

Cultural Attendance and Public Mental Health: Evaluation of Pilot Programme 2012-2014,

Commissioned by Manchester City Council

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Executive Summary

Introduction

The report presents findings from a pilot programme in which Health Trainers in Manchester have introduced Cultural Attendance as a new way of working with people with complex health problems. They were asked, where they considered it appropriate, to refer people they were working with into one of six participating cultural institutions in Manchester: **The Royal Exchange, Manchester Art Gallery, People's History Museum, Band on the Wall, The Central Library and The National Cycling Centre.**

The programme responded to an accumulating evidence base that suggests that people who attend culture and sport events and venues are more likely to report good health, to be satisfied with their lives, and to live longer than those who don't.

This study has tracked the implementation of the Cultural Attendance and Public Mental Health Pilot Programme. It has examined take up and prospects for the programme and asks whether its extension would be likely to generate population level effects in the longer term by helping to disseminate habits of cultural attendance throughout communities where it is low. This would effectively mean changing public understanding of the relationship between culture, health and wellbeing.

It concluded that an extended programme would have such potential:

- It would enrich Health Trainers' skill base and role, and the range of interventions they can offer, balancing their current focus on clear risks for health with personalised social and cultural opportunities to enhance wellbeing.
- As health and culture related practices disseminate at community level the public can be expected to benefit from more holistic, integrated and diversified health and wellbeing provision.
- Such practices are likely to be self-sustaining once taken up by communities, networks and families.
- An ongoing programme would help to realise the social mission of cultural venues through increasing access and diversity and enhancing the relational skills of front of house staff.

Resource implications

An extended programme would offer the potential for an effective use of public resources. The need for adaptation of venues with an eye to facilitating access was the subject of a detailed report by Arthur Stafford (2012). This study has identified the importance of changing role expectations and a relational approach to Cultural Attendance as a psychosocial intervention *and* opportunity for enjoyment. The incorporation of new venues

will have additional modest resource implications, especially in the period of transition during which staff in the organisations concerned become familiar with the programme. Thereafter there will need to be ongoing preparation for new staff, together with support and training for both Health Trainers and staff at Cultural Venues. These can be delivered in a cost effective manner.

Promoting Cultural Attendance through Health Trainers

Cultural attendance offers something distinctive to the other forms of intervention currently provided by Health Trainers. It opens up access to a set of public cultural resources that national research suggests is currently accessed by a narrow demographic (DCMS, 2010; 2011). Manchester City Council and Public Health Manchester envisages that once the health and wellbeing services in Manchester are recommissioned in 2015 that the two sectors will be asked to work together in a more integrated manner and the pilot study provides support for the likely effectiveness of such a policy.

Benefits and Challenges of promoting cultural attendance through the Health Trainer Service

In the course of the programme there was growing acceptance and understanding of the benefits of cultural attendance among Health Trainers, combined in some cases with ingenuity and initiative in promoting it and making it available.

Detailed case studies identified the following benefits: the experience of attending a cultural event can:

- Provide an opportunity for Health Trainers and clients that engage their intellectual and aesthetic capacities rather than focusing on clear targets and personal deficits
- Provide access to something enjoyable that would normally be out of reach
- Allow people to enlarge their horizons, gain distance from current worries and concerns and reconnect with a wider community and a shared culture
- Stimulate recollection of submerged personal and family histories
- Evoke personal skills and capacities which individuals have lost touch with
- Set in motion more profound changes which lead to renewed personal agency
- Offer an additional resource to work with complex psychosocial problems
- Aid in delivering a personalised service tailored to the needs of individuals
- Impart the confidence to use the city centre
- Create a sense of cultural entitlement and benefit from stimulus provided by the city's cultural offer
- Set in motion more profound changes such as a sense of empowerment, liberation and renewed personal agency

However, uptake among the Health Trainers was initially slow and highlighted that a series of barriers need to be overcome to enhance take up of Cultural Attendance and its promotion by Health Trainers.

The pilot study specifically identified:

- The costs and practicalities of organising transport and access
- Ongoing potential for improvement in the two way information flow between the Health Trainers and the Cultural Venues
- The need to ensure that all front of house staff at venues are familiar with the programme and appropriately trained and supported
- Ongoing training and peer mentoring for Health Trainers, some of whom still feel they lack the skills and knowledge to promote cultural attendance in their work
- Careful monitoring of the relationship between support for cultural attendance and the role expectations and time pressures under which Health Trainers work

Recommendations for a sustainable model

Recommendation 1: A relational approach to promoting cultural attendance

A relational and skills based approach needs to be adopted to help Health Trainers make best use of the cultural resources of Central Manchester venues in their work, especially when working with people with complex psychosocial problems. Equally, venue staff must adopt a relational approach in making cultural venues accessible and welcoming to vulnerable people.

Recommendation 2. Health Trainer Leads for Cultural Attendance

Three or four of the Health Trainers should become leads and peer mentors for the Cultural Attendance programme. In the recommissioned service, specific time should be allocated to these roles reflecting the strategic importance of the project. The cultural attendance leads would be expected to inform, encourage and mentor colleagues, liaise regularly with venue leads in order to keep abreast of upcoming events, and plan training events with them.

Recommendation 3. Ongoing training and development for Health Trainers

Four Health Trainer meetings each year should take place in one of the venues on a rolling programme. Each should dovetail with a training event. This would reflect the objectives of the reconfigured Health and Wellbeing Services, in which some cultural venues will be more integrated into the service structure as points of contact, triage and onward referral. The events should address training needs of Health Trainers, aiming to increase understanding of how they can use the spaces, events and collections in the course of their work.

Recommendation 4. Ongoing Support for and from the Cultural Venues

Venue staff also need training, advice and support and this could be achieved by organising some joint sessions with the Health Trainers in the venues (as proposed above). It is important that all venue staff are aware of the nature of the programme and access, booking and ticketing arrangements. They would also benefit from a better understanding of the psychosocial challenges of vulnerable people who use their resources.

Recommendation 5. Agree on role expectations and priorities

The idea that the Health Trainer remit includes addressing cultural needs in the context of health and wellbeing should be clearly established among the workforce. If Manchester City Council's vision of a more integrated health and cultural provision is to be realised Health Trainers and Cultural venues will need to engage with each other on an on-going basis.

Recommendation 6. Ongoing support from Manchester City Council

An on-going partnership needs to be built between the Health Trainer Service and staff working in the cultural sector and this should be supported by Manchester City Council until it is firmly established and embedded.

Introduction

Cultural attendance and public mental health

This report presents findings from the evaluation of the Manchester Cultural Attendance and Public Mental Health pilot programme 2012-2014. The Health Trainer service is provided through the Manchester Mental Health and Social Care Trust. The programme involves a partnership between Manchester City Council's Culture Team, six of Manchester's cultural institutions and the Health Trainer Service. It aims to develop sustainable habits of cultural attendance among parts of the population by incorporating cultural attendance into the Health Trainers' repertoire. Hitherto this has been primarily concerned with support in relation to tobacco and alcohol consumption, blood pressure, cholesterol and obesity.

The use of Health Trainers to encourage individuals to adopt healthy life-styles has been developing over a number of years in the context of persistent evidence about health inequalities in the UK. This is marked in urban centres such as Manchester (MacGregor and Thickett, 2011). The underlying assumption is that trainers recruited from communities in which poor health is prevalent can act as trusted messengers or community advocates for health, and are well-placed to motivate and educate people for lifestyle change, as well as introducing them to appropriate community resources (North West Public Health Observatory, 2011).

There is now a substantial body of evidence which suggests that people who participate in culture and sport are more likely to report good health, to be satisfied with their lives and to live longer than those who don't (for example Johansson et al. 2001 and Wilkinson et al. 2007). These findings hold even when other factors such as age, economic status, income, area deprivation, education qualification, disability or long standing illness and smoking are accounted for (Leadbetter and O'Connor, 2013). Like sport, cultural attendance needs to be regular to achieve health and wellbeing effects. Those who have participated in cultural activity in the last 12 months are more likely to report good health than those who have not (Johansson, Konlaan and Bygren, 2001).

Manchester City Council: Integration of health and cultural provision

From the point of view of Manchester City Council and Public Health Manchester the current and future cuts to public spending require greater creativity in delivering health and wellbeing benefits through the combined resources of the health and cultural sectors. The need for scalable and strategic models of cultural practice has been previously identified in other contexts (for example, Froggett et al, 2011; O'Neill, 2010). However, this pilot within a Health Trainer Service has been developed in the context of sustained reductions in public spending nationally, as well as planned recommissioning of the health and wellbeing services across Manchester in 2015. Funding for the cultural and public health sectors has been cut. The commissioners envisage an interlinked system in the future with partnerships between the cultural and health sectors as key to the implementation of the strategy. This

pilot programme therefore assesses the role of partnerships between Public Health Manchester and six key cultural organisations, in introducing and embedding Cultural Attendance into Manchester's Health Trainer Service. Important questions have arisen during the evaluation about involving cultural organisations in health related programmes and the nature of the current and future relationships between the cultural and health sectors and the wider publics that they both serve.

Public Health Manchester envisages that once the health and wellbeing services in Manchester are recommissioned in 2015 that the two sectors will be asked to work together in a more integrated manner. As well as continuing to provide and promote public access to resources and collections, it is envisaged that some cultural organisations in receipt of public funding may be more actively involved in the delivery of health and wellbeing services as sites of initial contact, triage and onward referral.

In the Manchester pilot, Health Trainers were asked to refer people to events at one of six participating cultural institutions in Manchester: **The Royal Exchange, Manchester Art Gallery, People's History Museum, Band on the Wall, The Central Library and The National Cycling Centre**. Most of those referred had not attended cultural institutions in the past. The objectives were that they would:

- enjoy the visits
- return to these and other cultural venues with friends and family members
- develop a sense of familiarity and entitlement in relation to the city's cultural provision
- experience the known health and wellbeing benefits of cultural attendance

Literature review

Health Trainers

The concept of Health Trainers was introduced in the public health White Paper *Choosing Health: Making Healthier Choices Easier* (Department of Health, 2004) in response to increasing evidence of health inequalities evident throughout the country. The links between deprivation and ill-health are now well-established (Wilkinson and Pickett, 2006; 2008; 2009). In particular, major urban centres like Glasgow, Manchester and Liverpool show high levels of poor health and deprivation (MacGregor and Thickett, 2011).

Drawing on the conclusions and recommendations of a series of reports (The Health Divide, 1987; The Acheson Report, 1998; Tackling Health Inequalities, 2003; Choosing Health, 2004; and Securing Good Health for the Whole Population, 2004) and as part of a national health promotion initiative, Health Trainer Services were established to offer personalised support to help people make healthier choices. Health Trainers themselves are usually recruited from the locality in which they serve, the aim being to provide 'support from next door' rather than 'advice from on high' (North West Public Health Observatory, 2011). The service thus provides jobs for local people, who have the advantage of being familiar with community resources. Choosing Health (Department of Health, 2004) described the Health Trainer role as follows:

Offering practical advice and good connections into the services and support available locally ... A guide for those who want help, not an instructor for those who do not, they will provide valuable support for people to make informed lifestyle choices (p106).

The Health Trainer service is underpinned by the principle of informed choice (North West Public Health Observatory, 2011), and Choosing Health (Department of Health, 2004) suggests that a great deal of illness and disease might be prevented if specific changes to lifestyle were introduced. The five reducible risk factors most likely to be targeted by Health Trainers are related to tobacco, alcohol, blood pressure, cholesterol and obesity (Michie et al 2008). Hence, smoking cessation, exercise, weight control and healthy eating are key objectives for the Health Trainer scheme. Some Health Trainer programmes have also recognised the importance of emotional wellbeing in health related behaviour and the challenges health trainers may face in identifying, addressing and monitoring individual progress in such areas. This highlights the fact that complex psychosocial problems are often the root cause of the lifestyle problems experienced by many clients.

Broadly, the objectives of the Health Trainer Service are to:

- Identify and engage with individuals from deprived groups or communities.
- Enable individuals to change their behavior to positively impact on their health and wellbeing.

- Support individuals to make more effective use of health and wellbeing services.
- Increase capacity and capability, building a workforce from the communities and groups within which they work with the right skills to tackle health inequalities.

In July 2005, Manchester was chosen as one of twelve areas in the country designated as early adopters for the Health Trainer initiative. No formal qualifications or experience of employment in the health service were deemed necessary for the Health Trainer role; recruits were asked to show the ability and desire to work with others to bring about improvement in health. Manchester has developed the scheme as a partnership between the Primary Care Trust, the Local Authority and Manchester Public Health Development Service. The Manchester Community Health Trainer Service describes the Health Trainers role as follows:

The Health Trainers role is not to give advice. It is to structure a series of discussions to empower the client to develop and use skills to regulate their own behaviour. Therefore the approach is person-centred with the aim being for the client to make their own decisions. ... Health Trainers use a range of techniques for supporting people to set and maintain their own personalised SMART (specific, measurable, achievable, realistic, timely) goals. The first assessment session includes a health assessment to review the person's opinion of their current general health, wellbeing and health goals. Health Trainers work with individuals supporting them to identify barriers and opportunities within their own lives that either hinder adopting good habits or could support healthy change.

In Fair Society Healthy Lives (The Marmot Strategic Review of Health Inequalities in England post-2010) it is noted that people who are socially and economically better off continue to experience better health. The report argues that these links between social conditions and health are 'real' concerns (2010, p. 1). However, The Marmot Review also states that

...initiatives using local Health Trainers, community health champions and community development work show encouraging signs of empowering individuals to participate and take control of their health and wellbeing. The impact of such innovations on health inequalities has yet to be determined.

Benefits of Cultural Attendance

A growing body of evidence sets out the established health benefits of individual and group engagement in cultural activities in particular health settings including hospitals (Ruiz, 2004; Leadbetter and O'Connor, 2013). For example Ruiz (2004) describes how participation in cultural or sporting activities leads to explicit health outcomes (improved physical and mental health such as reduced stress levels, reduction in anxiety and blood pressure, reduction in visits to GP) as well as wider benefits related to wellbeing (improved communication skills in those with special needs. It points out that 'carers' have developed new skills and confidence through such activities and that increased social networks and

improved wellbeing have resulted in target populations) (ibid). There is also a growing body of scientific evidence showing measurable impacts on physical and mental wellbeing that relate to direct involvement in creative and cultural activities, supervised by an art therapist or a cultural professional (O'Neill, 2010).

In a large Scandinavian epidemiological population level survey (n=50,797), Cuypers et al (2011) identify positive associations between cultural engagement and health, anxiety, depression and life satisfaction. Bygren et al (1996) used a simple random sample (n=15,198) to explore the possible influence of cultural events, reading books or periodicals, making music or singing in a choir as determinants for survival. The findings suggest that cultural engagement has a positive influence on survival. Konlaan et al (2000) used a randomised controlled investigation (n=21) in which attending cultural events and taking easy physical exercise were tested simultaneously. Nine people were encouraged to engage in cultural activity for a two-month period. Diastolic blood pressure in eight of these nine was significantly reduced following the experiment. Bygren et al (2009) have also explored cultural attendance and cancer mortality amongst a randomly selected cohort (n=9011) of Swedish cancer-free adults aged 25–74 studied over a 13 year period. Attendance at cultural events was associated with better survival and self-rated health. Death from cancer was 3.23 times more likely among rare cultural attenders and 2.92 times more likely among moderate attenders. Taken together these studies identify potential population level benefits related to cultural attendance. However, they focus on indicators of specific physical health conditions.

Johansson et al (2001) studied 3,793 Swedish adults at two time points 8 years apart to explore how changes in cultural attendance over the time period affected self-reported health. Those who reduced cultural attendance across the study period and those who were culturally inactive on both occasions had a 65% greater risk of poor perceived health compared to those who were active cultural attenders on both occasions. In comparison, those who were non-attenders at the beginning of the study but attenders at the end had relatively equal perceived health risks to those who were cultural attenders on both occasions. In a US study Wilkinson et al, (2007) also identified a significant association between cultural activities and self-reported health after controlling for a range of demographic variables (age, gender, marital status, race, number of children, subjective social class, employment status, household income, and educational attainment). Specifically, the more cultural activities people reported attending the better was their self reported health. This evidence points to two main findings: first, that cultural attendance correlates strongly with perceived health benefits, and second, that, in a similar way to exercise, regular cultural attendance is required to sustain these benefits.

In another study Bygren et al (2009) conducted a randomised controlled trial with n=101 government officers in Sweden to investigate the possible influence between cultural attendance and health. Fifty-one engaged in an arts experience of their choice once a week for eight weeks and the other 50 did not change their lifestyle. Before and after measures showed an improvement in perceived physical health, social functioning, and vitality in the

intervention group and a decrease among controls. Another study conducted with London City workers (Clow and Fredhoj, 2006) explored cortisol levels and self-reported stress before and after a 30 minute lunchtime visit to an art gallery. The findings identify a rapid and substantial reduction in cortisol which would usually be expected to take about 5 hours of normal diurnal decline to achieve. The authors conclude that the gallery visit caused rapid normalisation from the consequences of high stress. Finally, evidence from an Israeli study (Jacobs *et al*, 2008) identifies that even solitary cultural engagement makes a real difference to longevity. The research found that men in their 70s who read for as little as 20 minutes a day lived longer than those who did not. The findings suggest that leisure activities devoid of social or physical benefits may nonetheless contribute to improved aging. As O'Neill (2010) argues

The fact that purely mental events triggered by reading result in extended lifespans not only confirms that culture is a separate variable from the social, but also confirms the link between mental wellbeing, engagement in culture and physical wellbeing (p. 24).

He draws attention to less intensive cultural activity and briefer cultural experiences, asking if these might also have benefits to health and wellbeing that might be scaled to create population level effects.

Taken together the evidence suggests that people who participate in culture and sport are more likely to report good health, to be satisfied with their lives and to live longer than those who don't. Overall those who have participated in cultural activity in the last 12 months are 38% more likely to report good health than those who do not (Wigan and Leigh Metropolitan Borough Council 2013).

Accounting for the Effects of Culture on Health

Most health services including health trainers operate on the basis of rationalist models of agency. These service models presuppose a unitary self that chooses, acts and judges in its own interests (Froggett, 2002). These assumptions support recent policies of personalisation which see service users as having considerable insight into their current situations and being best placed to identify the interventions most likely to improve things for them. However, as Hoggett (2000) observes, one problem with rationalist models of agency is that they

...simply cannot comprehend how the subject gets stuck, ... procrastinates, ... acts in ways which are destructive to its own interests ... and engages earnestly in projects for reasons which it entirely misunderstands (Hoggett, 2000, pp. 172)

It is likely that in common with the general population, those who access the Health Trainer Services do not always have insight into their situations and do not always act rationally in their own self interest, even when they have been exposed to persuasive, well-delivered and evidence based advice and guidance about the potential harms of some behaviours and the potential benefits of others (Roy, 2012).

A previous study centred in Manchester (Froggett et al 2011a) conducted detailed ethnographic observations and interviews on art-based participation and engagement in the health related outreach projects of six North West regional Museums. Although these projects were intensive and designed for specific groups, they offered insight into the nature of culture specific health effects. It was concluded that cultural engagement offered the possibility of finding new ways to think and talk about experience, including its non-purposive, emotional and apparently irrational dimensions. Rather than assuming a rational subject whose motivations and behaviours are transparent to him or herself, immersion in culture, and the use of cultural objects, extends the capacity for symbolisation and hence communication of that which is paradoxical, ambiguous, contradictory and difficult to express. Furthermore, by providing access to objects and processes with which people make strong *affective and aesthetic* connections the vitality of experience and communication is enhanced, conferring a sense of authenticity and potentially voice. This point emerged strongly in other work (see also, Froggett, et al 2011b) which demonstrated that arts participation helps people to create an embodied, sensuous connection to the world that can be shared and acted upon.

Although the conclusions of these reports related to projects targeted at particular groups, there is no reason in principle why over time similar effects could not be achieved through cultural attendance, and for similar reasons – indeed the case study vignettes included in this report show that they can. Froggett et al (2011a) concluded while the small intensive projects they studied had achieved striking results for participants, the level of resource required would be unlikely to make such initiatives viable in times of austerity. They recommended that a cost effective option would be for some of the cultural engagement skills of cultural sector staff to be embedded in health and social care services via dedicated training workshops, practice, and the appointment of cultural mentors and champions. Similar initiatives would enable Health Trainers to make best use of the cultural resources available to the people with whom they work.

Methodology

Research aims

- Evaluate the implementation of the Cultural Attendance and Public Mental Health pilot programme, through the partnership between the Cultural Venues, Manchester City Council's Culture Team and Public Health Manchester
- Identify current potentials of and barriers to promoting sustainable habits of cultural attendance within the Health Trainer Service
- Make recommendations for a sustainable and scalable model to support cross-sectoral cultural attendance practice

A psychosocial approach

We have viewed the programme through three different lenses: the macro level policy context of Manchester City Council's recommissioning of the Health and Wellbeing Services; the meso level organisational partnership and delivery of the programme; and the micro level experience of practitioners and clients (Froggett 2002). By using these different lenses we are able to show not only *how* the programme has been developed and implemented from different perspectives but *how* it has worked for practitioners and clients. Hence, the research has taken as its focal point of enquiry the interfaces between individuals, organisations and wider communities. Furthermore a micro, meso, macro analysis allows an understanding of the interaction between various components of a system and hence a realist evaluation of mechanism and context (Pawson and Tilly, 1997), rather than an exclusive focus on outcomes. This is particularly appropriate for a pilot programme where a key concern is with implementation and change as the programme embeds.

Data collection methods

Repeat semi-structured interviews with Health Trainers at three different points in the programme (fourteen individuals in total). This method was used to explore individual perspectives about the programme as it developed. The interviews explored how the programme was being implemented in practice: referrals into the programme, perceptions of benefits to clients, changes in appreciation of the programme as a result of experience, as well as personal involvement with Cultural Attendance and willingness to advocate for it.

Repeat semi-structured interviews with Venue Leads at the beginning and end of the programme (eight individuals in total). Repeat individual interviews explored: the venues' wider social engagement strategies; their involvement in this pilot and their perspective on challenges and opportunities of the partnership with the Health Trainer Service; fit with organisational values, mission and practice, as well as the experience of the pilot programme at an early and late stage.

Repeat semi-structured interview with Health Trainer lead at the beginning and end of the programme (one individual). These interviews focused on the opportunities and challenges presented by the pilot programme for the Health Trainer Service. The two interviews explored the difficulties of implementing cultural attendance at a programme level and certain tensions in relation to training, programme development and implementation, time management, and the recommissioning process.

Observations and impromptu discussions at venues and programme meetings which allowed us to explore the developing programme in action and how opportunities and challenges were being met as they arose.

Narrative pointed interviews with clients (five in total) were used to understand people's experience in taking up the offer of cultural attendance. They were asked to give their personal story in their own words and within their own frame of reference. In telling the story the clients assumed responsibility for making its relevance clear and had control over the beginning, the middle and the end,

Focus group with Health Trainer Team at the end of the programme (eleven people in total). This allowed us to talk to the Health Trainer team together. The group discussion format clarified continuing differences in take up and perception of the programme within the group. Emergent propositions and recommendations were put to the group for feedback.

Joint interview with Manchester City Council Culture Team lead and Public Health Manchester representative at the end of the programme (two in total). This interview was used to test out ideas and propositions about the programme with those who had commissioned it and to develop a fuller understanding of the wider recommissioning of the Health and Wellbeing services in Manchester.

Data Recording

In all interviews contemporaneous notes were taken with interviewers taking care to feedback key points to participants during the discussion to ensure that they had been understood correctly. Interviews and focus groups were also recorded using a dictaphone and transcribed immediately after the interview by the researcher.

Data Analysis

A systematic qualitative thematic analysis of the interview data was undertaken by the researchers at different points in the programme. The interviews with Health Trainers, the Health Trainer Manager and the Venue Staff at the beginning of the programme helped to establish a picture of the initial take up by Health Trainers and venues and their understandings of the programme and ability to work towards achieving its objectives. The analysis of data from different sources was iteratively compared to identify convergence and divergence of perspectives and obstacles to implementation of the programme, where they

occurred. This formative evaluation and emergent findings were fed back into the programme via the steering group meetings which the Health Trainer Manager attended. This approach made it possible to: (i) report on a wide range of experiences and perceptions; (ii) identify areas of consensus and divergence, and (iii) make recommendations on the way things might be altered to improve programme implementation.

Ethics

The research plans and methods for this project were reviewed and approved by the University of Central Lancashire's Psychology and Social Work Research Ethics Committee. All potential participants were provided with information about the focus of the study, details of the bounds of confidentiality and information about data protection in advance of interviews. Verbal consent was taken in all cases.

Implementation of the Pilot Programme: Progress, Potentials and Barriers

The findings and discussion below are drawn in summary form from the interviews, case studies and focus group, and reflect the vicissitudes of piloting the programme over the course of two years. The programme made slower progress than had been anticipated initially. Our discussion sheds some light on the reasons for this and informs our conclusions and recommendations.

Base-line conditions at the beginning of the pilot

1. The Health Trainer Service was (and continues to be) an effective, well organised and target driven programme largely delivered by part-time workers; this put pressure on the time available for development of new areas of work and for staff meetings and training.
2. Health trainers welcomed the pilot with an acknowledgement that in principle it would increase the resources at their disposal, but this was new territory for them and there was little appreciation of what it would mean in practice.
3. Definitions of the Health Trainer role before the programme began have been included in the introduction to this report. The Manchester Health Trainers had been recruited to deliver specified tasks related to physical health. These informed their priorities in working with people who used their service, many of whom needed help with basic health conditions.
4. Early interviews established that the Health Trainers in Manchester were not in the main a group who had found a big value in cultural attendance in their own lives. Fourteen of the fifteen Health Trainers were asked whether they had ever visited any of the cultural venues involved in the pilot in their own time prior to the beginning of the programme. Only five of the fourteen said that they had and only two had attended more than one of the six venues. Conditions of access, cultural activities or events on offer, and booking and ticketing arrangements were largely unknown to them.

The last point is significant but unsurprising: Health Trainers are recruited from communities which are characterised by a range of demographic and socio-economic factors known to be associated with low engagement with cultural institutions, as well as with other aspects of public and civic life (2008/09 DCMS survey 2010). One of the initial challenges of the programme was therefore to inform and engage the Health Trainers themselves, so that they would be in a position to advocate cultural attendance for those people who they thought likely to benefit.

Whilst the DCMS report makes dismal reading for those with aspirations for social justice led models of cultural provision, there are two findings which have particular relevance to this study:

- A high-quality arts experience is likely to result in increased engagement, and/or
- Increased engagement with the arts makes a high-quality experience more likely

Two years later

We asked all fourteen Health Trainers whether they had visited any of the venues outside of work since the programme had begun, or referred people to them. Ten said that they had.

- Five of the eight Health Trainers who had never attended any of the venues prior to the programme had attended at least one in their own time.
- Five of fourteen Health Trainers interviewed described situations in which they have attended cultural venues with clients in the course of their work reporting clear benefits (see case vignettes below).
- Six others have promoted venues or events directly to people and reported that attendees have enjoyed the experience.

These are positive advances and at the final Health Trainer focus group, there was increased support for, and understanding of Cultural Attendance as a valuable ongoing addition to the resources Health Trainers could offer.

However, three important reservations have been voiced:

- Health Trainers reported that many of the people they work with are bemused by the idea of cultural attendance and they are still reluctant to refer, if they perceive this to be the case
- Some Health Trainers working with ethnic minorities assume that Manchester's cultural provision is inappropriate for people from particular cultural backgrounds
- Many of the Health Trainers still had a low level of confidence about *how* best to advocate cultural attendance, *how* to talk about the experience in ways which might benefit clients and *how* to use the experience to promote health and wellbeing

A discussion of the reasons for the perceived benefits and continuing diffidence among Health Trainers and the people they work with follows.

Perceived Benefits

I have always supported this programme because I feel it offers us a greater menu of things that we can offer to clients, and if you are taking health in its broadest sense then certainly what we do see with clients is people who are isolated, lonely and bored and not necessarily engaged (Health Trainer Manager).

This general argument is now well accepted among the majority of the Health Trainer Group and in the final focus group convened with Health Trainers only two voiced any dissent.

- 1) The findings from this study provide support for the existing evidence base demonstrating the health benefits of cultural attendance. Manchester Health Trainers have become more familiar with and interested in this evidence through working within the pilot programme.
- 2) Reported cases of those who have used cultural attendance successfully in their work (see case studies below) have helped other Health Trainers to see it as a distinctive form of intervention, that may have particular relevance for clients with complex needs especially where mental health is at issue.
- 3) The case examples (below) demonstrate that cultural attendance is suitable for a range of people and is in line with 'personalised support' to help people make healthier choices.
- 4) Cultural attendance provides Health Trainers with a means of intervening with clients when there is a need to connect with a wider culture - perhaps because of isolation or exclusion - rather than when working on self-directed action targeted at a particular health condition.
- 5) Attending cultural venues can be seen as a natural extension of existing activities: Health Trainers are used to helping people gain confidence and overcome fears about going to new places, for example by accompanying them to sports and community venues

I take people to the gym to get them started there, to introduce them and get them through the door, so I don't see it as any different with a gallery or some other venue (Health Trainer).

Case Example: These points are illustrated by a Health Trainer who describes how and why he introduced the idea of cultural attendance to a woman in her 60s who had been referred due to mental health issues which had developed after she had been diagnosed with pancreatic cancer.

She's in her 60s and she had been referred in due to mental health issues she was having. When I met up with her, her mood was really low and she identified that as her main priority. She didn't want to go to support groups, because she really didn't want to talk about the cancer at the time, however, she was also really isolated and that seemed important too. We talked about this programme and she went to the Royal Exchange two times, sitting there with 200 other people, and really enjoyed it. (Health Trainer)

Going to the theatre had allowed this woman to take part in a cultural event without discussing her situation and allowed her access to an intervention in which she wasn't 'a client'. The Health Trainer suggested that the experience had helped her get back into her own community life afterwards. We asked him how he would have worked with this woman before the offer of cultural attendance had become available. He said 'I would have been bugged actually, because there was really nothing else for her.' The case emphasises how cultural experience can be an acceptable way to help someone with complex interconnected

health and social problems, where a direct focus on health issues is likely to be unappreciated and hence unproductive.

Embedding Cultural Attendance in the Health Trainer Service

Familiarisation with cultural resources and capacity building

Early on in the pilot we identified, as a priority, the need for a process of familiarisation and capacity building for the Health Trainers to be delivered by the Culture Team at Manchester City Council in collaboration with staff at the venues. Subsequently a series of Health Trainer team meetings was held at cultural venues. Each team meeting was followed by a tour of the building and its collections and/or resources. All of the Health Trainers we spoke to had attended these meetings and most had found them interesting and useful in gaining a sense of what was on offer. This enabled them to think about which of the venues might appeal to individuals that they were working with and was a valuable first step. After these visits, one of the Health Trainers even hired a mini-bus for a group of older people from Wythenshawe to attend a performance at the Royal Exchange. However, at the end of the programme, Health Trainers described how they had left the venue visits "starry-eyed" but still without any real sense of *how* to work with clients through Cultural Attendance.

Effective Preparation and training

The notable exceptions were two Health Trainers who had attended a short induction course run by Manchester Art Gallery. These two, whose enthusiasm for the programme had increased markedly as a result, reported in the focus group that they had learnt how to relate to artworks in ways that would not previously have occurred to them.

A lot of the Health Trainers are sat in offices and doing their thing and ticking boxes. I was really impressed with the course I went to at the Manchester Art Gallery, in terms of how to use the gallery in my work. I got an email about it and I told another Health Trainer and we went together. It was three mornings at the gallery and it was brilliant. It covered things like the emotional content of a picture, how to look at a picture and different ways of discussing it with the person you are with. I found it so useful in thinking through how I might use that space in my work (Health Trainer).

The training had helped these two Health Trainers to think about the gallery both as a cultural venue and as a site for working with clients. The course had helped them to consider how they might use artworks therapeutically by asking questions which would encourage their clients to reflect, and find expression for a range of emotional responses. The course had helped the Health Trainers themselves to develop a new vocabulary, enabling them to talk about the paintings and explain their own reactions. By acquiring some of the skills of cultural facilitators in a relatively short course, they had considerably added to their repertoire in helping users of the service.

The Health Trainer team agreed that workshops would need to be tailored to the specifics of the Health Trainer role and hence would be improved by consultation or co-planning with the team. Health Trainers want practice oriented training that helps them to understand what steps they might follow in working with people in the venues and to develop personally relevant strategies for making use of cultural resources.

Information: vital but limited

The Culture Team at Manchester City Council has worked hard to ensure a regular flow of information is delivered to the Health Trainers about the programme of events at each of the venues. However, there are further issues to be addressed, in terms of the accessibility of information and its limitations.

The Health Trainers do receive a great deal of information by e mail, and accessing this material relies on their clicking a link. They felt it would be more effective to receive notices direct into their mail-box. They also expressed the desire for a simple, attractive client-friendly brochure purposely designed for the Health Trainer service, which they could give to people.

A larger issue, however, is that 'information', vital in itself, can not fulfill the same function as training in helping Health Trainers to understand and convey how cultural experience can benefit the people they work with, and to personalise and build on those benefits in their ongoing work.

Parameters of the Health Trainer role

A view shared by several Health Trainers was that they are often working with people on very basic issues to do with physical health, and hence cultural attendance can be seen as either less relevant or out of reach. This reflects the focus in the Health Trainer service on physical activity, healthy eating and obesity. They may also be deterred by the fact that when working with clients around emotional wellbeing it can be hard to identify and monitor progress.

When you are dealing with clients you ascertain what will immediately help and that is healthy eating and exercise. It's easier to get a result for the service through something else (other than cultural attendance) and we are limited in the number of sessions we can see someone. So, it's only if someone really wants this or if you have really explored all other options that this might be left as something else to stimulate them (Health Trainer).

There are also acknowledged pressures of workload and the time that can be allocated to particular individuals. These factors can deter Health Trainers from addressing mental health related problems and discourage them from time consuming visits to venues in town.

I don't want to know the issues, I want to know what they want to do. If we had more time it would work better, but we are really pressured and we have targets to meet (Health Trainer).

However, despite the fact that the current service framework has been commissioned to target physical health objectives, many Health Trainers are seeing people with complex psychosocial problems. As already indicated, a wider range of resources and knowledge of how to make personalised use of them can be very helpful. Cultural resources such as the theatre or art galleries address human fears, hopes and desires and can be used to help people gain skills of self-reflection and self-expression in relation to existential issues or problems in everyday living. It is understandable that without formal therapeutic training, Health Trainers may feel reluctant to venture into such territory. However, a host of studies in arts and mental health have concluded that the arts can offer a relatively safe and accessible pathway into thinking and talking about difficult issues. Health Trainers need guidance on how this fits into their role and how cultural attendance can help and support such sensitive work.

Culturally appropriate provision for ethnic minorities

Among (very few) Health Trainers who were prepared to admit to being unconvinced of the value of the Cultural Attendance Programme, were some working with some of the city's culturally marginalised ethnic minorities. They were of the view that cultural provision in the city centre is often viewed as inappropriate by many people from black and minority ethnic communities. In a city with the cultural diversity of Manchester it is certainly the case that some cultural minorities will be less catered for than others. However, in the final focus group counter-arguments were advanced by Health Trainers themselves that this might be an overly restrictive view. The city's cultural provision is varied and attempts are regularly made to offer music, art and performance that respond to particular cultural traditions, for example a festival of North African Music, or a play with an all black cast. Access to cultural events directed at particular communities can be the threshold to a wider range of cultural opportunities. It is also the case that several of those who took up the offer of cultural attendance within the programme were women from minority ethnic communities.

Overcoming practical barriers

Health Trainers themselves have tended to cite practical barriers as the main impediments to cultural attendance

Money would be the main thing, it's expensive to get into town. It costs £3.90 to get there and these people are on the bread line and even once you get there the food and drinks are expensive (Health Trainer).

The majority of the venues are in the Centre of Manchester. The practicalities of travelling into town, in terms of cost and time, are a genuine barrier to attendance. Health Trainers already hold meetings with people in local libraries in order to open up access to services

and other forms of support. These venues are seen by Health Trainers as a potential local stepping stone to cultural attendance in city centre venues. Several Health Trainers suggested that it might be useful to bring exhibits, pictures, films or music into local libraries as a means of promoting what was on offer in these central city venues.

Whilst practical barriers cannot be minimised, previous qualitative research (Keaney, 2008) has found that although people often cite practical reasons for not engaging in arts and culture, psychological barriers, such as the fear of not feeling welcome or of not understanding an artwork, are the most influential factors. We inferred from our interviews that some Health Trainers who emphasise practical barriers may themselves feel diffident. Those Health Trainers who have begun to find a personal value in culture have become more positive about the programme. One described how she took her children to the Manchester Art Gallery. They enjoyed it so much that they later took friends and other people in their community on visits to the gallery. These snowball effects from familiarisation and enjoyment are exactly the sort of impact that Manchester City Council and Public Health Manchester intends to generate through the programme.

Challenges for Cultural Venues

The Royal Exchange, Manchester Art Gallery, the People's History Museum, and the Central Library see work of The Health Trainer Cultural Attendance Programme as clearly related to other strands of work they are already engaged in which seek to attract different publics. This work demonstrates the *social value* of the cultural sector and also the *social values* of the institutions taking part.

It broadens the base of people who we can work with; people who may not have the confidence to come in on their own. (Venue Lead, The Royal Exchange)

The idea is good, there is lots of evidence of attendance being a good thing for health and wellbeing, so the theory behind it is a good one. (Venue Lead, the People's History Museum)

However programmes such as this involve investment of staff time. This time needs to be justified in relation to other organisational priorities and hence it is important for venues to have a sense of whether people actually take up the offer of cultural attendance and if so to have feedback. Within the pilot this has proved difficult as there is no formal feedback mechanism. Adding to the administrative burden of Health Trainers would not be the best way to facilitate this. Making it a discussion item at periodic meetings between the venues and Health Trainers could support this exchange between the two sectors.

On the one hand you don't know if it has much impact, on the other it's not a lot of time (that we invest). It wouldn't stop us wanting to be involved but it is important to know if it works (Venue Lead, the People's History Museum)

Of more concern is the fact that not all of the venues are wholly convinced that the

investment of effort is justified. In particular, the National Cycling Centre suggested that they might be the wrong sort of venue to participate in a programme such as this and Band on the Wall, whilst broadly supportive of the programme objectives, has questioned whether working through the Health Trainers is the best way to diversify cultural attendance. The National Cycling Centre has expressed concern at the level of staffing and skills that might be required to support vulnerable people accessing the venue and also that such people might not enjoy noisy public events. This view was based on an incident in which someone referred into the National Cycling Centre had become quite agitated whilst attending a large public event and a lot of staff time had been needed to support this person - an unwelcome distraction from their primary tasks. The view is understandable but appears to be out of line with Manchester City Council's intention to build a reconfigured health and wellbeing service in which health and cultural organisations are more integrated. Staff at cultural venues also need to receive adequate preparation and support as they take on unfamiliar roles. A background of working in the cultural sector is not a preparation for working with mental health related needs and behaviours.

I think we need to have a relationship with the Health Trainers directly in order to learn from each other, working with them and having a direct conversation (Venue Lead, Manchester Art Gallery)

This point has been made before in the context of the Who Cares Programme (Froggett et al 2011), where some staff at cultural venues felt completely unprepared to handle problems arising with some people who were anxious or disruptive in a public space.

Three important learning points from this pilot programme are:

1. To diversify the demographic profile of those using cultural venues, front of house staff must provide a friendly welcome and introduction to the resources and/or collections for those attending. This is a general requirement rather than one that is specific to this programme and is important for people with no particular vulnerabilities, as well as those who have mental health problems, physical impairments or learning disabilities.
2. Providing such a welcome requires sensitivity to a diversity of needs, and this in turn requires the relational skills that are developed through adequate preparation and support.
3. It is not possible to predict in advance what cultural events people will or will not enjoy; for example, within the pilot one Health Trainer took a group of older people from Wythenshawe to see a Harold Pinter play at the Royal Exchange. Staff within the programme and at the venue were needlessly concerned that the group might not enjoy the play and that the experience would put them off. The group were in fact animated and appreciative of the play. An older woman who had dementia was prompted to write her own ending to the play which she read to a group. The assumption that culture must be bland, easy, banal or what passes for 'popular' if people are to benefit from it, is not well supported by evidence from this

programme and elsewhere (see also Froggett and Little 2012 for a discussion of provocative art in a health context).

In the next section we present five case examples, each of which describes how cultural attendance was introduced and how it proved beneficial for the individual. Each case example is followed by a description of the programme implications.

Case examples

Case Example 1: Asha

Asha was a woman in her 30s who moved to Manchester only a couple of years ago with her husband's job. Shortly afterwards she had a new son and after the birth, she developed postnatal depression and put on weight. It was her weight that originally led to a referral to the Health Trainers from her GP.

I guess I had postnatal depression and my weight was an issue and essentially it did not feel as if I had caught up with my life if you understand me.

The Health Trainer discussed her interests with her and mentioned some toddler and family events being run at the Manchester Art Gallery. Asha described how attending the events at the gallery had been quite a different experience from going to the playgroups in her local area. Here she emphasises that there is something distinctive about cultural attendance.

And my son came and we had a great time. ... For me it was really nice, it was something you were wanting to do and just not doing. Taking him into the gallery at such a young age, to go to the gallery with him, this was my avenue to explore other things.

Asha describes how there is something unexpected about the experience of going to this group, which is not quite an art group, not quite a play group. This appears to have opened up a 'paradoxical space', co-created among the participants. Through it Asha has found a new way of relating to her son and a new way of reflecting on her own life. She has rediscovered a sense of her own agency. The interaction between the group's design and location, and the activities and relationships of those within it, have helped Asha begin a process of personal change.

I absolutely loved the idea that a young artist was working with a group to introduce the gallery to young children. He [my son] was covered in paint and it's free and he loves it. ... When I see him enjoying himself then I am enjoying myself. The pleasure of seeing my son enjoy it made me feel better. The sessions are very interactive. I find that I am getting involved [with other groups] and I have made some friends. ... I am happy! I am back to my old self. I was going through that blip and nothing else was getting me there. You wanted to go and it's someone [the Health Trainer] you don't know and you needed a couple of pushes and a bit of encouragement.

Asha emphasises the value of the nudge she received from the Health Trainer. Depressed at home, Asha had found it difficult to play with her son which made her feel worse about herself and her weight. At local playgroups, where the children played with each other and the adults talked, she felt disconnected from her son and unable to enjoy being with the adults. The space at the gallery was one in which she could relax, play and have fun with her son, and then begin to approach her weight problems in her own way.

My weight has been an issue and it's one of the things I was getting down about and this has made me more active and got my own self back. Now I am mentally feeling better ... the way it has been treated is better. Now I am feeling better I can really do something.

Implications:

- Asha's case reflects the importance of Health Trainers providing information and encouragement in enabling people to try out new activities. Becoming involved in something unfamiliar requires the development of confidence.
- Once initial diffidence is overcome the benefits of discovery, friendships and social connections reinforce confidence in a virtuous circle.
- This can help relationships and strengthen the motivation and ability to address physical health problems, which are often the presenting problem but are intertwined with psychosocial issues in complex ways.
- Close family and parenting relationships may be the first to benefit and they make an immediate and dramatic difference to the wellbeing of the whole family.

Case Example 2: Jenny

Jenny has had a long history of alcohol and cannabis misuse. In 2013 she had been in hospital for a brain operation and at the time of being discharged had seen a leaflet about the Health Trainer Service. She described working with her Health Trainer over a period of weeks and being introduced to the idea of a trip to the art gallery.

I just thought it was something to do with Christmas coming up. I wasn't sure why we were going out, I was emotionally upset at the time and I just thought it was a trip to cheer me up, sort of an act of friendship, you know what I mean. ...

Jenny had never been to the Manchester Art Gallery before, and describes being overwhelmed by the size of the building and the collection. The only cultural institution she had ever been to was the Manchester Museum which she visited on a school trip as a child. She recalls seeing the Do-Do bird and other animals in Victorian wooden glass cages.

And to be in the art gallery and to actually see the paintings in the flesh was quite amazing. I was a bit agog! ... I thought, how talented these people are and the skill they have, and I wanted to touch it. ...

Jenny was initially subdued in the interview but became animated when she discussed the collections she had seen. The trip to the gallery had offered an unexpected opportunity to reconnect with parts of her life experience that she felt she had lost touch with. She had been a machinist in her younger years and was really drawn to some very large tapestries, finding an interest in detailed technical descriptions of how particular designs had been realised. She was enlivened by World War Two exhibits which included a juke box of mill sounds triggering quite emotional memories of her family.

My dad was in the home guard and me mam was a 'clippy' on the trams in them days. On a Saturday night she would stop the tram and take in fish and chips for all the kids. It's brought a lot of memories back cause your parents never talked to you in them days and now you regret not knowing about their lives. And me older brothers have gone and you see you can't get it back. More or less the only story I heard about me Dad was him stood on top of the Bradford gas works in the blitz. I would like to have heard a few more stories. Yes, I'd like to go again.

Implications:

- Museum collections can provide a complex stimulus which enables people to reconnect with submerged personal and family histories.
- The objects and processes within such collections can evoke personal skills and capacities which individuals have lost touch with.
- Cultural objects are evocative and can help people to begin the process of elaborating or rediscovering a sense of self.

Case Example 3: Barbara

Barbara is in her late 50's. She has cerebral palsy and also high blood pressure, diabetes and severe bowel problems. She had seen a dietician due to weight gain and after a short intervention had been referred to the Health Trainers. Barbara is an unpaid carer for her mother who is 87 years old, has dementia and is fearful of being left on her own. Her mother has had two heart attacks and a big stroke in the last two years and also has vascular dementia. The Health Trainer felt that the theatre might offer Barbara and her mother a trip out for something other than a health appointment.

[My Health Trainer] was mentioning this new pilot scheme had come out for theatre trips. So we went to the Royal Exchange to see a play and it was a comedy and me Mum enjoyed it, and I enjoyed it, and I think it was good for us because in a way we are on tramlines... we can't go anywhere and we have to keep things very local and very safe sometimes.

Barbara paints a picture of a life sustained by and grounded in the rhythm of caring responsibilities, care appointments, health appointments and services – all of which provide the basics for survival. Without this support Barbara says she “would go under”, but she also describes how the nature of the support imposes its own burdens.

With the situation of me Mum being like she is, you do need little breaks, you do need little times when you can unwind and I don't think that is recognised too much, because as much as me Mum has got a care plan in terms of coming in the morning and helping her get dressed and with her personal care and coming in at the end of the day, it can be like Euston Station round here and we have a lot of hospital appointments to fit in and that's our life really. It's nice to have the opportunity to do something social for a change.

The programme has opened up an opportunity that Barbara says would not have been possible otherwise. It offered a little bit of normality and as Barbara said "it's nice to feel like everyone else for a change". When asked to describe what might be required to make more regular trips to the theatre, Barbara described how she had the capacity to book the trip herself, but that the main issues were the need for shadowing support and help with transport.

Implications:

- For people with complex health problems and caring responsibilities access to something enjoyable and entertaining that would normally be out of reach, is a refreshing diversion.
- Enjoying something in a collective or social setting can be 'normalising', making people who are isolated by illness feel part of a wider community.
- A cultural experience widens horizons beyond personal problems, giving people something to talk about with others.

Case Example 4: Hazel

Hazel has a degenerative condition and attends a day centre in her local area. Her key worker had talked to her about losing weight and had made a referral into the Health Trainer Service. During the first appointment the Health Trainer had undertaken an initial assessment and had explained how the service worked and Hazel had set a specific goal. The offer of Cultural Attendance was also explained to her.

It was nice for me in my situation, lots of people do things for me, and it was nice for me to say to a friend, "would you like to come to the theatre with me?" ... We were talking and it must have been about seven years since I have been out. I sometimes go to people's houses, but mainly just family. It felt really good going to the desk and saying "there are some tickets booked in my name".

The Royal Exchange staff had been aware of the programme and had provided appropriate support and information. Her Health Trainer had called the booking office to discuss Hazel's needs as a wheelchair user and the person at the booking office had been able to advise on access to the building. The Health Trainer had given the relevant account number in order to book the tickets.

Hazel used her individual budget to pay her Personal Assistant who drove her to the theatre and was there to pick her up at the end. This was necessary because Hazel has an oxygen cylinder on her chair and also needs a banana board to get in and out of vehicles.

Hazel went onto explain what the trip meant to her and how it affected her sense of self:

I thought it would be really nice to do something like that. It brought back memories for me of times when I was in a choir as a little girl which was really good ... I have always liked drama and we used to do drama here [at the day centre] although recently it's been stopped by the powers that be because it's all this 'return to work'. ... It was really nice, I do feel differently, but I can't explain in what sort of way, but you see things differently, I feel that there is something there that I have harnessed, but I am not sure what to do with it yet. ... But I feel I can choose to operate a little differently round here.

Implications:

- For people who are confined by health related disabilities a trip to a cultural venue can be positively liberating, setting in motion more profound changes such as a sense of empowerment and renewed personal agency.
- Such benefits depend on good information, and on practical travel and access being foreseen and planned.

Case Example 5: Beja

Beja had originally been referred for counselling by her GP. Her GP had made a referral to the Health Trainer Service. She said this was "a surprise" to her because she didn't think she needed it. The Health Trainer had introduced the idea of attending one of the cultural venues in Manchester and they decided together to make a trip to the Manchester Art Gallery. They met in Piccadilly and walked to the gallery together. They visited the *First Cut* exhibition, which included the work of 31 international artists who cut, sculpt and manipulate paper.

The exhibition ... was about paper cutting and through the cutting they have these different aspects of design and shape and it was amazing. It was brilliant to see how paper cutting could have so many arts in it and also to see how it could be done in so many different ways. And I emailed my Health Trainer about the experience and I said "it was brilliant, I really enjoyed it".

Beja was asked to reflect on how the trip to the gallery might have helped her with her health issues. She described how much of the work that she did with the Health Trainer was focused on precise objectives around diet. For Beja, this work was too deficit-focused and she resented being made to feel like a client. In contrast, the trip to the gallery made her feel more like an active subject.

I liked going to the art gallery because we were talking, like people, it wasn't - "have you done this and have you done that", do you see what I mean. ... I think what's interesting about going to the gallery is that it engages your brain, but your mind is focusing on the artwork rather than anything else, you know, rather than any problem you might have ...

