

HEALTH AND SPORT COMMITTEE**SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT****SUBMISSION FROM MUSEUMS GALLERIES SCOTLAND****Introduction**

Museums Galleries Scotland (MGS) is the National Development Body for the museum sector in Scotland. We work collaboratively to invest in and develop a sustainable museum and galleries sector for Scotland, in line with the aims of ‘Going Further: The National Strategy for Scotland’s Museums and Galleries’¹. We work with a sector of over 400 museums and galleries, supporting and enabling them to meet their objectives through strategic investment, advice, advocacy and skills development opportunities.

1. To what extent does social prescribing for physical activity and sport increase sustained participation in physical activity and sport for health and wellbeing?

MGS welcomes the opportunity to comment on the Committee’s Call for Views on social prescribing. This inquiry is an important acknowledgment of the potential of social prescribing to respond to health and wellbeing needs of people through alternative pathways to traditional clinical solutions. While the focus of the inquiry relates to physical activity and sport, MGS considers that – particularly in the absence of a cultural component taking place elsewhere – this review should be cognisant of the important contribution which cultural heritage and the work of Scotland’s museums sector could make to social prescribing as a practice.

There have been interesting studies on individual social prescribing programmes and on the effectiveness of social prescribing in general and museums in particular². These have suggested positive outcomes with respect to increasing or sustaining participation in cultural activities and attendance at cultural heritage sites such as museums³. An open approach to social prescribing would be one which enabled individuals to seek solutions which best reflected their personal interests, with such interventions more likely to have an improved, long-term effectiveness for participants. Indeed, it has been shown that:

“Museums can be instrumental in offering adult activities that improve psychological wellbeing and may lead to long-term outcomes such as sustained social capital and enhanced physical health”⁴.

Typically, social prescribing works best for addressing low-level need, for example on minor mental health issues, which can be addressed through alternative interventions such as participation in cultural heritage (or physical activity and sport). Indeed, the Social Prescribing Network has suggested that twenty per cent of all patient visits to GPs could be resolved through social interventions, with increasing emphasis being placed on the value of arts-based social prescribing solutions⁵. These should provide a means by which individuals can more readily access a service than may be possible through traditional

¹ www.museumsgalleriesscotland.org.uk/about-us/national-strategy-going-further

² <https://culturehealthresearch.files.wordpress.com/2017/10/mopguide.pdf>

³ www.tandfonline.com/doi/pdf/10.1080/17533015.2017.1334002?needAccess=true

⁴ <https://journals.sagepub.com/doi/pdf/10.1177/1757913917737563>

⁵ www.artshandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf

interventions that can typically involve longer waiting times. Replacing this with a more dynamic system that more immediately responded to the needs of an individual could help reduce the need for additional, higher-level health interventions which may also carry a greater cost. One cultural activity-based social prescribing project resulted in a nearly two-fifths reduction (37 per cent) in GP consultations, a reduction in hospital admissions of over a quarter (27 per cent) and savings of £216 per individual⁶.

Health and wellbeing impacts of the museums sector

“A growing body of evidence shows that museums can bring benefits to individual and community health and wellbeing in their role as public forums for debate and learning, their work with specific audiences through targeted programmes, and by contributing to positive wellbeing and resilience by helping people to make sense of the world and their place in it.”⁷

The positive health, wellbeing and educational benefits of museums is now well demonstrated, whether simply visiting, being directly involved in outreach work or from volunteering. A recent study by the Art Fund, just one such example, noted that those who “regularly visit museums and galleries report a greater sense of satisfaction with their lives than those who have never visited – as well as a greater sense of their lives and what they do as being worthwhile.”⁸

Scotland’s museums are cornerstones of their changing communities, providing a trusted space from which different groups can explore their own heritage, as well as their sense of identity, self and culture. The celebration of cultural heritage can have an important part to play in a community’s sense of identity and have been shown to positively impact on people’s health and wellbeing⁹. Volunteering, in particular, has been shown to have an especially transformational effect on participants’ health and wellbeing, with volunteering critical to the delivery of most museum services¹⁰.

Through projects focussing on health and wellbeing, tackling climate change, addressing social isolation and community empowerment, museums work closely with their communities to educate and inspire people to actively make – and think about making – positive life choices. Such programmes are clearly complementary to the goals of social prescribing as a practice. Furthermore, their benefits can contribute meaningfully to wider public policy outcomes and support the achievement of the ambitions of Scottish parliamentarians and members of the Health and Sport Committee in particular.

