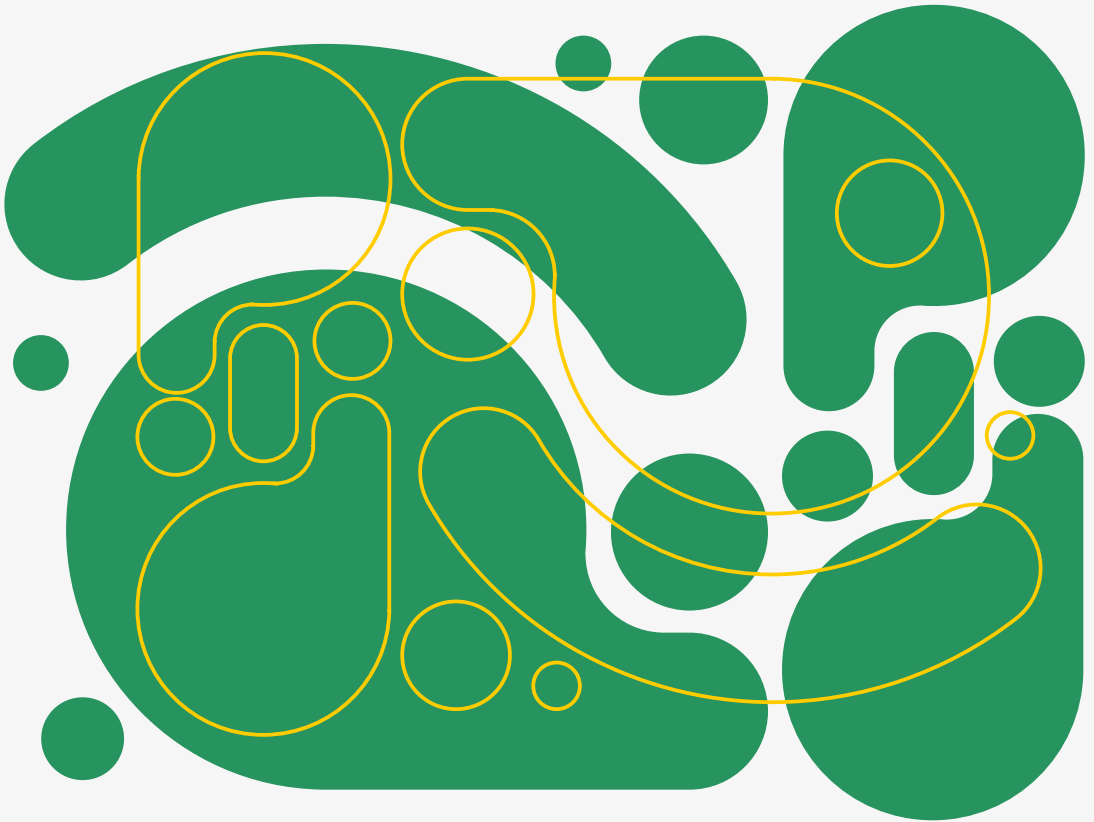


**CULTURE  
FOR —**

**HEALTH**

# CultureForHealth Pilot Interventions

Outcomes and Lessons Learned



## **Editors**

Rarița Zbranca, Claudia Cacovean

## **Researchers**

Oana Maria Blaga, Róbert Blaško, Pia Brændstrup, Louise Frøkjær Carstens, Rachel E Davis, Pia Dreyer, Daisy Fancourt, Nils Fietje, Soňa Holúbková, Urška Jež, Margrethe Langer Bro, Trine Højfeldt Lund, Nicolai Lund Ladegaard, Luca Negro, Laco Oravec, Mikkel Ottow, Anne Marie Rechendorff, Calum Smith, Linette Thorn, Maria Tønnersen, Hanna Ugron, Katey Warran, Rarita Zbranca

## **Acknowledgements**

Implementing organisations would like to thank the participants involved in the activities and all local partners.

Special thanks for their support: Tina Benko, Johanna Bertóti, Lydia Buchner, Luisella Carnelli, Mafalda Dâmaso, Hannah Dye, Yvonne Farquharson, Alexandra Făgărășan, Matteo Giovanardi, Lorna Greenwood, Tomaž Grom, David Krančan, Ulla Otte, Anja Pirnat, Piera Ravnikar, Dace Resele, Anne Rønningen Lund Andersen, Miha Satler, Signe Schäfer, Dejan Srhoj, Fairouz Tamimi, Stefan Teisanu, Polona Torkar, Irena Tomažin, Monica Urian, Ieva Vitola-Deusa.

## **Coordination**

Rarița Zbranca, Kornélia Kiss

## **Design**

Dalma Nyiri

## **Advisory Board**

Nils Fietje – World Health Organization

Anita Jensen – Competence Center for Primary Healthcare in Sweden

Katey Warran – University College of London - WHO Collaborating Centre for Arts & Health

Robert Manchin – Europa Nova

Ugneė Grigaitė – Lisbon Institute of Global Mental Health; NGO Mental Health Perspectives

Marius Ungureanu – Department of Public Health, Babeș-Bolyai University Cluj

Mette Steenberg – Interacting Minds Centre, Aarhus University

Luisella Carnelli – Fondazione Fitzcarraldo

Annalisa Cicerchia – Istituto Nazionale di Statistica; Cultural Welfare Center, Italy

Dorota Sienkiewicz – EuroHealthNet

## **Partners**

Culture Action Europe, Cluj Cultural Centre, Trans Europe Halles, Central Denmark Region, The Northern Dimension Partnership on Culture and Društvo Asociacija

## **Disclaimer**

The European Commission's support for the production of this publication does not constitute an endorsement of its contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use that may be made of the information contained herein.

Published under a Creative Commons Attribution-ShareAlike 4.0 International license (CC BY-SA 4.0) <https://creativecommons.org/licenses/by-sa/4.0/>





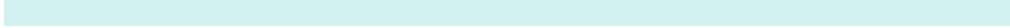



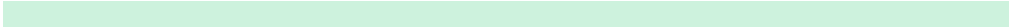
## **Suggested citation**

Zbranca, R., Cacovean, C. (eds.) (2023). Compendium of sustainable culture-based solutions for well-being and health. CultureForHealth. Culture Action Europe.

[www.cultureforhealth.eu](http://www.cultureforhealth.eu)

August 2023

# Content

Introduction	4
	
The Six Pilot Projects and Their Effects	5
1. Meaningful moments - live music in the ICU/ Culture in Hospitals	5
	
2. Culture Together - Art and Culture in Nursing Homes	8
	
3. Group Singing for Maternal Mental Health	10
	
4. Inclusion of Art in Businesses and Companies	14
	
5. Social well-being laboratories	17
	
6. Mind the Gap	21
	
Key themes and lessons learned from the CultureForHealth Pilots	26
Pilot Project Management Focus Group Data and Analysis	26
	
Further Reading	34
	

## Introduction

CultureForHealth is a combined effort of local and regional actions in Europe to increase awareness about the substantial role of culture and the arts in improving health and well-being at both the individual and collective level.

It started as a 21 month long project, responding to the objectives of the EU Preparatory Action – Bottom-Up Policy Development for Culture & Well-being in the EU, and it grew into a transeuropean movement, bringing closer together the cultural, health and social sectors. CultureForHealth has been implemented by a consortium consisting of Culture Action Europe, Trans Europe Halles, Central Denmark Region, the Northern Dimension Partnership on Culture, Cluj Cultural Centre and Društvo Asociacija.

In order to generate knowledge and learnings that can be used as inspiration by cultural organisations across Europe, CultureForHealth supported six pilot projects across Europe. The six pilot projects provide examples of cultural interventions focused on generating a health and well-being impact. Three of the pilot projects demonstrated the potential of culture to support well-being and health promotion, and the other three have tested concrete interventions that can be integrated in the management and treatment of specific health conditions.

This publication presents in brief the effects of these pilot projects, captured by research teams that have accompanied the implementation of the interventions in their local contexts. Given the variety of themes and approaches of the six pilot projects, the different target groups they have addressed and the uniqueness of each art-based intervention and its local cultural context, it was not possible to use a common research methodology. Thus, local research teams had the freedom to choose their own impact assessment tools and methods, in a varying mix of quantitative and qualitative measures.

This report presents the findings of these local research endeavors, illustrating the effects of the piloted interventions on their participants and highlighting particular elements related to the project design and implementation that might have played a role in shaping results.

At the end of the pilots' implementation period, an in-depth focus group was conducted with artists, researchers and managers involved in all six local projects in order to identify successes, lessons learnt, and key take-aways from the process. The final section of this publication presents the results of this focus group.

This report is intended to serve as a source of inspiration for professionals interested to design art interventions for well-being. For a more complete picture of the pilot projects, we recommend you to also read the Culture for Health and Well-being Compendium - A Guide for Practitioners.

# The Six Pilot Projects and Their Effects

## 1. Meaningful moments - live music in the ICU'/ Culture in Hospitals

### Authors

Pia DREYER, RN, PhD, Professor; Margrethe Langer BRO, Pianist, PhD, Associate Professor; Trine Højfeldt LUND, RN, CCRN, head nurse; Linette THORN, RN, CCRN, MScN

### Acknowledgements

The authors wish to thank all the patients, musicians and nurses who participated in this study, as well as CCRN Ulla Otte, Aarhus University Hospital for fostering the idea of live music concerts in the ICU played by music students from The Royal Academy of Music, Aarhus/Aalborg, Denmark. CCRN Anne Rønningen Lund Andersen for participating in data collection.

A special thanks to all the music students for offering professional and unique musical moments to patients and staff.

The authors received financial support for the research from the Health Research Foundation of Central Denmark Region.

### Summary of the findings

In our study we found that patient-tailored live music carried out by trained musicians under the supervision of nurses and an experienced health care musician contributes to meaningful moments, promotes well-being, infuses vitality, hope, and joy. Furthermore, we found that live music is a non-pharmacological means of lowering heart rate, respiration rate, blood pressure, stress and pain indicating healing in a high-tech environment.

Although patient-tailored live music is not widely used in adult ICU's, our study provided a clear basis for the use of music-based interventions to relieve uncomfortable symptoms in critically ill ICU patients. This finding may serve as a reference for empirical clinical practice, and the knowledge generated in this study therefore extends far beyond its scope.

### Implementing organisations

This pilot project was implemented by the University Hospital of Aarhus and the Royal Academy of Music, Aarhus/Aalborg.

### Description of the pilot intervention

A key factor of the project was the development of strong inter professional cooperation between Aarhus University Hospital and the Royal Academy of Music – between healthcare professionals and musicians – to ensure high quality standards and to develop a mutual field of practice for the benefit of patients, relatives, healthcare professionals, musicians and the institutions involved.

ICU patients often describe an experience of isolation from the outside world, lack of a sense of time, increased levels of pain, stress and feelings of meaninglessness.

Rapidly mounting evidence supports that music contributes to improved health, well-being, pain relief and many other beneficial factors.

By bringing patient-tailored live music into the ICU room, the critically ill patients can get a glimpse of the world outside with the intention of contributing to meaningful moments, give courage, hope and joy – and promote healing and recovery in a high-tech environment.

To ensure high quality artistic standards and contextual understanding, the musicians underwent a standardized theoretical and performative program prior to the intervention. The program included guidance on choice of repertoire to increase/decrease arousal levels, dialogue and communication skills, ethical issues, information on the ICU patient, workshops and how to tailor the music to the individual patient.

The intervention included three elements, 1) briefing on the patient's condition, 2) patient-tailored music sessions for individual patients, with distant presence of the nurse and an experienced health care musician, 3) debriefing and evaluation.

## Research methodology

In this pilot study, we used a convergent mixed-methods approach as this enabled multiple perspectives to be illuminated.

We chose a qualitative approach with participant observation and patient interviews to investigate the ICU patients' experience of patient-tailored live music. Data was analysed using NVivo 12.

This was supported by quantitative pre-post measurement of heart rate, respiration rate, mean arterial blood pressure, subjective pain experience and heart rate variation.

Data was analysed using STATA with descriptive statistics, paired t-test, and Wilcoxon Signed Rank Test.

Data was collected from February 2020 to December 2021. Participants were intensive care patients (n = 27) from a Danish university hospital.

## Research findings

A total of 27 patients met the inclusion criteria and participated in the study from February 2020 to December 2021.

Through a Ricoeur-inspired analysis strategy, the qualitative observations and interviews revealed four themes describing **how the music gave the patients a break where they could swim away and relax and the music being live makes the moment unique. Further, the music brought forward happy memories from the past and longing for home, and was described as an intense and meaningful experience.**

Our quantitative analysis showed a significantly decreased heart rate (5.2%,  $p < 0.02$ ), respiration rate (15.13%,  $p < 0.001$ ), blood pressure (3.78%,  $p < 0.049$ ), pain experience (23.72%,  $p < 0.008$ ). Furthermore, a significant increase of heart rate variation (1.94%,  $p < 0.016$ ) indicates increased coherence and lower levels of stress.

Our project explored the use of live music as an intervention in adult intensive care units. The study found that patient tailored live music interventions have a positive impact on patients and their relatives, generating a mental space that provides meaningful moments of hope and peace, and function as a catalyst for positive memories, hopes, and dreams. The presence of live music is seen as a break from the clinical, mechanical, and instrumental hospital environment and a transcendence of the hospital's structures and premises.

The study indicates that live music has a releasing effect on the relationship between patients, musicians, relatives, and health professionals, opening up dialogue between them.

**Limitations**

Some of the interviews were very short due to limitations in the patient's ability to communicate. However, the number of interviews revealed data saturation during the analysis.

The external validity of our quantitative results might have been heightened had the sample size been larger.

**Conclusions**

Live music contributes to meaningful moments, promotes relaxation, and reduces stress and pain.

## 2. Culture Together - Art and Culture in Nursing Homes

### Authors

Maria Tønnersen og Pia Brændstrup, Mapia (private consulting company with expertise in dementia)  
Anne Marie Rechendorff, Den Gamle By (open air museum).

### Implementing organisations

This pilot project is coordinated by the Central Denmark Region and it is a collaborative project between six arts and culture institutions in the Central Denmark Region: Art Centre Silkeborg Bad, Danish Nursing Home Clowns (a non-profit and charitable association working to promote the use of professional clowns in elderly care and in the healthcare sector), Den Gamle By (The Old Town Museum), Moesgaard Museum, The Green Museum, Viborg Museum.

### Description of the pilot intervention

Since 2004 Den Gamle By has developed and worked on special memory programs for older adults and those affected by dementia. The museum's immersive environment provides sensory experiences that can evoke memories in individuals with dementia. In historically authentic settings, visitors are able to access memories through sounds, scents and taste experiences that the disease may otherwise restrict.

However, the most vulnerable older adults affected by dementia often do not have the opportunity to participate in the memory programs that are available at the museum. For this reason, Den Gamle By developed this project in collaboration with Mapia - who are specialists in dementia and project management within this specific field - with a view to creating a method for bringing culture to the most vulnerable older adults who are unable to visit the country's cultural offerings physically.

### Objectives

- To improve the quality of life of people with dementia living in nursing homes and to reduce their use of antipsychotic drugs through art and culture.
- To develop a concrete method for art and culture institutions to convey their work in a way that is designed for people who suffer from dementia and are living in nursing homes
- To collaborate with dementia experts and different arts and culture organizations in the Central Denmark Region to create a positive impact on the nursing home residents' well-being through the combination of knowledge and implementation of art and culture.

### Research methodology

Each cultural actor, in collaboration with Mapia, developed an activity specifically designed for the most vulnerable elderly individuals in the country's nursing homes. The duration of each activity is between 30 minutes and an hour. The method is developed, tested and continuously adjusted.

Throughout the process, the activity at nursing homes is supervised by Mapia. Knowledge and experience is gathered through observations, interviews and questionnaires (the latter two methods particularly target staff members and relatives).



## **Research findings**

The project's timeline was adjusted due to the impact of the pandemic, which continued to affect Danish nursing homes throughout 2022 and the winter of early 2023. Consequently, during this period, it was not possible for the project team to visit the nursing homes and test the cultural offerings with the target audience. The first visits to the nursing homes took place in June 2023 and the project group anticipates completing the visits before the end of the year. Thus findings will be summed up at the end of this period.

## **Conclusions**

This experience affirms once again that interdisciplinary collaboration is incredibly rewarding. We learn a great deal from each other's expertise. We challenge and inspire one another to think outside the box and develop our ideas. We learn from Mapia's healthcare knowledge and, mutually, from the diverse knowledge and perspectives of the cultural actors involved. Furthermore, Mapia is essential in facilitating the connection to the region's nursing homes.

The participants in the nursing homes are very participating in the art and culture activities. Some gain more language, some remember things they have forgotten, but mostly - bonds were made between the participants.

### 3. Group Singing for Maternal Mental Health

#### Authors

Katey Warran, Research Department of Behavioural Science and Health, University College London; Calum Smith, Behavioural and Cultural Insights Unit, WHO Regional Office for Europe; Nils Fietje, Behavioural and Cultural Insights Unit, WHO Regional Office for Europe; Hanna Ugron, Cluj Cultural Centre, Oana Maria Blaga, Center for Health Policy and Public Health, Babeş-Bolyai University, Rarita Zbranca, Centrul Cultural Clujean, Louise Frøkjær Carstens, Den Kreative Skole, Region Midtjylland Denmark, Mikkel Ottow, Region Midtjylland Denmark, Nicolai Lund Ladegaard, Department of Clinical Medicine, Aarhus University, Rachel E Davis, Centre for Implementation Science, King's College London, Daisy Fancourt, Research Department of Behavioural Science and Health, University College London

#### Acknowledgements

The research team would like to thank all participating mothers, the music leads Alexandra Fägărășan and Johanna Bertóti, as well as Yvonne Farquharson, Hannah Dye and Lorna Greenwood at Breathe Arts Health Research.

#### Summary of the findings

The findings of our pilot demonstrate that an evidence-based arts and health intervention (“Music and Motherhood”) can be adapted in culturally-sensitive ways to support populations beyond the original context in which it was developed.

Our results serve as an informative framework for use by other researchers that aim to expand the reach and impact of arts-based interventions in the future.

However, cultural and systemic factors need to be considered when thinking about longer-term sustainability, such as in relation to the stigma associated with mental health conditions such as postpartum depression and (dis)trust of healthcare systems that may differ from country to country, alongside the broader changing socio-political landscape.

Future integration of arts interventions into public health needs to consider what infrastructures are suitable to sustain arts and health interventions based on specific local country needs and considerations.

#### Implementing organisations

This pilot project was implemented in Romania by the Cluj Cultural Centre, who worked together with the Central Denmark Region under the supervision of the World Health Organization Regional Office in Europe. The Music and Motherhood implementation study in Romania has been funded by the Nordic Council Fund.

The WHO Music and Motherhood protocol is based on research from the Centre for Performance Science and informed by the Breathe Melodies for Mums delivery model run by Breathe Arts Health Research.

#### Description of the pilot intervention

Although there is increasing clinical evidence for the effectiveness of using targeted singing groups to reduce symptoms of postpartum depression, little work has been done to test the translatability of this kind of intervention in different linguistic and cultural contexts.

The goal of this pilot project was to explore how Music and Motherhood, a clinically effective group singing intervention for new mothers in the UK, needs to be adapted to meet local needs, investigating the feasibility of implementation and its impact on the mental health and well-being of participants in Romania and Denmark.

Using the case study of a singing for postpartum depression (PPD) intervention, based on research from the Centre for Performance Science, this study aimed to explore how an arts and health intervention that has been successful in the United Kingdom could be adapted for new contexts in Silkeborg (Denmark) and Cluj (Romania), with a view to providing support and guidance on future implementation and scale-up of arts interventions across Europe and beyond.

The intervention consisted of two 10-week singing interventions in each country, with the groups in Romania consisting of one Romanian-speaking group and one Hungarian-speaking group, as both languages are spoken within the region. The content of the singing sessions was developed in partnership with local PPI groups, consisting of mothers with lived experience, academic experts and mental health professionals.

The classes were delivered by professional singing leaders, trained by Breathe Arts Health Research in view of their Breathe Melodies for Mums programme.

In Cluj-Napoca, Romania the research project involved two groups of a total of 15 new mothers experiencing postpartum depression symptoms.

As there is no structure in place to enable direct referral via healthcare services through which mothers experiencing mental health challenges could be recruited for our intervention, in April 2022 we launched an open call, inviting new mothers dealing with anxiety and overwhelming emotions to join us for a group singing intervention dedicated to their emotional and mental well-being. The mothers were asked to submit an application form describing their experience after giving birth, from different perspectives. The open call was published on the official website of Cluj Cultural Centre, in both Romanian and Hungarian.

The singing intervention, with the two different language groups running in parallel on different days of the week, but the same central location took place between June and August 2022, over the course of 10 weeks.

The groups met during weekly one-hour singing sessions, with the mothers being able to connect with each other and share their personal experiences with motherhood.

## **Research methodology**

Data was collected from 15 women, from which a total of 12 sets of data were used in the analysis: from the total of 15 participants in the two singing groups, 13 women filled out the baseline with a score  $\geq 10$  on the Edinburgh Postnatal Depression Scale (EPDS) and one woman who initially filled out the baseline survey did not participate in any singing group sessions.

Perceived impact was explored via surveys that included mental health measures (EPDS, Multidimensional Scale of Perceived Social Support, WHO Five Well-Being Index) from the singing intervention participants and focus groups. This analysis focused on both the Romanian (N=5) and Hungarian (N=7) singing groups and the data collected from the respondents at baseline, 6 weeks after the beginning of the intervention, and 10 weeks after the beginning of the intervention.

Descriptive statistics, repeated measures analysis of variance and analysis of covariance was used to analyse quantitative data. Framework method and thematic analysis was used to analyse qualitative data. The feasibility of implementation was analysed through qualitative data (focus groups, interviews) and quantitative data (eg, the Feasibility of Intervention Measure).

This study was part of a broader research project. Development of the protocol for the broader study was led by WHO and UCL. A mixed-methods design was created to explore not only the effect of the singing sessions on the well-being of mothers, but also the implementation and effectiveness of the pilot. This included 1-2-1 interviews, written testimonies, meeting minutes,

ethnographic researcher reflections and a focus group across a range of stakeholders groups. 1-2-1 interviews were conducted by the project manager in both Romania and Denmark. Written testimonies were collected from new mothers via email. Meeting minutes from online team meetings which took place bi-weekly with the central team were created by Calum Smith. Ethnographic reflections were created by Katey Warran at online meetings where ongoing data analysis and collection were discussed, and the focus group was conducted by Dr. Alexandra Burton (a social scientist based at UCL). Dr. Alexandra Burton was selected to conduct the focus group as someone who was not directly involved with the study, as all views of the project team were sought.

Data collection measures were conducted in Danish in Denmark and in Romanian or Hungarian in Romania. The management focus group and 1-2-1 interview were conducted in English. Discussions were transcribed verbatim by secure transcription agencies and analysed using reflexive thematic analysis. NVivo qualitative data analysis software was used for analysis by the local researcher. A framework was used to guide analysis, drawing on theories from implementation science. The discussions also included reflection on researcher positionality and the sociocultural contexts of data collection.

## **Research findings**

Our results suggest that the singing group intervention has decreased the EPDS score, and increased the WHO-5 and MSPSS scores, among Romanian and Hungarian-speaking women enrolled in our pilot intervention.

The inspection of data collected from the Romanian sample suggests an improvement in the scores for the EPDS scale and the WHO-5 scale from T0 to T2. More specifically, the EPDS score has decreased from a mean of 15.67 to a mean of 11.5, whereas the WHO-5 score has increased from a sample mean of 42.67 to a mean of 63.33. The mean score for the MSPSS score has slightly decreased, from 5.97 to 5.50, rendering a decrease of 0.47 points.

In terms of the Hungarian sample, the collected data indicates an improvement in all the outcomes of interest from T0 to T2. In particular, the EPDS score has decreased from 15.57 to 8.33, the WHO-5 score has increased from a sample mean of 36 to 52, while the MSPSS score has increased from 5.46 to 6.10.

Two focus groups have been conducted with participants in the Romanian (N=5) and Hungarian (N=7) singing groups immediately after the last singing session. Although all mothers have been encouraged to participate in discussions, some mothers were more active participants than others.

An important note to be made consists in the differences between the two study groups in terms of the three main outcomes assessed through quantitative data: group scores on the EPDS, WHO-5 and MSPSS scale. In general, mothers in the Hungarian group had worse scores across the three scales at baseline (T0) – especially in terms of WHO-5 (M=36, SD=15.32 in the Hungarian group as opposed to M=42.67, SD=9.69 in the Romanian group; lower scores reflect worse well-being) but have achieved better scores at the 10-week follow-up (T2) across all the three outcome variables.

## **Strengths and limitations of this study**

- Comprehensive range of implementation measures collected to explore feasibility of implementation.
- Uses mixed-methods to explore the implementation of a complex singing intervention from multiple perspectives.
- The study does not include a control group; therefore, it will not be possible to make generalizable claims in relation to the quantitative impact of the intervention.

- Includes data collection from mothers and study managers/partners, strategic managers/partners and referrers, to provide broad perspectives on the feasibility of implementation.
- Includes an embedded qualitative component to explore the subjective impact of the intervention

## **Conclusions**

Our research results suggest that the singing group intervention has significantly benefited the participating mothers. The scores for postnatal depression (measured on the EPDS – Edinburgh Postnatal Depression Scale) decreased and the scores indicating well-being (WHO-5 – Well-Being Index) and perceived social support (MSPSS –Multidimensional Scale of Perceived Social Support) have increased among the women in our pilot intervention. The changes in scores were large enough to meet statistical significance.

## **Further reference**

Scalability of a singing-based intervention for postpartum depression in Denmark and Romania: protocol for a single-arm feasibility study, published in the British Medical Journal:  
<https://bmjopen.bmj.com/content/12/12/e063420>

## 4. Inclusion of Art in Businesses and Companies

### Author

Urška Jež

### Acknowledgements

Polona Torkar, Miha Satler, Irena Tomažin, Tina Benko, Dejan Srhoj, Piera Ravnikar, David Krančan, Tomaž Grom, Anja Pirnat

B & B Hotel Park Ljubljana, DObre zgodbe, Slovenska filantropija, Dijaški dom Tabor, Ravnikar Gallery Space, Radio Študent, Lokal Patriot, Zavod Sploh, City of Women, Nomad Dance Academy, Forum Ljubljana, Glej Theatre and Emanat.

### Summary of the findings

The intervention showed positive change in general satisfaction with life, decrease of painkillers intake, back and neck pain, lower levels of tiredness and mood swings. Also, the self-evaluated frequency of tiredness over the day has decreased. There was also a self-reported decrease of burnout drivers.

### Implementing organisations

This pilot project was implemented by Društvo Asocaiacija in Slovenia. The local partners were Ravnikar Gallery Space, Radio Študent, Lokal Patriot, Zavod Sploh, City of Women, Nomad Dance Academy, Forum Ljubljana, Glej Theatre and Emanat. The Culture Friendly Enterprise Certificate project was supported by the Slovenian Ministry of Public Administration.

### Description of the pilot intervention

One of the main areas of interest of Društvo Asociacija is the connection between art and business. This pilot continues a previous project – Certifikat Kulturno podjetje, which translates as Certificate Culture Friendly Enterprise – which ended in January 2022. Within that project, the cultural organisation developed a certificate system (similar to, for example, the Fairtrade certificate) to stimulate the inclusion of art in businesses. This successful experience, research and models, inspired the design of this pilot within the CultureForHealth project, which looked at various ways to include culture in companies while also benefiting both sectors with the goal of strengthening the well-being of employees.

In addition to strengthening the health and well-being of workers, the project aimed at creating guidelines for decision makers on how to broaden the scope of art and business cooperation and further develop the field, with the ultimate view of better understanding how connecting art and business relates to well-being in the workplace.

The pilot project involved the participation of 23 employees from three different companies who took part in the full three-part programme of diverse cultural activities, including art installations and interventions in the workplace, contemporary dance workshops and creative collaborative residencies. Its implementation was the result of a complex preparation process. This included the detailed design of the intervention and the development of an evaluation protocol, a consultation on the project design with public health experts, artists, psychologists, HR department heads and employees, as well as conversations and cooperation meetings with local stakeholders such as representatives of general physicians, private and public health institutions, manager associations, labour unions and cultural organisations.

By applying three models incorporating art into business, the project evaluated not only the potential contribution of art to the well-being of employees but also what specific formats are most likely to achieve positive benefits (and, in that case, which ones). These models tested if reinforcing creativity in the workplace would increase the well-being of the employees via 1) a series of contemporary dance workshops, 2) creative residencies/ workshops (theatre, musical improvisation, comic book creation), and 3) the placement of artistic work (graphics, music) in the premises of businesses. The contribution of these activities to the promotion of well-being was tested by a pre-survey/self-evaluation and a post-survey.

Objectives of the intervention were:

- To promote the inclusion of art in businesses in order to improve the well-being of employees of working age, both in early adulthood and mid-life;
- To reduce stress, anxiety, depression symptoms, physical pain and support conflict resolution, while increasing motivation, well-being, mental health, confidence, understanding of self and others and strengthening the capacity for self-reflection among employees;
- To test three models of art in companies with the aim of gathering data on questions such as whether companies find the inclusion of art beneficial and which interventions increase the well-being of employees the most;
- To collect evidence on the potential of art to contribute to the well-being of employees;
- To create guidelines to develop further studies and to inform decision-makers on how to broaden the scope of cooperation between art and business, contributing to the development of the field;
- To strengthen the sustainability of an independent certificate system for the inclusion of arts into businesses.

## Research methodology

The sample included 23 employees. Participants in the pilot activity were asked to fill in a pre- and post- self-evaluation online questionnaire, with closed-ended questions, many of them using a 5 or 10 Likert scale. This enabled us comparison of the estimations given before and after the intervention.

Links to the online survey were given to the participants via employer and were collected anonymously. Use of codes, known only to the researchers, were put in place to enable tracking of individuals, but have not shown any significant relevance to the research.

Research also included field observation and collection of feedback after individual activities. These were collected as testimonials.

## Research findings

Pre-survey showed there is a large share of participating individuals in the population who have never attended the theatre (39% of respondents), visited museums and galleries (22%) or actively participated in activities such as dance (39%). Interestingly, respondents who visit art events more frequently score higher in terms of overall life satisfaction. Almost half of the participants (47%) had no prior experience of participation in any kind of creative activities. When asked about their expectations for the upcoming activities, none mentioned an expected impact on health, despite the fact that they had reported a moderate level of back pain, lack of sleep and fatigue. The most expressed expectations were getting to know their colleagues better, entertainment and spending pleasurable time with coworkers.

In the pre and post survey, we asked the participants to self-evaluate fifteen commonly used indicators of well-being (energy level, emotional stability, self-confidence, tiredness and exhaustion, general satisfaction with life, happiness), drivers of burnout (level of cynicism, level of irritation or nervousness, tiredness, mood swings, anxiety, helplessness in relation to work, conflict solving in the team) and report on some general health information (consumption of

painkillers, repetitive neck and back pains). The survey was conducted before the activities and within two weeks after their end.

Comparison of the results shows positive change in eleven of the compared indicators, no change in three of measured indicators (emotional stability, energy level, self-confidence) and increased level of cynicism (for 0.1 on a 10-grade scale). In relation to health, there has been reported decrease of painkillers intake, back and neck pain, lower levels of tiredness and mood swings. Also the self-evaluated frequency of tiredness over the day has decreased. Twenty-two of included participants (95%) would repeat the experience, while some have commented these activities should become a regular practice.

There was one major difference between the organisations. While the first two explained to the employees in detail what the activities would consist of and team members decided individually whether to participate or not, the employees of the third company had little or no awareness of why the activities were organised and what their aim was. The activities overlapped with a substantial number of incidences of sick leave and operational issues relating to lack of staff for daily operations, which might have impacted their ability to participate. The analysis of the post-survey is ongoing at the time of writing this report. Employees of the first two companies clearly expressed hunger for more such content, as they found them beneficial for their physical and mental well being and relations in the team.

### **Limitations**

- Small sample;
- Self-declaration;
- Involvement of employers in providing participants;
- Short period of pilot;
- Testimonials were not systematically collected and documented.

### **Conclusions**

Several lessons were learned through the project:

- The importance of communication to the employees and as part of the onboarding process;
- The fact that longer activities have a stronger impact and attract new participants;
- Activities should be organised within working hours. If the company has shift work, it is difficult to include all employees. The pilot project showed that interventions taking place before/after work and between two shifts result in a higher level of drop-out among those who would have to stay at work longer to participate in the activities;
- Having a neutral location for the activities prevents work-related interruptions;
- Importance of clear communication about the activities and their aim.



## 5. Social well-being laboratories

### Author

Luca Negro, Associazione "Oltre"

### Acknowledgements

Associazione Del Guasto, Sambaradan, Totem Lab, Csapsa Coop. Soc., Comune di Bologna, Regione Emilia-Romagna

### Summary of the findings

We assess the positive impact on the well-being of people participating in the pilot workshops and the parade. The quality of the long-term impact of the experience remains uncertain. All the children involved showed that they had a positive experience. The long-term impact of the experience was variable and influenced by the socioeconomic and environmental conditions of the family's origin. However, the experience tends to "settle down" as memorable and, therefore, to develop further propensity to participate in artistic-cultural activities, even when the family of origin is not used to spending their free time in such a way. We have seen an effect on social interactions and the construction of relationships (among children and participating families), which in some cases also implies a more excellent attendance of urban contexts usually not attended (with greater attendance of green areas and services for families).

We observed an improvement in the well-being of people belonging to mental health and disability services for children and adolescents. In this case, we noticed how participation in the workshop and the parade positively influenced well-being and social relations among the participants and the group of educators. In particular, we have seen that participation in a public event has stimulated mental health operators to develop processes of greater social inclusion to benefit the population with mental health conditions. Also, in the school environment, we have seen that participation in the workshop has produced an effective social inclusion context for people with relational disabilities, neurodivergence and mental health problems. From the teacher's observations emerged that the workshop has generally positively impacted the participants' relationships, ability to cooperate, and self-management.

From the focus group with cultural workers some important reflections about cultural welfare emerged. The main characteristic is that public resources are multi-site territoriality - in the sense that the group of initiatives does not identify a specific place but makes it across various locations. The second is the possibility of increasing opportunities for exchange and meeting between different realities, including international ones - for example, the possibility of hosting artists, companies, and groups of young people involved in the workshops; facilitation of residential care is also connected to this. The second group of issues concerns the work of "caring for the networks" and investigating the quality of the process, which could be even more developed. Public investment, on the other hand, is seen above all as necessary to "reopen places", "allow spaces to be revitalised", and "favour the self-management of spaces", as a symbolic reappropriation of the public concerning private space became evident through this policy. "It is a question of developing policies to restore life, to restore functions, that fill existing structures with meaning, which are perceived today as empty (courtyards, streets)".

### Implementing organisations

This pilot project was implemented by Associazione Oltre (AO), a member of Trans Europe Halles (TEH), in Bologna, Italy.

## **Description of the pilot intervention**

The project consisted of several “laboratories” in various public spaces outside the city centre of Bologna, including parks and piazzas, to bring children and adults together around creative activities. The participants of the laboratories co-designed and co-produced the props, costumes, scenographies, resulting in a participative parade which takes place each year in Bologna. The project started from an arts and crafts parade (with 10-20,000 people) in which mostly young adults and the local artistic communities participated. In the last seven years, the project has been rethought to target and better address an audience that is not often taken into account when it comes to city planning and urban development: children. This led to the proposed action: a parade. Each year, children choose a different animal to guide it; during the CultureForHealth project, the donkey was its “spirit guide”. This was the basis for experimentation and for the development of the existing laboratory models, transforming four laboratories into “social-well-being laboratories” (SWL).

The project consisted of more than twenty arts and crafts workshops in various neighbourhoods of the city. Three workshops were selected for monitoring and study to assess their effects on participants’ health and well-being. These workshops focused on different communities living in both central and peripheral areas of the city. The workshops used experimental music, dance and samba, and music craft. A fourth workshop was identified as part of an international project that brought two young international music groups to Bologna, who taught their skills and expertise to peers who were already attending cultural and creative activities in Camere d’Aria in Italy (AO’s cultural centre). The workshops were conducted between April and July 2022, prior to the parade.

The project also included four workshops with stakeholders (ten organisations) and four workshops with 100 participants from the previously identified target groups (SWL). The project created a stakeholder map, produced a prognosis report and generated a final report with a social well-being matrix prototype.

## **Research methodology**

The study included a sample of 60 children to assess the well-being related effects of the workshops: 30 children (with families) were involved in interviews and direct observations, and the other 30 were indirectly investigated through the observation of the reference teacher.

The 30 interviews/questionnaires investigated three areas: the general well-being experienced by the children in their daily lives, the well-being experienced during the laboratory activities/workshop activities proposed by the organisers, and the frequency of participation in cultural activities. The first area was investigated by adapting the World Health Organization-Five Well-Being Index (WHO-5) and the well-being and Social Safeness Questionnaire (WSSQ): Initial psychometric assessment of a short digital screening instrument for primary school children. The second area was investigated using a tool that adapted the Eudaimonic well-being (QEWB), while the third area was investigated by adapting part of the Art & Well-being (AWE) questionnaire related to general habits of consumption.

In the first area, the general well-being of the children was investigated through the World Health Organization-Five Well-Being Index (WHO-5) and the well-being and Social Safeness Questionnaire (WSSQ): Initial psychometric assessment of a short digital screening instrument for primary school children. The dimensions of children’s well-being in general included: joy and good mood, calmness, presence of interesting activities in life, how they feel at school, how they feel with their peer group, if problems are resolved in group contexts, if they feel able to choose what to do and make proposals in the group contexts they usually experience, and if they experience episodes or situations of violence or bullying.

In the second area, the dimensions of Eudaimonic well-being (QEWB) were used to investigate well-being during artistic and cultural activity. This was done by referring to the following areas: experience of empathetic feelings, sense of connection with other people present, awareness of new realities, learning new things, feeling positive emotions, reflecting on one’s life, experiencing

moments of discomfort, and having a meaningful experience to remember.

The third area was investigated through the Art & Well-being (AWE) questionnaire related to general habits of consumption of cultural activities. The questionnaire investigated habits related to going to the cinema, reading books, watching movies, listening to music, going to the theatre, going to museums, going to dance events, and engaging in social activities. Responses were divided into a six-point scale: more than once a week, once a week, once a month, once every six months, once a year, and never.

The interview grid was composed of domains from the quantitative scales (PGWBI, PANAS-S and short resilience tool); demographic, health and cultural participation questions mixed with well-being questions. We aimed to identify indicators also regarding socio-economic characteristics of the participating population groups, aiming to identify possible correlations between the impact and the previous condition of origin, particularly about the socioeconomic position and the cultural capital possessed.

To assess the socio-demographic characteristics of the population more precisely, cultural operators were involved in understanding how the networks of participants were formed, from which neighbourhood the families involved came, what were their more general socio-economic conditions (home, work, income, citizenship, etc.), how access to the workshops was managed, and how the participation of families in activities was promoted.

We used a historical-narrative approach to value participants' experiences and the differences in the participation process (before, during and after the workshops and parade). We analysed the results with a mixed method, considering both qualitative and quantitative data.

A focus group with Cultural Workers was carried out to assess artists' and cultural workers' well-being and health and to identify the enabling factors for a significant process impacting health, primarily from the point of view of artists and cultural workers. In the focus group with artists and cultural workers we intended to investigate the feasibility of cultural interventions for health and well-being from the perspective of the main stakeholders involved in the development and implementation of the pilot actions and collect information from pilots in order to understand the enabling factors for effective cross-sector and cross-country cooperation in the area of culture and health. As a result, we get a detailed description of the enabling processes in the field of artistic work for well-being and health; in particular, the importance of building networks and creative contexts that can give continuity to work, as well as the importance of spontaneous events, that are capable of adapting to local needs and the creativity expressed by a particular context.

## **Research findings**

Among the group of 30 interviewed children, the 9 eldest (aged 13-16) deserve a particular mention, as they gave longer answers during the interviews and also wrote texts to respond to the questions. These texts, in addition to answering the investigated questions, provide qualitative insights. As for the first 30 interviews, we noticed a high uniformity of clusters compared to the first area investigated. All the answers were located in the high score areas for well-being: happiness and good mood, calmness, presence of interesting activities in life, how they feel at school, how they feel with their peer group, and if they solve problems in group contexts. On the other hand, low average scores were reported in the remaining areas: feeling able to choose what to do and make proposals in group contexts, experiencing episodes or situations of violence or bullying. Commenting on these data, we can say that the group of interviewed children experiences well-being situations without episodes of violence and bullying. However, they do not feel that they have a say in group situations in normal contexts (mainly at school).

As for the second area, which focuses on what they felt during the specific artistic-cultural activity, all the answers were placed in a cluster of positive scores. Concerning the third area, aimed at investigating the frequency of attending cultural activities, there was a considerable variability of clusters. A significant group of people showed that they attend cultural activities once every six

months or once a year. During the focus group with cultural operators, we related the reading of this data to the fact that some laboratories involved people from underprivileged socio-economic backgrounds, foreign families, and low levels of linguistic and social integration.

Compared to the dimensions of well-being investigated, as we can see, we have privileged the dimensions emerging from the existing literature regarding the relationship between well-being and cultural activities. A particular attention in adapting our questionnaires has focused on the topic of consumption habits. It is interesting to note that the well-being experienced by girls who have participated in artistic/cultural activities has no connection with their habits of cultural consumption. We can therefore say that participation in the described cultural activities has created well-being independently of the specific characteristics of the population.

In the focus group with artists and cultural workers we intended to investigate the characteristics of the process, with particular attention to *how the direct producers of the activities describe their work (in terms of process, outcomes and resources); how can public institutions recognise and support artistic work for health; how would be improved the assessment and measurement of resources needed and outputs produced by their work.* Objectives of the focus group were to evaluate the feasibility of cultural interventions for health and well-being from the perspective of the main stakeholders involved in the development and implementation of the pilot actions, and to collect information from pilots in order to understand the enabling factors for effective cross-sector and cross-country cooperation in the area of culture and health. Cultural workers talked about resources and recognised that cultural welfare initiatives should be financed through public investment but in a way that does not reproduce opacity and fragmentation. According to the experience of cultural operators, accustomed to working in co-planning contexts between the third sector, associations and local administrations, the current methods of financing activities aimed at cultural welfare produce policies with a meaning difficult to identify (opacity) and reproduce separation of target-populations and territories, reproducing (instead of contrasting) the class and territorial cleavages (between the centre and the peripheries). The perception is that resources are often directed to the territories described as degraded to destroy and displace existing relational fabric rather than rebuild it; the resources should instead be given in such a way as to preserve spaces that also contain forms of discomfort and deviance.

## Conclusions

The population of investigated subjects is very different for socio-economic conditions, habits of enjoying artistic-cultural experiences, and areas of the city where they live. Despite this diversity, all of the interviewees defined the experience lived during the workshops and during the parade as positive. It remains necessary to investigate the quality of this “positive experience” in order to identify the characteristics that make it so and put them in relation with the process and institutional elements that we have seen as central to the reflection of cultural operators.

During the course of the research hypotheses of in-depth qualitative analysis emerged. Some issues not foreseen by the initial approach of the research emerged as being of particular relevance in the context investigated. The qualitative approach made it possible to grasp the versatility of the definitions of “cultural event” and “health” involved in our analysis.

The research allows us to thematise a fundamental issue for local governance: we tried to identify the specific well-being processes that the action (parade and workshops) has implemented, and we asked ourselves how public institutions can support these processes. A fascinating discussion is emerging on the theme of call for tenders and public procurement, that is, on the methods of assigning public resources, which, starting from the experience of the cultural operator for health, can support but can also impoverish and make sterile these processes, promote fragmentation and specificity rather than networks and complexity, emphasise the separation of spatial contexts (e.g. centre/neighbourhoods) rather than cultivating their traversability and making prolific their thresholds.

## 6. Mind the Gap

### Authors

Róbert Blaško (cultural centers Stanica and Nová Synagóga, Žilina), Soňa Holúbková (Land of Harmony Foundation), Laco Oravec (researcher, cultural worker at Nova Cvernovka, Bratislava)

### Acknowledgements

We would like to thank all that participated in the Mind the Gap workshops for their willingness to be a part of our research.

### Implementing organisations

This project was implemented by Stanica (Truc sphérique), a member of Trans Europe Halles, in Slovakia.

### Description of the pilot intervention

During the Mind the Gap project we organised three creative workshops where we addressed the challenge of our project: supporting institutions working with mental health to address existing mental and physical conditions and barriers among citizens through cultural activities and creative education. We explored how cultural and artistic activities can nourish individuals' mental well-being by providing a holistic and collaborative care practice, in partnership with organisations from different sectors. The workshops were open to the public, and we invited and included individuals with mental disabilities, ranging from early adulthood to midlife, to participate in the workshops.

We organised 2 experiential theatre workshops for adults with the title *Divadlom do pohody* (Relax with Theatre). The aim of the workshop was to provide participants with new experiences and self empowerment through theatre techniques. The workshop was open to the general public, and no previous theatre experience was necessary to attend. The workshop was designed for a maximum group of 12 participants. We launched an open call via social media, and 10 participants attended workshop #1 in Bratislava, while 11 participants attended workshop #2 in Žilina. We also invited two people with disabilities to participate in each workshop, with both mental (eg. Down syndrome) and physical disabilities.

The lecturers for workshops were Uršula Kovalyk and Patrik Krebs, both professionals from *Divadlo bez domova* (Theater Without Home) with many years of experience as lecturers for various groups of participants. In their own theatre group, they primarily work with homeless people and other disadvantaged groups. Uršula Kovalyk has a background in social work, while Patrik Krebs has a background in acting and pedagogy.

The third workshop was designed for only one participant, Marián Čuraj, a 40-years old man with Down syndrome who is interested in creating and performing his own music. He never had the opportunity to create songs in a professional way and present his work publicly. The aim of the workshop was to give Marián an opportunity to collaborate with experienced music professionals.

Marián worked creatively with a professional crew led by Miroslav Tóth, a contemporary music composer, musician, conductor, performer, and director of experimental theatre and opera. Together, they created a music composition based on lyrics written by Marián. The lyrics were consulted also with professional lyricist and poet Vladimír Jančok, who helped him with the structure of the text and stylistics without compromising Marián's original content. The first part of the workshop took place in a recording studio, where Marián performed and recorded his song under the direction of Miroslav. The recording was made in assistance of music producer Brian Bajak, and Marián's role was to sing/rap his own song. The second part of the workshop was led

by Miroslav and a professional film crew consisting of filmmaker Peter Kotrha and cameraman Juraj Ondráš. Marián performed as the main character in a music video, with 25 volunteers performing side-roles during the shoot. The video was directed by Miroslav Tóth.

To evaluate the impact of the workshops on the participants, we conducted research using a combination of questionnaires and interviews before and after the workshops.

### **Research methodology**

For workshops #1 and #2 we used questionnaires that participants filled out before and after the workshop. In the questionnaire we combined a measuring tool for well-being self-assessment and the questions for workshop feedback.

We have chosen The World Health Organisation Five Well-Being Index (WHO-5). It is a tool for measuring general well-being which asks respondents to rate their interest, engagement and mood. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life. To obtain a percentage score ranging from 0% to 100%, the raw score is multiplied by 4. A percentage score of 0% represents the worst possible, whereas a score of 100% represents the best possible quality of life. The measure is available in a number of different languages, but not in the Slovak language. Therefore, we translated and adapted the questionnaire into Slovak.

We asked the participants to fill out a questionnaire at the beginning of the workshop. Approximately 2 weeks after the workshop, we sent them the questionnaire again by email. The questionnaire was anonymous, but we used the date of birth as an identifier so that we could compare the results of individual participants before and after the workshop.

In the second questionnaire we asked participants also to provide us with feedback to the workshop. For that purpose these 8 additional questions were included in the form:

1. *Which 3 adjectives come to mind when you think of the workshop Divadlom do pohoda?*
2. *What were your expectations before the workshop?*
3. *To what extent were your expectations met?*
4. *Regarding the workshop, to what extent do you agree with the following statements:*
  - a. *The workshop could have been longer*
  - b. *The workshop facilitation was professional*
  - c. *I would recommend workshop to my friends*
  - d. *The premises where the workshop was held were suitable*
  - e. *The information provided before the workshop was sufficient and accurate*
5. *What overall grade would you give the workshop?*
6. *What was the most beneficial for you in this workshop? What did you like the most?*
7. *What disappointed you the most at the seminar or what did you miss? What should we definitely improve in the future?*
8. *Is there something we didn't ask about and you want to write it to us?*

For workshop #3 we conducted an interview with Marián (participant) before and after the workshops as an evaluation method.

## Research findings

### Workshops #1 and #2

First workshop was held in Bratislava on March 5, 2023 with 10 participants. They all filled out the questionnaire. At the end of March we sent them a questionnaire again and a reminder one week later. In total 7 participants filled out a second questionnaire.

Results show that the majority of participants (5 out of 7) scored better after workshops than before on the WHO-5 well-being items. 2 participants scored worse, but the decline of their well-being was relatively mild (4% and 8%). The average score of participants before the workshop was 56% and after workshops it rose to 69% (increase of 13%).

Before participating in the workshop the lowest score among all participants was 48% and the highest 72% (range of 24%). After the workshop the lowest score was 52% and the highest 84% (range of 32%).

The second workshop was held in Žilina on March 25, 2023 with 11 participants. They all filled out the questionnaire. In the mid of April we sent them a questionnaire again and a reminder one week later. In total 8 participants filled out a second questionnaire, but one of them didn't state the date of birth, so it was not possible to match the results with the previous questionnaire. The results of the second workshop were more diverse, 4 participants indicating improvement in their well-being (from 4% to 40%), 2 participants scored the same in both questionnaires and 1 participant experienced the deterioration of his/her well-being. Average score of participants before the workshop was 53% and after workshops it rose to 66% (increase of 13%).

