

## Scotland

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**Rachel McLellan**, Culture Policy Officer, Scottish Government.

**Robbie McGhee**, Chair, Arts Culture Health and Wellbeing Scotland,  
'How can a National Network help support social prescribing to Culture  
as a Peri-Diagnostic Practice for Dementia'.

**Jan-Bert van den Berg**, Director, Artlink Edinburgh.

**Susan Grant and Ian Mackenzie**, Arts Manager and Green Health  
Programme Manager, Edinburgh and Lothians Health Foundation.

## Robbie McGhee, Chair, Arts, Culture Health and Wellbeing, Scotland.

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ROBBIE MCGHEE has 25 years' experience working in the area of arts, mental health and wellbeing, as a practitioner and now in research, funding and development. He is currently Chair of Arts Culture Health and Wellbeing Scotland, Associate Director of Art in Hospital, Freelance Arts and Health Consultant and Arts and Health Research Associate at Glasgow University in School of Medicine. He has previously worked for local and national government and led on the development of the Culture Strategy for Scotland.

### **'How can a national network help support social prescribing to culture as a peri-diagnostic practice for dementia.'**

Arts Culture Health and Wellbeing Scotland is an active network which provides information and support for anyone working across arts, culture, health and wellbeing in Scotland. The network is open to anyone to join, including artists, organisations, cultural providers, and researchers. We take a broad understanding of both culture and health. We recently received support from the Scottish government who, in their Culture Strategy for Scotland, have a strong focus on health and wellbeing. We developed Arts and Health Scotland into the new charity, named Arts Culture Health and Wellbeing Scotland. We have also recently received funding from Creative Scotland to help support us gain stronger links with our membership programme, host a series of conversations, and produce a newsletter to increase the reach and profile of collaborations within culture and health, both within Scotland, the UK and internationally.

We are really interested in the whole conversation around social prescribing, and this is a conversation that is taking place across health and culture at the moment. I know there are lots of good examples of work happening where referrals are happening to culture from health. We would be keen to see if the network can play a role in supporting and highlighting these cross disciplinary collaborations, and if we can advocate for social prescribing referrals to culture, and the benefits they can have to people. There are examples of work within dementia services, and for people who have not had their diagnosis and who are in the early stages accessing culture, and the positive effects that can have on their illness and how they progress.

Early intervention to access culture can have a really positive effect on people, so we as a network would like to continue the conversation. We would like to be a strong advocate of social prescribing to culture, and we would like to continue to engage in this conversation, and in some ways maybe lead the conversation. We have had requests asking if it is possible for us to hold a working group, so we can get a better idea of

what is happening nationally, and if there is a way for us to have a stronger voice together, to advocate for funding and support in this area. It would be great to kept in the loop and stay involved in this conversation. We are a membership organisation, so you can just join us as a member via the website, which is great to keep informed around how we are progressing as an organisation over the next few years.

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## Jan-Bert van den Berg, Director, Artlink Edinburgh.

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JAN-BERT VAN DEN BERG is Director, Artlink Edinburgh and the Lothians. Jan-Bert trained as an artist at the Royal College of Art and has worked for Artlink for 30 years. Artlink was established in 1984 to support and promote the involvement of people experiencing barriers to participation in the arts. We offer practical support so that older people, people with physical disabilities, mental health problems or learning disabilities can participate in the cultural life of their communities and work with arts venues and organisations to increase opportunities to enjoy the mainstream cultural offering. We also support a range of programmes which creates partnerships with artists, health, social care and community organisations where the arts process supports positive inclusion and change.

I am the Director of Artlink Edinburgh. We support a range of people with complex healthcare needs and those with mental ill health, in a variety of community and healthcare settings. This is something we have been doing for over 35 years. Our aim was quite simple. To make sure basic human rights are supported. We recognise there are many barriers that individuals experience, and we continue to think creatively around how to overcome these barriers, and make sure this is informed by individual experiences.

What I am going to talk about is how we approached this for older people with additional support needs who live the community, and who have a love of culture, and what happens when a pandemic appears out of nowhere. Artlink have been involved in running an Arts Access programme since it was founded in 1984. The idea is really simple, you match someone with additional support needs and a love for culture with a volunteer who shares this love. Through doing this, you can overcome a range of barriers, such as transport and social isolation, and you create the opportunity for an enjoyable experience at a cinema, theatre or gallery. We currently have 200 service users supported by over 100 volunteers. Out of those 200 users, around 50% are older people. In a normal year we run more than 1000 outings, and we closely work with a range of arts providers in the city, to look at how we make the cultural offering more responsive to specific interests and needs. We focus on what can fire our joint imagination and see what happens when you look at something from a different perspective.

That imagination was put to test in March last year, as a service which supports people access the theatre or a gallery suddenly had to stop operating from one day to another. What we did is we took to the phone to get a sense for what was happening for people. Most of this had little to do with arts events, but more to do with making sure people are ok.

We tried to establish what people needed, but also what the best way of communicating would be, and what would be useful to offer. That took a while to work out, and between cancelling tickets, and organising refunds, we made sure that volunteers were matched with service users we thought were particularly vulnerable.

As things started to relax, we were able to explore more creatively. We tried to using gardens for music and performances, and that worked well, not only for our service users but also for the neighbours. We started exploring distance storytelling sessions during the summer. Then these developed into telephone sessions as the Scottish winter hit. These activities are about keeping contact with people, giving them a different focus and exploring what you can do very simply. At Christmas we dropped off care packages with festive cakes, that was a great experience. We then moved into the second lockdown, we added a postal embroidery workshop and a drop off and pick-up ceramics workshop as possibilities. We also keep people informed with monthly newsletter. Most recently we have linked up with Joy Rides Edinburgh, which offers the opportunity to get out and about on an electrically powered tricycle. In the words of our coordinator for the Arts Access service, it has been quite a journey, but one where we have picked up lots of new ideas and skills along the way.

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## Susan Grant and Ian Mackenzie, Arts Manager and Green Health Programme Manager, Edinburgh and Lothians Health Foundation.

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SUSAN GRANT is Arts Manager, Tonic Arts, Edinburgh and Lothians Health Foundation, the official charity for NHS Lothian. It provides funding and makes grants to support projects and initiatives not normally funded by the health service, including strategic programmes in arts in health and wellbeing and green health. Susan has managed the award-winning Tonic Arts programme since 2014, creatively enhancing the healthcare experience and environment of NHS Lothian, in partnership with patients, staff, artists and organisations. Tonic Arts is a diverse, multi-arts programme of events, exhibitions, artist residencies, art collection curation and art and design commissioning that improves patient health and community wellbeing. Susan has over 20 years' experience of collaborative, participatory and public arts as an artist and arts manager in gallery, community and healthcare contexts. She has collaborated with partners such as Peacock Visual Arts, Grampian Hospital Arts Trust, Edinburgh Sculpture Workshop, Triangle Arts Trust and Arts Tasmania and undertook a social prescribing residency with NHS Grampian in 2005, working alongside patients with stress-related conditions.

IAN MACKENZIE is Green Health Programme Manager at Edinburgh and Lothians Health Foundation, which aims to improve the physical and mental health of the people of Scotland. Working in environmental sector for the past 10 years Ian has a strong track record of developing programmes that benefit people and wildlife. Ian was a programme manager for the Scottish Wildlife Trust and developed the Cumbernauld Living Landscape from concept through to award winning multi partner project. He has a passion for connecting people to nature on their doorstep and unlocking the benefits this can bring. Now employed by Greenspace Scotland, he is embedded in NHS Lothian as the Green Health Programme Manager and leading the delivery of the Greenspace and Health Strategic Framework for Edinburgh and the Lothians.

**SG:** Ian and I both work for Edinburgh and Lothians Health Foundation, which is one of the official charities for NHS. Our Foundation provides funding to support projects and helps initiatives not normally funded by the health services. That includes supporting strategic programmes in volunteering, arts and health, and green health. I run Tonic Arts, which is the arts programme, and it has traditionally focused on acute and hospital settings, and that includes enhancing the environments through an art collection and exhibitions, commissioning art and design in new hospitals, and also enhancing experiences through an ongoing programme of arts activities, delivered with a number of arts partners, including Artlink.

Much of this has been delivered remotely in the last few months and has

been supplemented by arts packs going out to hospital and community settings and patients. We also deliver strategic projects and programmes. I have a particular interest in social prescribing, having been involved in delivering a Creative Scotland funded pilot programme, a residency model set in a primary health care centre in Aberdeenshire in 2005. I was interested in listening to people's comments about the issues we encountered during that project with building trust with patients and GP surgery staff, which was certainly key to the success or failure of any of the activity delivered there. I am going to hand over to my colleague Ian, who is the Green Space Manager in the Foundation, and he has been delivering over the past few months a strategic green space development programme in social prescribing.

**IM:** I am the Green Space Programme lead, there have been so many parallels between the work I have been doing on green health social prescribing, and what we are talking about in terms of arts and social prescribing. Over past four or five months we have identified that during the lock down, despite the fact the media attention focused on how people were using green spaces more, there is actually growing inequality in that access. The media reports don't tell the full picture, and where there are existing health inequalities, they were only deepened by the lockdown, and that is the same with green spaces.

Older people who previously had little access had even less access due to shielding, and this was a real problem because there's really good evidence around the health and wellbeing benefits of accessing nature. Over the past four or five months we have been working with partners across the Lothians to look at how we can deliver more green health social prescribing in the Lothians. We have worked with around 200 people now, and these have been potential prescribers, health care professionals and other people within the system. Potential providers - so these might be people running wild swimming courses, therapeutic gardening, walking groups - if you can do it outdoors, then there will be a green health social prescribing activity for it. What we are saying makes it unique is that it happens in a natural environment, and there are additional benefits of these activities because they are delivered in a natural environment. This work is ongoing, and we are working with a huge range of different providers at the moment, and we're trying to develop this shared understanding, and a shared set of outcomes.

As we have engaged with so many different people, we have found that in terms of the providers, the prescribers, and the people that can potentially benefit, there is so many different languages and challenges to understanding what needs to happen. As part of our development work, we have started to identify some golden threads that we're seeing to be really important in terms of green social prescribing.

1. The first is that good conversations are key, I know from the community link workers, this is a really important part for

them. Everyone needs to understand what those good conversations are, whether it is the activity providers, or the prescribers, or the person who is going to be taking part in those activities. It needs to be led by the needs of those people taking part.

2. The second thread is around the inequalities that arise at all levels of the system, and that the activities need to be targeted to those people with the greatest level of need. This comes from provider perspective too. I have worked with lots of different providers to create services, but how do we target those services to where they are needed most?
3. Information has been mentioned a couple of times today, we are finding that local information is really important. There has been attempts at apps and websites and databases, I have been involved with them before, but what seems to be really important is local information, local communities and the information that is held of the assets in that community.
4. Finally, there have been a lot of pilot projects, there is a lot of good work out there, but how do we take the next step and really embed this in the system, so that it becomes mainstream, and not just another pilot project or another small-scale intervention.

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