

Cross-sectoral cooperation and innovation within Creative and Cultural Industries – practices, opportunities and policies within the area of the Northern Dimension Partnership on Culture

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1.

Context and Background

This policy brief, the third in the series¹, is one of the deliverables of the EU-funded project 'Cross-sectoral cooperation and innovation within Creative and Cultural Industries - practices, opportunities and policies within the area of the Northern Dimension Partnership on Culture'. One of several targeted outcomes of the project is to contribute to the Northern Dimension Partnership on Culture's forthcoming strategy for the period 2021-2024.

The project was conceived and its terms of reference defined before the COVID-19 pandemic. At that time cross-sectoral working and innovation was seen as something desirable. In the current COVID-19 and post COVID-19 worlds it is going to be essential. For much of the cultural and creative industries (CCI) sector to survive it is going to have to find new ways of working and new sources of income and funding. This puts the spotlight very much on cross-sectoral cooperation and innovation and on cross-sectoral engagement with new societal and political agendas.

As already noted in Policy Brief 2, with United Nations' designation of 2021 as the year of "The Creative Economy for Sustainable Development", CCIs will be expected to take a proactive role in finding solutions to global and local challenges. Creative and innovative companies, organisations and entrepreneurs will need to significantly increase their efforts in terms of cross-sectoral working. The CCI sector working with other sectors can contribute effectively to solving many of the challenges and issues both of those sectors and on a wider canvass. Some barriers, increasingly identified as the project has developed, need to be tackled including serious issues such as cross-sectoral communication gaps and failure by the different sectors to make cross-sectoral cooperation and innovation a policy priority backed up by cross-sectoral funding mechanisms. Another frequently identified area of need has been the demand for case studies and examples of good practice which form part of the project.

The two previous Policy Briefs have drawn attention to how the COVID-19 crisis is profoundly changing behaviour and practices. Further consideration of the implications of this will be found below. The fact is that however awful 'lock-downs', curfews and social-distancing restrictions are, there has probably never been a more auspicious time for new policy development, for revising strategy and for new thinking.

The ability of CCIs to connect with other sectors and contribute to cross-sectoral innovation is the project's major focus. For this third Policy Brief the project wanted to explore how the CCI sector could connect better with the well-being and health sectors. In those sectors research is unveiling ever more examples of potential positive synergies including completely new culture-health-well-being areas that could be opened up.

Apart from immediate issues thrown up by COVID-19 (e.g. concerns about mental health linked to 'lock-downs', curfews and social-distancing), now is a very appropriate time to focus on CCI and health/well-being cross-sectoral cooperation. A potentially powerful stimulus for this is a WHO report which was issued in November 2019. The Health Evidence Network (HEN) synthesis report on arts and health included a survey of the global academic literature on

¹ Policy Brief 1 was 'Connectivity and Cross-Sectoral Innovation – Creating Relationships' and Policy Brief 2 was 'Hearing and Dancing? How can the Cultural and Creative Industries engage with 'Traditional Industries' to mutual benefit?'. They can be found at <https://www.ndpculture.org/news/policy-brief-cci-connectivity-and-cross-sectoral-innovation> and <https://www.ndpculture.org/news/policy-brief-cci-and-traditional-industries-cooperation>

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this subject referencing over 900 publications, including 200 reviews, covering over 3000 further studies. It is the most comprehensive evidence review of arts and health² produced so far.

This WHO report also made both general and specific policy recommendations:

-  Encourage arts and cultural organisations to make health and well-being an integral and strategic part of their work.
-  Support the implementation of arts interventions for which there is a strong evidence base.
-  Share with other countries knowledge and practice from effective interventions and case studies that have used the arts to promote health, improve health behaviours, or address health inequalities and inequities.
-  Support research in the arts and health, particularly focused on policy-relevant areas such as studies scaling up interventions to larger populations, or exploring the feasibility, acceptability and suitability of new arts interventions.
-  Recognise the added health value of engagement with the arts.
-  Ensure that culturally-diverse forms of art are available and accessible to a range of different groups in a life-long perspective, especially to those from disadvantaged minorities.
-  Actively promote public awareness of the potential benefits of arts engagement for health.
-  Develop interventions that encourage arts engagement to support healthy lifestyles.

Noting the cross-sectoral potential of the arts, culture, health and well-being fields, it made further specific recommendations including:

-  Strengthen structures and mechanisms for collaboration between the culture, social care and health sectors, such as introducing programmes that are co-financed by both arts, health and social care budgets.
-  Develop stronger lines of referral from health and social care to community arts programmes, for instance, through the use of social prescribing schemes.
-  Support the inclusion of the arts and humanities within the training of healthcare professionals.

The WHO Regional Office for Europe - based in Copenhagen - has been focusing on the importance of culture in shaping life-long health and well-being including through a dedicated project 'Cultural Contexts of Health and Well-being (CCH)'.³ This project also sponsored the report. The CCH project is a cross-cutting initiative which is taking a more systematic approach to research into how culture affects perceptions, access and experiences related to health and well-being.

2 *What is the evidence on the role of the arts in improving health and well-being? A scoping review' a report compiled by Daisy Fancourt and Saoirse Finn of University College London (UCL) - <https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>*

3 *For more information - <https://www.euro.who.int/en/health-topics/health-determinants/behavioural-and-cultural-insights-for-health/cultural-contexts-of-health-and-well-being>*

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The WHO report brings together research studies illustrating the wide spectrum of potential health and well-being benefits from linkages with culture, CCIs, arts and cultural organisations. These linkages need to be developed in partnership with health and social care providers and third sector charities. In this way they can be instrumental in providing ideas, programmes and projects, technical inputs and creative activities targeted at improving health, wellbeing and social inclusion.

Inequality in terms of health and social care access is a major health policy issue and culture can be instrumental in tackling inequalities. This is potentially an important area of cross-sectoral collaboration with a common interest in finding more effective ways of reaching disadvantaged societal groups to improve their access to both culture and healthcare services.

The words 'well-being' and 'health' are used repeatedly in this Policy Brief and so it is appropriate that they are given some definition. In recent times understanding of well-being has become much more focused as have approaches to measuring it.⁴ Community well-being is normally defined in general terms as 'the social, economic, environmental, cultural and political conditions which maximize the potential for individuals, communities and societies to flourish and fulfil their potential'. Health is defined by WHO as 'A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.

As can be seen, this Policy Brief, is timely. It incorporates the inputs and ideas of many experts and specialists whom we want to thank. Those listed below⁵ actively contributed to an Experts' Focus Group which took place as an online event on 27th October 2020. Like the previous Experts' Focus Groups it was extremely fruitful in developing thinking, this time on the CCIs in relation to a well-being and health theme. This theme is likely to be one thread in the new NDPC 2021-2024 strategy.

4 As an example see <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwell-being/internationalcomparisons2019>

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2. Approach

This Policy Brief 'Getting Better? CCIs Engaging with Well-being and Health: Building Inclusive Communities and Resilient Societies' looks at the obstacles and opportunities and what actions or support measures are needed to facilitate increased cross-sectoral cooperation and innovation in this area. It takes as its focus four themes:

- 1- What is the research telling us and how good is the traction between the research and the CCI sector?
- 2- Creating cross-innovation opportunities, incentivising CCI and well-being cross-sectoral co-operation and innovation.
- 3- COVID-19 as a CCI area of opportunity to improve community well-being and health.
- 4- What can CCIs offer in relation to mental health, well-being and resilience in the COVID-19 context?

3. Key Recommendations and Conclusions

3.1 What is the Research Telling Us and How Good is the Traction between the Research and the CCI Sector?

The 2019 WHO report cited above shows clearly that the amount of academic research and publishing related to culture, arts, health and well-being is enormous and that a solid evidence-base is being built up in many areas. The evidence-base is of course vital for policy development in this area and for justifying any funding. The WHO report could potentially be a trigger in terms of promotion of cross-sector collaboration and innovation between the culture, arts, health, social welfare and well-being sectors.

Given the small-scale and fragmented nature of much, if not most of the CCI sector, there is a serious problem for it to proactively follow and engage with the academic research being produced. There is therefore currently a mainly unfilled communication gap between opportunities and potential synergies identified by the research and those in the CCI sector who might be able to respond to those opportunities or explore specific synergies. There is room for an intermediary which could directly or indirectly contribute to filling this particular gap.⁶

6 *Such as the NDPC working with strategic partners in the other sectors.*

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There is clearly scope for CCI involvement with the health and well-being sectors but some 'spoon-feeding' of the research and better sharing of experience is needed if CCI organisations and individual creatives are going to become engaged. From the CCI side of the cross-collaboration and innovation equation what is needed is for the research to be not only available but also digestible which in practice means brief overview pamphlets and internet postings carrying messages about particular areas which research is opening up. This needs to include concrete examples and case studies which can be followed up easily. It is worth noting that pleas for easily accessible information and documented case studies of cross-sector cooperation have repeatedly surfaced during the project in relation to CCIs working with other sectors.

The area of culture, health and well-being linkage is developing unevenly in the NDPC region but in some countries considerable progress has been made and experience gained which could be shared more effectively.⁷ There is considerable political and academic interest in the field of arts and health in the Nordic region. Region Skåne in southern Sweden provides a good example. In 2014, the regional parliament approved an overall strategy for culture and health with a focus on children, older people and people with mental ill-health. This has led to various initiatives which in-clude:

- ✚ arts in hospitals (engaging patients with the world of art through dialogue and co-creation with artists);
- ✚ hospital clowns (stimulating patients with a focus on humour and fantasy);
- ✚ culture on prescription (a type of social prescribing that enables health-care practitioners to refer people to arts and creative activity programmes).

Another example of how the culture, health and well-being area is coming together is the appearance in 2019 of an open access regional publication - the Nordic Journal of Arts, Culture and Health. It has produced two issues so far, one in 2019 and the second in 2020.⁸

Although things are changing, there is not yet on any meaningful scale productive traction between the research and the wider (and fragmented) CCI sector.⁹ There is an additional consideration that much of the research is primarily academic and often focused on arts interventions rather than a broader area which would directly include CCIs.¹⁰

6 *Such as the NDPC working with strategic partners in the other sectors.*

7 *Finland, for example, has been a leader. In 2010 it launched a national Art and Culture for Well-being Action Programme with the aim of promoting health and well-being through culture and of strengthening social inclusion at the individual, communal and societal level. A multi-sectoral coordination center, Taikusydän, was created along with a national network for activities and research related to arts, culture and wellbeing. The objective of Taikusydän has been to make arts and culture a permanent part of wellbeing services. In December 2018 the Ministry of Social Affairs and Health and Ministry of Education and Culture published recommendation for improving the availability and accessibility of arts and culture in social welfare and healthcare.*

8 https://www.idunn.no/nordic_journal_of_arts_culture_and_health?languageId=2

9 *One interesting example of change and development is the new Centre for Cognition, Culture and Health at the Karolinska Institutet in Stockholm. Its research is focused on the 'cultural brain'. It is coordinating research based on artistic activities providing excellent models for understanding general mechanisms of cognition and learning. One important element of the research deals with clinical aspects, for example how artistic engagement can contribute to successful ageing, both in relation to cognition and health.*

10 *Again this may be an area where NDPC could directly and indirectly fill a gap.*

3.2 Creating Cross-innovation Opportunities, Incentivising CCI and Well-being Cross-Sectoral Cooperation and Innovation

What kind of incentives for cross-innovation between CCIs and the well-being sector are currently available and how effective are they? What other incentives are needed to strengthen CCIs' engagement with the well-being agenda? What is needed in practical and policy terms to encourage greater engagement between CCIs and the well-being sector?

While the topic may be new for many in the CCI sector, there are already examples of connections between CCIs and health and well-being beyond art therapy. Art therapy of course has become quite common and in a number of countries goes back many years. An allied area which has seen considerable increased interest is personal health self-management. This often involves culture and creativity elements aimed at developing self-expression abilities. In the world that is currently evolving people more than ever need 'tools' that show them how to speak to themselves, how to cope and how to increase their potential. The increased interest in personal health self-management and wellness is manifesting itself in the appearance of new apps which facilitate combining one's own creativity with personal health and wellness.

Another example of something that is at the cross-roads of arts and health but is not arts therapy per se is the project Red Noses International. It is interesting in its own right but also as a good example of a problem frequently met by cross-sectoral projects. Based in Vienna, but with partner organisations in Lithuania and Finland, the project reaches out and enters people's worlds through professional creative practices. While successful and part of the Creative Europe programme, the project has however faced the problem of perceptions and categorisation. On the one hand the project is considered to be an 'arts project' by the social and health sector and on the other as a 'social project' by the arts sector. It is the issue of sectoral 'pigeon-holing' of activity. Such 'pigeon-holing' presents a misunderstanding of the essence of true cross-sectoral activity. It also has a practical, negative consequence which is that it often makes it extremely difficult for such projects to secure funding. They are seen as beyond the ambit of both (or more) sectors which is a disincentive factor in terms of trying to encourage cross-sectoral initiatives.

The fact is that in the non-commercial part of the CCI sector, the funding all too often drives the direction of what CCIs and creatives do. This manifests itself not only in the appearance of 'grant sharks' and 'grant chasers' but can create real distortions in terms of the quality of activities. This is particularly true where cross-sectoral activity is concerned. Compromising in order to shoe-horn a project into meeting the criteria of a grant scheme is not good for anyone. Therefore incentivising CCIs is not simply a question of providing a funding programme, it is as much about the design of the programme. By definition cross-sector, as opposed to intra-sector, projects and initiatives will find it more difficult to meet narrow criteria which are often a characteristic of intra-sector funding schemes. So one aspect of incentivising CCIs is loose criteria and a focus on the processes and intended outcomes.

Another issue, related to incentivising CCIs to engage in cross-sectoral projects and initiatives, is the different nature of cross-sectoral activity from intra-sector activity. Relationship-building and working out the process mechanics of a project will normally take substantially longer than for an intra-sector activity. So apart from flexible criteria, any funding support needs to take this into account. The consequences are cross-sectoral projects will probably be of longer duration and in many instances especially - over the next few years - an important part of their value will often be about learning, exploring processes and creating cross-sectoral bridges.

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Elsewhere in this paper mention is made of 'silo funding' i.e. vertical sectoral budgets instead of horizontal cross-sectoral ones. It is at the heart of why there is not more truly cross-sectoral cooperation and innovation. It is true that cross-sectoral engagement is, in limited instances, being funded by EU schemes. Creative Europe is funding some cross-sectoral projects as are Erasmus+ and Horizon 2020. This needs to be a trend that accelerates and strengthens at the national, regional and European levels. The new EU budget for 2021-2027 announced in November 2020¹¹ foresees increases in certain budget lines including the Creative Europe programme (increase of EUR 0.6 billion to EUR 2.2 billion in 2018 prices) which could potentially boost CCI cross-sectoral working and innovation if the right criteria are put in place. Opportunities specifically for CCI-health/well-being collaboration should also become available through the new EU4Health Programme whose budget is set to increase from EUR 3.4 billion to EUR 5.07 billion in 2018 prices. The future INTERREG programme looks as though it will also partly focus on areas which may include opportunities for CCIs to work cross-sectorally. The Horizon Europe programme will have an EUR 4 billion increase to EUR 79.9 billion in 2018 prices and Erasmus+: an increase of EUR 2.2 billion to EUR 23.4 billion in 2018 prices.

Evidence-based policy is normally a prerequisite for new funding. CCIs/culture/arts and well-being engagement has a lot of potential but for both sectors measuring impact is not always easy.¹² That it is not easy is not however an excuse for not doing it. For cross-sectoral projects it is often not possible to commission research. Sometimes it is anyway better to communicate achievements using monitoring and evaluation tool kits which can connect research with practice.

A very interesting case-study of connecting the medical and CCI sectors is the three-year experience of the Cultural Innovation Office at Startup Mannheim in Germany. The key word is probably 'process'. Their work has been a process of connecting several clusters in medical technology and cultural and creative industries. This consisted of organising round-tables involving the University Hospital, an engineering research facility and artists and creatives to explore if there were meaningful ways to cooperate. Two projects have successfully evolved.¹³

An important policy point about the Mannheim experience has been that the projects are not owned nor funded by one sector or one city department but through the process-focused project development approach they have taken. Any funding is cross-sectoral and the projects are not 'pigeon-holed' nor defined as belonging to a particular sector.

There are differences between the NDPC countries in terms of the extent to which CCI cross-sectoral cooperation has been incentivised and developed, the extent to which national authorities are involved and also as to the nature of that involvement. In the Russian Federation where the CCI sector is being developed nationally it is still generally speaking at a very early stage. The recent announcement to create at the level of the Presidential Administration a special commission to co-ordinate CCI strategy and activity¹⁴ could accelerate increased cross-sectoral initiatives. In

11 https://ec.europa.eu/commission/presscorner/detail/en/QANDA_20_2088

12 Einstein's quote often applies to the arts and cultural sector: 'Not everything that counts can be counted, and not everything that can be counted counts.'

13 One is improving oncological chemotherapy day-care at the University Hospital through providing music facilities to make the experience of treatment more positive, which in turn makes the therapy more effective. The other, related to neurosurgery, resulted in new technology for brain tumour operations using music when people are brought back to consciousness in order not to impair the language center of the brain as well as allowing surgeons to communicate without patients hearing them. Their latest project is focused on sound design and sound in the urban environment in the context of health and well-being agendas (e.g. reducing noise levels or integrating sound and not just the visual in urban design).

14 To be headed jointly by the First Deputy Minister of the Presidential Administration Sergei Kirilenko and Vice Premier Dmitrii Chernyshenko. See <https://www.fontanka.ru/2020/11/11/69538393/>.

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Iceland cross-sectoral activity is not being driven at national level but a lot is going on at individual level (e.g. artists going into hospitals and prisons and working with vulnerable people). The problem with such cross-sectoral activity at individual level is that very little of it is documented.

One can see that while there are exceptions in individual countries, the environment for culture, health and well-being cross-sectoral cooperation has important elements missing. In some countries it is an absence of engagement at the national level because of policy lacunae, in others it is lack of information and easily accessible documented case studies and practical examples of good practice. While Nordic cooperation in this area is well-developed, development in other regions i.e. within the NDPC area as a whole, is underdeveloped. Countries are not learning from each other as much as they could, and should, and in some countries coherent policies have not been developed.

3.3 COVID-19 as a CCI Area of Opportunity to Improve Community Well-being and Health

Taking into account the COVID-19 reality, is there a new paradigm shift opportunity for the CCI sector in relation to well-being and health? What is the role of CCI cross-sectoral activities in terms of social cohesion, resilient communities and improvements in community life?

COVID-19 and its aftermath represents for the health and well-being sectors quite evidently a huge challenge including in relation to public and mental health and general well-being issues. Attention has been drawn in the earlier Policy Briefs to how important arts and culture have been to people since COVID-19 arrived. Soaring demand for cultural goods and products, both physical and virtual, are evidence of this. No doubt in the near future research will show the contribution arts and culture have made in the mental health area especially in relation to issues of coping, alleviating stress etc.

For the CCI sector the impact of COVID 19 is producing contradictory outcomes. On the one hand there are 'life-and-death' challenges for many even established CCI players, on the other there is the possibility of exciting new opportunities for CCI innovators. Seen in a wider perspective, and looking at the positive side of the equation, the crisis is potentially repositioning parts of the CCI sector to make the most of new opportunities, with cross-sectoral cooperation in particular a possible key growth area. Partnering with the health, social welfare and well-being sectors¹⁵ could be particularly important and productive. It has been mentioned already that one outcome could be more effective ways of reaching disadvantaged groups and improving their access to both culture and healthcare. The use of arts and culture and CCI involvement with the health and well-being sectors could also be an instrument for alleviating pressure on health and social care services.