St Cecilia’s Hall - Prescribe Culture pilot project

Prescribe Culture is a pilot project by the University of Edinburgh Museums Services which has been part-funded by MGS and is based at [St Cecilia’s Hall](#) to support individuals who are suffering from mild-to-moderate mental health difficulties. The pilot will focus on supporting the student community, by providing a way to improve the student experience

⁶ Ibid.

⁷ <https://ira.le.ac.uk/bitstream/2381/31690/4/MBS%20Final%20Report.pdf>

⁸ www.artfund.org/assets/national-art-pass/artfund_calm-and-collected-wellbeing-report.pdf

⁹ <https://museumsandwellbeingalliance.files.wordpress.com/2015/07/museums-for-health-and-wellbeing.pdf>

¹⁰ www.museumsgalleryscotland.org.uk/media/1099/whole-picture.pdf

and mental health. It will provide a referral system prescribing a range of non-clinical activities available from museums, galleries and other partner cultural organisations across Edinburgh. Participants will have a choice of activities and will be able to self-prescribe by selecting the programme that most appeals to them, further supporting them to take greater control of their own mental health. If successful, the pilot – which runs from October to December 2019 – will be rolled out to become a city-wide initiative, contributing towards the City of Edinburgh Council's commitment of 'Delivering a Healthier City for All Ages'.

Non-museum sector activity

More broadly, MGS is also aware of the SPRING Social Prescribing project¹¹, led by Scottish Communities for Health and Wellbeing. This multi-million pound, 5-year project is trialling supported pathways to social prescribing which will allow community organisations to play the link role in service delivery. MGS has encouraged the project to consider submitting evidence to the Committee, which we feel would be of significant interest to MSPs and policy makers alike.

2. Who should decide whether a social prescription for physical activity is the most appropriate intervention, based on what criteria? (e.g. GP, other health professional, direct referral from Community Link Worker or self-referral)

From the available literature, it is clear that the key role within the model of social prescribing is that of the link worker or community link worker. These are the individuals who act as the intermediary between GPs, their patients and the services available in their community (or beyond). The role of the link worker makes clear that social prescribing is not a 'cost-free' alternative to traditional healthcare solutions.

These are professional posts which require long-term and sustained funding to allow the worker to embed themselves within their community and develop an in-depth knowledge of services within their area. Such a position requires time to bed-in, build connections and relationships as well as for the practice itself to become established to the point of being a standard and expected part of procedure¹². That is why MGS would encourage the Committee to be clear about the need for direct and appropriate investment in social prescribing so that it becomes a meaningful, additional tier of support for individuals.

3. What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?

With respect to social prescribing of museums, there could be significant benefit from an exploration of the potential health and wellbeing benefits of culture and the part which cultural heritage services might play as a service provider within social prescribing models. The Scottish museums sector already delivers a wide range of programmes which support outcomes including health and wellbeing through their established community

¹¹ <http://schw.co.uk/currentprojects.page4.html>

¹² www.tnlcommunityfund.org.uk/media/social_prescribing_connecting_communities_healthcare.pdf?mtime=20190715141932

engagement programmes. There is a case for these to be brought more closely into the fold of social prescribing models through increased awareness of link worker roles.

As we noted in our response to the consultation on the Scottish Government's culture strategy¹³, with a view to sharing expertise in museum practice across the whole of Scotland, MGS has supported the establishment of a nationwide network of Geographic Forums and Subject Specialist Networks. These offer voluntary peer-support for museums of all sizes, providing opportunities to share news, discuss matters of mutual interest, and offer a platform for collaboration. These groups would be an invaluable support for community link workers in understanding the range of services and support available in their location. Recommendations from the Committee on the validity of the museum sector and its capacity to play a role in social prescribing would be a significant endorsement, and one that the Government, Health Boards and wider stakeholders would be keen to act upon.

4. How should social prescribing for physical activity and sport initiatives be monitored and evaluated?

The resource impact on service providers that are required from implementing an effective monitoring and evaluation process should not be underestimated. Evaluation programmes are required which are simple enough for service providers to incorporate into their engagement with users without detracting from the activity itself, whilst providing sufficiently reliable and meaningful results which stand up to scrutiny. MGS encourages our sector to make use of the *Museum Wellbeing Measures Toolkit*¹⁴, developed by University College London to help museum professionals evaluate the impact of their work on the psychological wellbeing of their audiences.

