Dr Tony Woods began his career as a research scientist and lecturer at St. Georges University London. But for the last 20 years he has worked full time in the charitable sector - mostly as a Senior Manager at the Wellcome Trust. With more than 20 years’ experience, he has worked across a wide-ranging academic disciplines from biomedical sciences, humanities, public engagement with science and the arts.

Please explain your project and provide us with some background to the concept.

This programme is an attempt to take on the challenge of translating arts in health research into sustainable, standardized and scalable health interventions that make both clinical and economic sense. Our primary aim is to upscale three known effective arts interventions (Melodies for Mums with Postnatal Depression, Dance for Parkinson disease, and Stroke Odysseys – a stroke and performing arts programme) and embed them in a clinical pathway, thereby strengthening the case for Britain’s National Health Service (NHS) Clinical Commissioning Groups to recommend and fund such interventions in the long term. Our secondary aim is to gather further evidence as to how the arts can enhance health and well-being in larger cohorts than has been possible to date.

We identified three arts interventions that have already demonstrated effectiveness (on a small scale) and invited the arts organizations that had developed them (Breathe Arts Health Research, English National Ballet and Rosetta Life) to take part in upscaling their work and to collaborate with our team of clinicians and scientists to conduct randomized clinical trial and qualitative research to provide further evidence of their effectiveness and help identify why they work – i.e. what are the active ingredients that lead to the outcomes we see on the service users.

My role as programme manager is to enable these collaborations, initially identifying (along with my colleagues Nikki Crane and Dan Walker at King’s College London), clinical research expertise in the conditions we were interested in investigating. We were fortunate to have the interest and involvement of Dr Daisy Fancourt (University College London) and we were delighted to invite Professor Carmine Pariante (psychiatrist at the Institute of Psychiatry, Psychology & Neuroscience at King’s) to co-lead the programme with Daisy.

Although not done on this scale previously, we are aware of other projects that have shown the positive impacts of the arts on various groups across a range of long-term conditions. However, we believe the unique aspect of our programme is the involvement of the Implementation Science team at King’s led by Professor Nick Sevdalis. Alongside the clinical trials and effectiveness research, this team will investigate the interventions’ acceptability, adoption, appropriateness,
feasibility, fidelity, penetration, sustainability and economic effectiveness – i.e. value for money compared with current treatment regimes.

Thus, by the end of this three year programme we will have more evidence on their effectiveness, we will be some way towards understanding the "active ingredients" of why they work, we will have blueprints for others who wish to roll out similar programmes in other locations, and hopefully we will have not only a "patient-outcome" reason for continuing but also an economic case.

Here's how the interventions work:

**Postnatal depression:** Melodies for Mums is a programme based in Lambeth and Southwark (in London) that provides 10-week singing and music sessions for mothers with postnatal depression and their babies in community children’s centres. It tackles a challenging mental health condition for which there are currently no adequate solutions due to low uptake of medication and therapy in this population. The arts component was initially developed by the Royal College of Music and is now delivered by the award-winning arts organization Breathe Arts Health Research. The programme has reached over 300 mothers to date.

**Parkinson disease:** Dance for Parkinson is a 12-week programme designed and delivered by the English National Ballet, known as the ENB. It’s inspired by ENB’s repertory and delivered within a professional dance environment with live music for people with Parkinson, their families, friends and carers. The model has been replicated nationally through five hub partnerships over six years. The programme is structured in much the same way as a ballet class, progressing from a seated/standing warm-up at the barre, and progressing to movement sequences across the space, developing dance material and ending with a group cool down.

**Stroke:** Stroke Odysseys is a post-stroke performance arts intervention designed and delivered by arts organization Rosetta Life within two London boroughs. It aims to improve recovery, agency and well-being after stroke. The transition from hospital to home after a life-changing event like a stroke is extremely difficult both for the person concerned and for their family, friends and caregivers. This programme is designed to address that difficult transition. The intervention has been developed through co-design methodologies with a group of 20 members of south London stroke communities and is supported by clinicians and therapists across London.

In a hospital setting, most sessions run for 60 minutes weekly for groups of between six and eight participants on neuro rehabilitation wards.

In the community, there is then a follow-up 12-week performance intervention where participants devise a dance and music performance work from their own stories. After the performance is completed, participants are invited to a training programme where they learn to act as advocates, or Stroke Ambassadors, for life after stroke. Stroke Ambassadors then support artists in hospitals, befriend newly discharged patients and take part in small-scale performance tours around hospital wards, care homes and community centres to challenge the perceptions of disability.

Please tell us a bit about how the project was developed and why it's important.

The origins of the project go back to 2014 and the establishment of the All-Party Parliamentary Group on Arts, Health and Wellbeing. This working group gathered evidence into practice and research in the arts in health and social care, with a view to making recommendations to improve policy and practice.

In 2017, it published its Inquiry Report entitled *Creative health: the arts for health and wellbeing*. The central premise of that report was that “engaging with the arts has a significant part to play in improving physical and mental health and wellbeing.” In the report, the working group assessed the evidence base linking arts engagement to health and well-being, investigating state-of-the-art research and evaluation in this field.

It offered 10 recommendations, all of which were intended to enable the embedding of arts interventions in mainstream clinical care and to promote the view that the arts can make significant contributions to addressing several of the pressing issues faced by our health and social care systems. This programme is an attempt to address the recommendations of that report.

**How will you measure the success of the programme and what contributions to you expect it to make by the end of its funding period?**

Overall, this programme has three core delivery aims or goals: 1) to embed these interventions within King’s Health Partners, where research and clinical practice are combined; 2) to increase the size and reach of these interventions to reach larger numbers of people across King’s Health Partners and
the community; and 3) to facilitate interventions by Clinical Commissioning Groups, which will allow them to continue in a sustainable way beyond the end of this programme.

To achieve these aims, we are conducting research that will help us to assess three levels of effectiveness. First, we will explore the clinical effectiveness of the interventions: not just whether they deliver statistically significant improvements in core health outcomes, but whether these improvements are of a level that is meaningful to clinical practice.

Now, we specify “effectiveness” rather than “efficacy,” as effectiveness considers not just compliant treatment subjects but also those who drop out, thereby providing a more realistic picture of the real-world impact.

Second, we will also explore the implementation effectiveness of the interventions: their uptake, suitability, acceptability and feasibility. This will help us identify not just “if” but also “why” the interventions work and for whom, and support our understanding of how they can be successfully delivered within clinical pathways.

Third, we will consider their cost–effectiveness – the cost of delivering the interventions and the balance of benefit for the health sector – to be able to develop strong business plans for NHS commissioners. Together, this programme aims to achieve long-term sustainable delivery of the three selected interventions.

We also aim to build a comprehensive evaluation and implementation model; a blueprint for future studies. Therefore, we have specifically selected three interventions at different stages of development in terms of their evidence base. Melodies for Mums has had the largest effectiveness study to date (involving 138 mothers in a three-arm randomized controlled trial (RCT)) and a preliminary process evaluation.

This programme will allow us to conduct a follow-up RCT to investigate its effectiveness at scale, involving 400 mothers collecting both qualitative “well-being” data and physiological measurements – cortisol (stress) and oxytocin (mother/infant bonding) levels.

Similarly, we will conduct a second RCT on the Dance for Parkinson disease intervention. This study will involve 135 people with Parkinson and it will focus on a range of motor (movement and gait) and non-motor outcome measures such as, but not limited to, cognition, mood, sleep and pain.

Finally, Stroke Odyssey has focused predominantly on qualitative data, so this study will significantly increase the sample size involved in the qualitative research, and add quantitative measures and full implementation data, but not to the level of running an RCT. Overall, we will use the fact that these interventions are at different stages of evidence development to ensure that the evaluation and implementation model we develop can be applied across future interventions, tailored according to their stage of development, to support learning and scaled delivery of more arts interventions within the health sector.

What evidence is available to show that these kinds of programmes work?

As mentioned above, Daisy Fancourt and Rosie Perkins have demonstrated already – through Melodies for Mums – that for mothers having moderate to severe postnatal depression, singing classes can produce a much faster improvement in symptoms compared with mothers participating in group play workshops.

A preliminary evaluation found that in Stroke Odyssey all participants shared an experience of joy and happiness in the workshops. It was also apparent that participants gained an increased awareness of what they can do (as opposed to what they can’t) and thus an increased sense of well-being.

Have there been similar projects? If so, how is your project different?

Many examples are given in the All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry report, *Creative health: the arts for health and wellbeing*, which presents the findings of two years of research, evidence-gathering and discussions with patients, health and social care professionals, artists and arts administrators, academics, and people in local government.

But our programme differs in scale. This is a £2 million (2.3 million Euro) programme, lasting more than three years, and is, to our knowledge, the world’s largest study of the implementation and effectiveness of arts in health interventions. The problem to date has been that many short-term interventions have been shown to be beneficial, but they come to an end when project funding runs out, because they are, more often than not, delivered by voluntary or not-for-profit arts organizations. Funds have not often been available
for them to conduct large-scale RCTs. The evidence that health care providers require has, therefore, been lacking.

Disclaimer:

The interviewee alone is responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization. ■