The context for increased CCI cross-sectoral cooperation, as has been mentioned in earlier Policy Briefs¹⁶, is that there will be more motivation - out of necessity - to find new ways of working to secure income and support. There will be a need to draw on budgets and earn income from new ways of working often related to other sectors. Old

¹⁵ Although grouped together in this Policy Brief, the health, social welfare and well-being sectors are of course distinct. Each has its own dynamics and practices as well as normally being funded from different budgets.

¹⁶ For more information - <https://www.euro.who.int/en/health-topics/health-determinants/behavioural-and-cultural-insights-for-health/cultural-contexts-of-health-and-well-being>

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funding models for CCI development are likely to disappear or be modified in the economic crisis which is already following the COVID-19 crisis. Most countries will be moving into an era of economic recession with pressing new priorities born out of inevitable immediate political agendas and priorities. High on the list of political priorities will be health, social welfare and well-being - at a community and individual level. This will present the CCI sector with promising new opportunities for cross-sectoral cooperation.

As has been highlighted in the earlier Policy Briefs the pandemic has acted as an accelerator for already existing trends and processes. Nowhere is this truer than in the field of communication and the 'Zoom revolution'. We are currently practicing social distancing and distant socialising. Cooperation and building relationships, including in cross-sectoral terms, both locally and internationally, has never been easier. Related to this is the fact that closed physical events have often now become 'open-to-all' online events. There is a new world of digital inclusion emerging.

During the COVID-19 crisis one of the harbingers of the new opportunities for CCI and general cultural engagement with the future health, social welfare and well-being agendas has been the appearance of new apps focused on personal health and well-being. At both a community and individual level some CCIs and creatives are well-positioned to respond to new health and wellness needs and demands. Engagement in social prescribing initiatives¹⁷ often happens at an individual level but there is no reason why it should not be done at a CCI sector strategic and policy level. Social prescribing helps to overcome health and welfare challenges either directly through offering interventions of different types or mobilises community cultural and social assets to such ends.

Not only is the timing ripe because of COVID-19 for exploring new linkages between CCIs and the health, welfare and well-being sectors, it is also timely because of important developments in those sectors at national and regional levels. Attention has already been drawn to important WHO initiatives in Europe while countries like Finland, Norway, Sweden and others are developing important experience. Outside of the NDPC region there are also interesting national approaches which are relevant to the NDPC countries.¹⁸ If a joint culture, health, social welfare and well-being agenda can be promoted in the right way and at the right level the possibility of a paradigm shift is not just wishful thinking. It will however require a very joined-up approach and good leadership.

The project has constantly come across the issue of sectors not understanding each other either in terms of 'language' and potential. The question is whether this can at least be partly addressed through a sector's basic education and training regime. For example would it be feasible to include the impact of arts and culture on health and well-being as a compulsory subject in health-care and social-work education and training?

17 *Social prescribing enables doctors, nurses and other primary care professionals to refer people to a range of local, non-clinical services and in so doing legitimises community-based activities (e.g. cultural interventions) and supports alongside medical treatment such activities as part of personalised care. It is relevant for a wide range people, including those with one or more long-term conditions, people who need support with their mental health, those who are lonely or isolated and those who have complex social needs which affect their wellbeing.*

18 *Developments in the UK in the last few years are an example. These include the UK Parliamentary Group on Arts, Health and Wellbeing report 'Creative Health: The Arts for Health and Wellbeing' (2017) which amongst a series of recommendations were included creation of a strategic national centre at national level to support the advance of good practice, a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture and support for arts and cultural organisations to make health and wellbeing outcomes integral to their work. See www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf. Another UK example is the creation of the Culture, Health and Wellbeing Alliance (CHWA), a new sector support organisation - <https://www.culturehealthandwellbeing.org.uk>. We are grateful to Dr Linda Thomson of University College London for drawing our attention to these examples. Dr Thomson and her CHWA colleagues are working on the biopsychosocial benefits of all things cultural, including the work of museums, galleries, archives and heritage sites in enhancing quality of life, physical and mental health, wellbeing and social inclusion for older and disadvantaged adults, and people with dementia and their carers <https://culturehealthresearch.wordpress.com/>.*