While some research has been undertaken on social prescribing – particularly in the museum setting – this has typically concluded that there is a need for future research to build a more robust evidence base. Thomson et al recommend the need for an ongoing programme, spanning a period of several years, to establish further proof of the longer-term effects of initiatives aimed at addressing improving health and wellbeing outcomes¹⁵.

Similarly, the All-Party Parliamentary Group (APPG) on Arts, Health and Wellbeing Inquiry Report, *Creative Health: The Arts for Health and Wellbeing* noted that nearly two thirds of social prescribing programmes (60 per cent) did not have any formal evaluation process, and that funders of the initiatives were unlikely to pay for evaluation that may help build the evidence base in favour of more formal funding mechanisms. The APPG recommended a pooling of resources from across social prescribing practitioners as a means of establishing a sufficient dataset that may achieve such an outcome. The Group also noted the potential for international cooperation given that, in Denmark, there is a €1m fund specifically for the purpose of supporting social prescribing for cultural organisations¹⁶.

Despite the acknowledgement that further study would be required for definitive conclusions, the authors stated that:

¹³ www.museumsgalleryscotland.org.uk/stories/mgs-response-to-scottish-governments-draft-culture-strategy-for-scotland

¹⁴ www.ucl.ac.uk/culture/sites/culture/files/ucl_museum_wellbeing_measures_toolkit_sept2013.pdf

¹⁵ <https://journals.sagepub.com/doi/pdf/10.1177/175791391737563>

¹⁶ www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf

“The high levels of significance and effect sizes in the study infer that findings can be generalised more widely to other populations of vulnerable and lonely older adults at risk of social isolation and imply that provision of socially prescribed museum-based sessions could be scaled up nationally to address social and cultural inequities, [and] contributes to a wider body of evidence on how cultural engagement can bring about positive outcomes for older adults at risk of social exclusion by improving positive emotion.”¹⁷

Alignment with Scottish Government cultural strategy

As MGS stated in our submission to the Scottish Government’s consultation on their cultural strategy¹⁸, more could be done to engage with communities and cultural practitioners (such as museum professionals) to explore where health and wellbeing outcomes can be better supported through the activities of the museums sector. From the example of St Cecelia’s and the research findings referenced in our submission, MGS feels there is clear potential for the work and activities of museums to align with, and accelerate the intended benefits of, social prescribing policies.

In our submission to the culture strategy consultation, MGS included a range of case studies for museums which have positively contributed to supporting health outcomes in communities across Scotland. Several of these case studies referred to projects in museums aimed at supporting people with dementia, albeit typically with mild or early-stage dementia, as opposed to those with more moderate-to-severe or mid-to-late stage dementia, who will typically require higher-level care that would generally be beyond the scope of museum professionals. As services associated with social prescribing tend to address more moderate patient needs¹⁹, we have included below what we regard as both the strongest and most relevant example from the museums sector. MGS considers that there remains untapped potential to more widely incorporate museums into health promotion work in Scotland.

Sector case study

Scottish Football Museum, Hampden Park, Glasgow

The Football Memories Scotland project is a partnership between the Scottish Football Museum and Alzheimer Scotland, currently operating in more than 200 groups across Scotland. Beginning in 2009, it is the oldest national football reminiscence programme in the world and has been used as a model for sporting heritage across Scotland and internationally. The project provides therapeutic interventions for people living with dementia through football clubs, community halls, libraries, sheltered housing complexes, care homes, day care centres and hospitals, with activities delivered in either a group format or on a one-to-one basis. Most significantly, this programme has now been adopted by NHS Greater Glasgow and Clyde, with Henry Simmons, Chief Executive of Alzheimer Scotland, describing the project as “one of the most important social and therapeutic activities being offered to the people we support”.

¹⁷ <https://journals.sagepub.com/doi/pdf/10.1177/1757913917737563>

¹⁸ www.museumsgalleries.scot.nhs.uk/stories/mgs-response-to-scottish-governments-draft-culture-strategy-for-scotland

¹⁹ <https://journals.sagepub.com/doi/pdf/10.1177/1757913917737563>

Concluding remarks

In July 2017, the APPG on Arts, Health and Wellbeing in Westminster recommended:
“that NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate”²⁰.

MGS believes that a similar, bold and clear statement of intent from the Health and Sport Committee in the Scottish Parliament would send a message to legislators, government and health services to actively work towards embedding social prescribing of cultural services including the work of museums and galleries.

²⁰ www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf