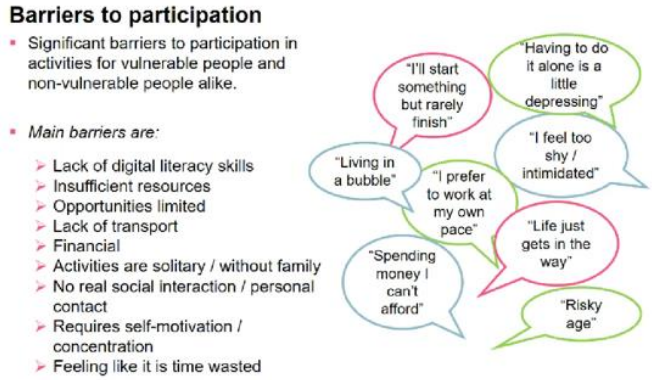
You are going to be hearing about the wonderful work A4D has done creating a new online offer for their peri-diagnostic approach. We have seen similar approaches from a whole range of organisations. What we were interested in doing is looking at what people have been doing during that time, and this chart here shows how people have been using their time. The outdoors has been highlighted, getting more involved in the outdoors, and we have seen bigger increases in involvement in these activities than they did pre-COVID. I think that is really good for arts, culture and community assets.



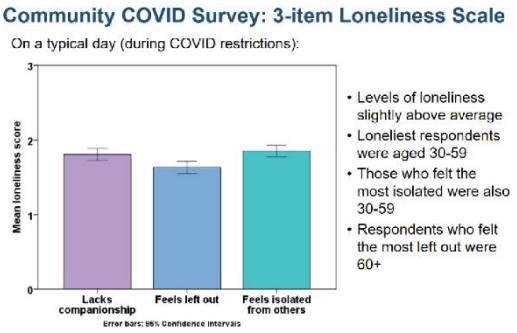


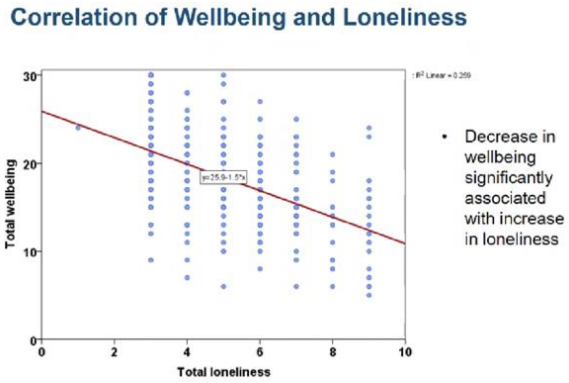
We have looked at the positive aspects, there is lots of great results of people getting fitter and they are engaging more in exercise. There has been a big focus on creativity, and lots of opportunities for connecting and sharing. There are also negative aspects. Some of the challenges of being on Zoom too much, and critically, not having access to WiFi or a digital device.

We focused on barriers to participation, it is really important that if we are interested in tackling inequalities, to think about going forward, how we can take those approaches which we've adapted so well for COVID and take that learning forward to understand what works for the most vulnerable people.



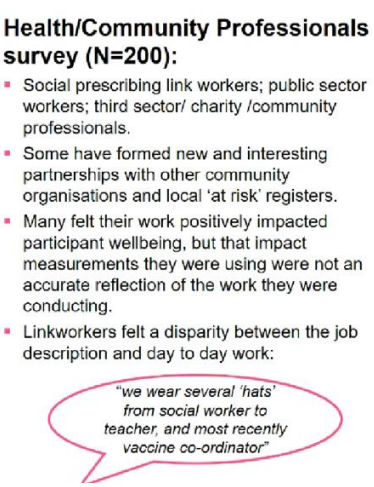
We also looked at loneliness, and we have seen that it has increased for people more than average because of COVID, and again this has targeted those most isolated already, those who already shielding. We also found a really good correlation with wellbeing and loneliness, and the more that people have engaged with community assets and resources, whether online or offline, we've seen that wellbeing can increase, and loneliness decreases.





Finally, we have also looked at community professionals like social prescribing link workers (SPLW), and charity professionals about at what has worked. We have seen they have formed new and interesting partnerships with community organisations, with, for example, local at-risk registers, but many feel they are not adequately capturing the positive impact of their work and so it really is important that we look at how we capture people's experiences of arts and community asset engagement.

To sum up we have seen some really nice examples of creative health partnerships and unexpected collaborations. We are still seeing significant barriers to participation for the most vulnerable members of society. We have seen surge in social prescribing referrals, but we need to think about changing needs of health service, and how we can make that geared towards people who are experiencing inequalities in a more targeted way. We have seen how fragile this community eco system is. There is still work to be done, and there is still lots of opportunities within SP, but we really need to think about how health inequalities can be at the heart of that referral process.



"I do believe that this pandemic affects every single person in the world, and that only by coming together as one people, one family, one humanity, will we deliver us from the scourges of ill-health, disease, poverty, famine and war."

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