3.4 What can CCIs Offer in Relation to Mental Health, Well-being and Resilience in the COVID-19 Context?

COVID-19 definitely offers a new context with new opportunities, not least because it is widely anticipated that there will be an increase in mental health issues and needs caused by it or related to it. The fundamental question of what in general can CCIs offer in relation to mental health, well-being and resilience does not however necessarily need to be linked to the pandemic crisis.

As with other areas of potential CCI cross-sectoral cooperation and engagement there is a problem of lack of sufficient linkage between the culture sector on the one hand and the health, social welfare and well-being sectors on the other. Each side has its own individual agendas, which only rarely influence each other, resulting in lack of communication. Progress is being made in some countries to build an area of common interest but everything is at an early stage. Where there is some interaction, there are often practical impediments to developing cooperation opportunities. While the 'working in silos' syndrome is often holding back cross-sectoral cooperation, it is encouraged by 'silo funding' i.e. separate vertical sector budgets and absence of horizontal cross-sector funding mechanisms.

CCI cross-sectoral involvement in the area of mental health, well-being and resilience is also linked to the general problem, mentioned above, of being able to show evidence that potential CCI engagement does produce real results. Proposed initiatives to stand any chance of attracting funding need to be backed by hard evidence of their impact on health, well-being and mental health outcomes.

Referring again to the 2019 WHO report, an evidence base exists in many areas and the research is often sending out clear and reliable messages. The problem is that those messages are often not penetrating the CCI sector nor reaching in many cases the policy-makers. To change policy in any area, data, case-study examples and other tangible evidence combined with the ability to communicate and advocate is vital.

There are two aspects to the question as to what CCIs can offer in the areas of mental health, well-being and resilience. One is what can be offered at the individual level. The second is what can be offered with a community focus. Beyond established art therapy practices for individuals, what should be the role of culture and CCIs in community well-being and societal resilience? If it the CCI sector has a role, is it capable of advocating it effectively to public policy-makers and the well-being sector?

As is often the case with all areas of CCI cross-sectoral cooperation, while it may be at an unsatisfactorily low level, there are usually isolated but often impressive examples of activity, albeit often not widely known or documented.¹⁹

One could argue that in the COVID-19 context, the CCI sector has already demonstrated its impressive credentials in relation to mental health, well-being and resilience in terms of at least some of what it can offer. As a direct result of the crisis and directly related to well-being, coping and staying mentally healthy demand for cultural products has soared. This includes films, music, radio, TV, books, comics, games etc, the demand coming from people stuck in their homes, sometimes isolated, from those who are under-occupied and suffering emptiness or anxiety and from those who are stressed. Does that not in itself show what the sector can do and provide clear-cut advocacy evidence of the need for the CCI and culture sector on the one side and the health, welfare and well-being on the other to take proactive steps to work together? COVID-19 and people's reactive demand for cultural goods provides the base for the CCI, health, social welfare and well-being sectors to come together, identify a common agenda, produce joint policy documents related to cross-sectoral working in what is now a new era of demand and opportunity. It is time to recognize and capitalise on the positive synergies between these sectors and give cross-sectoral cooperation appropriate priority and resources.

¹⁹ At the Experts' Focus Group dedicated to CCIs and Health and Well-being several such examples were given, some of them directly inspired by the COVID-19 situation. These, with others, will feature in the project's final report.