She had also been pleasantly surprised how much she had enjoyed the experience despite her lack of knowledge of the subject.

I don't really know very much about art and I am probably learning quite a lot actually. But I realise that you don't actually have to know a lot about the background to enjoy it. ... So, I saw these tiny minute little paper scissors and it was in a frame and it wasn't 3D and to cut that tiny little pair of scissors I thought it was brilliant.

Implications:

- Some people are understandably resistant to a client status, and focusing exclusively on health related problems and targets is likely to reinforce this. Cultural attendance has the benefit of engaging people's intellectual and aesthetic capacities and their ability to learn new things

Building on successes

The cases demonstrate clearly that for many clients the possibility of cultural attendance depends on the availability of good information, support and encouragement from Health Trainers; practical and affordable travel arrangements; and clarity about access issues. Developing a habit of cultural attendance involves engaging with something unfamiliar and development of confidence. It is therefore important that Health Trainers understand the possible benefits, feel committed and connected to the programme and confident about promoting the value of culture in their work.

In a number of the cases people have understood that something has changed without immediately being able to account for how or why. However, they felt more hopeful. They feel they can participate in enjoyable 'normal' activities; develop new friendships; act differently in their own communities and home environments; approach their health problems in a new way; or use the experience as something to reflect on. These are important psychosocial foundations for improved health and wellbeing.

Recommendations and Conclusions for a Sustainable Model

The case examples, interviews and focus group, taken together, demonstrate the value of promoting Cultural Attendance through the Health Trainer Service. Attending a cultural event can:

- Provide an opportunity for Health Trainers and clients that engage their intellectual and aesthetic capacities rather than focusing on clear targets and personal deficits
- Provide access to something enjoyable that would normally be out of reach
- Allow people to enlarge their horizons, gain distance from current worries and concerns and reconnect with a wider community and a shared culture
- Stimulate recollection of submerged personal and family histories
- Evoke personal skills and capacities which individuals have lost touch with
- Set in motion more profound changes which lead to renewed personal agency
- Offer an additional resource to work with complex psychosocial problems
- Aid in delivering a personalised service tailored to the needs of individuals
- Impart the confidence to use the city centre
- Create a sense of cultural entitlement and benefit from the city's cultural offer

Recommendation 1: A relational approach to promoting cultural attendance

A relational and skills based approach needs to be adopted to help Health Trainers make best use of the cultural resources of Central Manchester venues in their work, especially when working with people around complex psychosocial problems. Equally, venue staff must adopt a relational approach in making cultural venues accessible and welcoming to vulnerable people.

Prior to the initiation of the pilot, Arthur Stafford (2012) undertook a detailed piece of work on the venues, specifically on the ways in which systems, procedures and facilities were prepared to contribute to the programme and to receive referrals. The report addressed practical and training issues such as physical access, transport links, fire safety, assessment, equality and diversity. Whilst this was a vital first step, it also helped to impart the impression that enabling people to attend was overwhelmingly a practical matter. It is clear from this evaluation that neither 'physical and systemic adaptations' nor 'information' on their own can overcome inhibitions to cultural attendance. These are frequently psychosocial and cultural and most likely to be resolved in the context of human relationships that provide the kind of support that helps people think and talk about cultural experience.

Recommendation 2. Health Trainer leads for Cultural Attendance

Three or four of the Health Trainers should become leads and peer mentors for the Cultural Attendance programme. There is already enthusiasm in the Health Trainer team for this model and three people have indicated a willingness to take on this role. In the

recommissioned service, specific time should be allocated to these roles reflecting the strategic importance of the project. The cultural attendance leads would be expected to inform, encourage and mentor colleagues, liaise regularly with venue leads in order to keep abreast of upcoming events, and plan training events with them.

Recommendation 3. Ongoing training and development for Health Trainers

Four Health Trainer meetings each year should take place in one of the venues on a rolling programme. Each should dovetail with a training event. This would reflect the objectives of the reconfigured Health and Wellbeing Services, in which some cultural venues will be more integrated into the service structure as points of contact, triage and onward referral. The events should address training needs of Health Trainers, aiming to increase understanding of how they can use the spaces, events and collections in the course of their work.

Recommendation 4. Ongoing support for and from the Cultural Venues

Venue staff also need training, advice and support and this could be achieved by organising some joint sessions with the Health Trainers in the venues (as proposed above). It is important that all venue staff are aware of the nature of the programme and access, booking and ticketing arrangements. They would also benefit from a better understanding of the psychosocial challenges of vulnerable people who use their resources. It is vital that all front of house staff are appropriately friendly, helpful, welcoming and informative.

If the two sectors become more interlinked in the newly configured health and wellbeing services, venue staff at different levels will need ongoing training in order to support new people who might have a range of additional needs.

Recommendation 5. Agree on role expectations and priorities

The idea that the Health Trainer remit includes addressing cultural needs in the context of health and wellbeing should be clearly established among the workforce. If Manchester City Council's vision of a more integrated health and cultural provision is to be realised, Health Trainers and cultural organisations will need to engage with each other on an on-going basis.

For both the Health Trainer manager and staff there continue to be tensions around prioritising use of time. Most Health Trainers are part-time workers with high case-loads. This limits the time they have available for training and for attending venues in town with clients. As one person put it:

We are target focused, to take someone to one of these venues I need to take a whole afternoon out, and I can't do that all the time.

Some Health Trainers anticipated that involvement in this programme would be a lower level commitment than it has turned out to be. In recommissioning the service in 2015 it should be considered how Cultural Attendance can be reconciled with existing workloads and quantifiable targets that impose their own limitations by focusing the resources of staff

quite narrowly. This pilot evaluation has shown a service in transition, taking on new roles largely within existing resources. It is essential that any redefinition or enlargement of roles takes account of the additional burdens this imposes on the service, as well as the opportunities.

Recommendation 6. Ongoing support from Manchester City Council

An on-going partnership needs to be built between the Health Trainer Service and staff working in the cultural sector and this should be supported by Manchester City Council until it is firmly established and embedded. Manchester City Council's public health ambitions for the Cultural Attendance programme aim to develop sustainable habits of accessing the City's cultural venues among the population. This will require ongoing support.

Conclusions

This pilot has shown the positive potential of linking the Health Trainer Service with cultural venues and incorporating cultural attendance into the Health Trainer repertoire. For this to happen effectively and at scale it needs to be embedded within local Public Health and Cultural Policy frameworks, as envisaged by Manchester City Council. Once embedded in institutional programmes, this has the potential to be of benefit to both sectors and the publics they serve:

- It would enrich Health Trainers' skill base and role, and the range of interventions they can offer, balancing their current focus on clear risks for health with personalised social and cultural opportunities to enhance wellbeing
- As health and culture related practices disseminate at community level the public can be expected to benefit from more holistic, integrated and diversified health and wellbeing provision
- Such practices are likely to be self-sustaining once taken up by communities, networks and families
- An ongoing programme would help to realise the social mission of cultural venues through increasing access and diversity and enhancing the relational skills of front of house staff

Once established, programmes such as this can offer highly effective use of resources and hence the learning can be applied more widely in the health and social care sector. However, partnerships between organisations are unfamiliar with each other's client base and ways of working require a period of transition and there are some resource implications in terms of preparation and training, although they are not especially heavy. They will reduce as new working practices become embedded in team cultures.

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