4

'Getting Better? CCIs Engaging with Well-being and Health: Building Inclusive Communities and Resilient Societies' - Conclusions

It is clear that engagement of CCIs in cross-sectoral cooperation with the health, social welfare and well-being sectors presents certain challenges but these are similar to those faced in CCI cooperation with any other sector. These common challenges include:

- ✚ an absence of linkages and limited or no communication between sectors;
- ✚ problems of each sector having its own individual perspectives and 'language'²⁰;
- ✚ cross-sectoral cooperation not being given sufficient priority in the different sectors;
- ✚ cross-sectoral cooperation often not featuring in sector policy documents;
- ✚ 'silo funding' - vertical, sector-specific budgets and absence of horizontal, cross-sector funding mechanisms;
- ✚ often well-developed and well-funded intra-sector networks but absence of support and funding for inter-sector networks;
- ✚ poor information sources and resources to identify potential cross-sectoral opportunities and partners;
- ✚ insufficient documented practical examples of cross-sectoral collaboration i.e. case studies, guides to good practice and so on;
- ✚ little or no traction between research on cross-sector collaboration and the CCI sector;
- ✚ much of the research is academic rather than practical, applied research;
- ✚ there is a question of whether the CCI sector, while is good at talking to itself, is less good at advocacy and talking to others;
- ✚ an absence of an evidence base in many areas that can demonstrate the value and impact of CCI cross-sector collaboration;
- ✚ the fragmented nature of the CCI sector and its large number of small players means that CCIs often need to be 'spoon-fed' in terms of opportunities, information, research etc;
- ✚ a need for specialised intermediaries, both agencies and individuals, to be facilitators and producers of cross-sectoral collaborations.

'GETTING BETTER? CCIS ENGAGING WITH WELL-BEING AND HEALTH: BUILDING INCLUSIVE COMMUNITIES AND RESILIENT SOCIETIES'

While these challenges are significant, the time has never been better to focus on tackling them. This is partly because of the COVID-19 factor which is acting as a catalyst and accelerator of new thinking, new approaches and new partnership opportunities. In particular the 'Zoom Revolution' is transforming how we do things. Closed physical events and activities (which were often inward-looking and involved a limited number of same profession, similar-thinking people) are being turned into open, wide participation, democratic and diverse on-line events and in the process fostering digital inclusion. At one level it has never been easier nor cheaper to explore and develop partnerships of any kind, local or international.

Against that background, and in that context, there is no reason why cross-sectoral collaboration should not be entering a 'golden age' if the right kind of institutional, informational, human and financial resources can be brought together. There is a need to create a nurturing framework and 'ecology' for cross-sectoral partnerships and exploration.

Certain sectors will of course offer more potential for CCI engagement than others. One can see that this has been the case in the past with design and is currently so with games/gamification. Certain sectors will prove easier in terms of engagement and present fewer difficulties. The health, social welfare and well-being sectors are certainly amongst the most promising.

In this Policy Brief we have explained that the situation in different Northern Dimension countries is uneven concerning culture and health/well-being. It ranges from there being an official national working group in one country to an informal, unrecognised group in another through to there being no national network of any sort, official or informal. We have also pointed to the fact that there is an absence of any regional body, except in the Nordic sub-region, promoting exploration and exploitation of opportunities. In looking specifically at NDPC and its future strategy, *prima facie*, having CCI cross-sectoral cooperation and innovation at its core for the next three years should offer NDPC a clear, productive and demand-driven purpose.

Within that policy context developing and supporting as a first priority CCI cooperation with the health, social welfare and well-being sectors seems an obvious path to take. It makes political sense in the wider context of the Northern Dimension and a good strategic partner is waiting to be developed in the form of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS). Already the first steps are being taken in this direction.²¹ It seems quite logical for NDPC and NDPHS jointly to take on the regional leadership role.

To take on such a role there will be a need to work with a range of other strategic partners. Two examples have been mentioned in this paper, the WHO European Office in Copenhagen and the recently founded Nordic Journal of Arts, Culture and Health. Others of course include key national players and, where they do not exist, those groups and individuals who are actively working in this area.

21 *Joint NDPC and NDPHS event which took place in October 'The Art of Staying Healthy - Can Culture Improve Our Well-being?'*