Before participating in the workshop the lowest score among all participants was 20% and the highest 100% (range of 80%). After the workshop the lowest score was 24% and the highest 100% (range of 76%).

Below we summarise some of the answers from participants in both workshops from the feedback section of the questionnaire.

#### *What were your expectations before the workshop?*

This was an open question. Some of the answers were these:

- *"I don't like to have expectations before new things, but I definitely found some subconsciously, and those were probably the adventure of meeting new people and moving somewhere as a person myself."*
- *"I expected the workshop to be very experimental and based mainly on my own associations and reflections, which in my case came true. I expected more acting exercises, but in the end I was glad that the assignments surprised me more and more. The only thing I did not expect was that the workshop would touch me so fundamentally, I left it very fulfilled and enriched."*
- *"I knew it would be good, because of the creators and the context, but I had no idea how much :)."*
- *"I wanted to try something new."*
- *"Honestly, I didn't know what to expect at all."*

#### *To what extent were your expectations met?*

In this question respondents were provided with the scale 1 to 5, where 1 was described as "completely" and 5 was "not at all". The average value for this question was 1,57 (7 participants selected 1, 6 participants selected 2, 1 participant selected 3).

Regarding the workshop, to what extent do you agree with the following statements:

In this question respondents were asked to rate every statement on the scale 1 (I totally agree), 2 (I rather agree), 3 (Neither nor), 4 (I rather disagree) and 5 (I don't agree at all).

The answers to distinctive statements were:

*The workshop could have been longer:* I totally agree (6), I rather agree (5), Neither nor (1), rather disagree (1), I don't agree at all (1). The average value obtained is 2.

*The workshop facilitation was professional:* I totally agree (14), I rather agree (1), Neither nor (0), rather disagree (0), I don't agree at all (0). The average value obtained is 1.7.

*I would recommend the workshop to my friends:* I totally agree (11), I rather agree (4), Neither nor (0), rather disagree (0), I don't agree at all (0). The average value obtained is 1.27.

What overall grade would you give the workshop?

In this question respondents were provided with the scale 1 to 5, where 1 meant best and 5 meant worst. Average value for this question was 1,2 (12 participants selected 1, 3 participants selected 2).

What was the most beneficial for you in this workshop? What did you like the most?

This was an open question. Some of the answers were these:

- *"The workshop opened my eyes to the world of people with various disadvantages, whether social or medical. It was very rewarding to work with such people and find out how important theater is for them in their lives."*
- *"I relaxed and gained new experiences from which I still benefit."*
- *"The hardest thing for me was to stay 'invulnerable' - after I confide in my feelings and thoughts, not to close myself off just because I'm afraid of what others will think of me - this workshop also helped me get rid of my fear a little more. The strongest moments came at the end, when we had an exercise with various diseases - I realised how many unimportant things I deal with in life and that others deal with life much more difficult and have valid reasons for it. For me, the workshop exceeded my expectations and I am grateful for all the work you have done, the effort you put into it. You have my immense admiration."*
- *"The possibility to engage the other hemisphere, create, imagine, play, get out of the routine, meet new people, especially those with disabilities."*
- *"I liked the way the workshop was led, how naturally the individual activities were intertwined, the use of music. It stimulated my creativity and a different perspective on life and also an opportunity to step out of my comfort zone."*

Is there something we didn't ask about and you want to write it to us?

This was an open question. Some of the answers were these:

- *"I am very happy that I could participate. The workshop was an excellent experience and lesson. It would be great if something like this existed like once a month."*
- *"I would suggest the Theater Without Home to hold such workshops regularly. I would even pay for them. Contact with homeless or disadvantaged people is a huge bonus, an enriching and very sensitising experience."*
- *"I am grateful for this opportunity and would like to attend more such events in the future."*



### **Workshop #3**

For the workshop #3 we have decided to interview its participant Marián Čuraj before his first recording session and again 1 month later. First interview was held on February 24, 2023 and the second one on March 25, 2023. They lasted 30 minutes and 18 minutes. The researcher was talking with Marián about a whole range of topics, such as his mood, his interests, his everyday life and his expectations before the collaboration with the musicians and after it.

Marián was a little bit nervous before the first interview, but responded to all the questions. He was generally in a positive mood and able to describe what he likes and dislikes to do. But he became much more excited and passionate when being asked about musical collaboration. During the second interview, which was held approximately 1 month later, he was able to describe how the music recording went, even if he was confusing the names of artists. It was obvious that he is very proud of this achievement, which is not common among his peers. And he also mentioned future plans to record more songs and even videos. The researcher also tried to ask Marián the questions from The World Health Organisation Five Well-Being Index (WHO-5), but his ability to assess his feelings in the last 2 weeks was rather limited.

### **Conclusions**

Overall, it is clear that cultural activities that are inclusive and involve people with disabilities have a positive impact on the well-being of all participants. However, it is not just the art and culture that is important in the process, but also the mutual positive experience of human interaction in a safe environment. This interaction helps to break down prejudices and promote inclusion for people with disabilities. Cultural centres play a crucial role in this process and have the potential to promote inclusion.

While there are already some examples of inclusion in the cultural sector in Slovakia, more cross-sectoral discussions, sharing of best practices, and initiative from cultural centres are needed to further promote inclusion. This project was an important step towards collaboration in Slovakia and Europe via existing networks of cultural centres such as Trans Europe Halles in Europe and Anténa in Slovakia.

In terms of interpersonal experiences, the workshops provided a positive experience for all participants, including those with disabilities who gave us very positive feedback after the workshops. For many participants, it was their first time meeting people with disabilities and having a positive shared experience. Some even formed friendly relationships during the workshop.

Our research experiment was rather small scale. We held only 3 one-time cultural workshops with 22 participants in total. We collected data about well-being from 14 of them. With regard to that we do not want to exaggerate the results of this research. However as organisers of cultural events we were pleased to see that the majority of the participants experienced improvement in their well-being after taking part in our theatrical workshops and therefore we are committed to continue with similar activities.

# Key themes and lessons learned from the CultureForHealth Pilots

## Pilot Project Management Focus Group Data and Analysis

A focus group session was conducted by an external researcher with artistic leads, local researchers and project managers of the pilot projects to identify successes, lessons learnt, and key take-aways from the implementation process. During the discussion, participants shared their experiences of successes and challenges faced. Topics discussed included staff involved, external collaborations, recruitment processes, active ingredients of success, difficulties faced, support received, evaluations, and sustainability.

The six pilot projects included in the focus group analysis were:

### **1. 'Meaningful moments – live music in the ICU' / Culture in Hospitals**

This project was implemented by the University Hospital of Aarhus and the Royal Academy of Music, Aarhus/Aalborg. Culture in Hospitals was an initiative to promote arts and health in hospitals, including the existing projects of patient-tailored live music in intensive wards. It brought together culture and healthcare to promote a more holistic healthcare environment. The project explored the experience of patient-tailored live music interventions in the ICU and found that this initiative was beneficial for patients, relatives, healthcare professionals, musicians and the institutions involved.

### **2. Culture Together - Art and Culture in Nursing Homes**

The project was implemented by Mapia, a private consulting company with expertise in dementia and Den Gamle By, an open air museum in Aarhus, Denmark. Arts and Culture in Nursing Homes aimed to improve the quality of life of people with dementia living in care homes. The project involved a collaboration between six arts and culture institutions and Mapia, due to their expertise in dementia. Mapia investigated to what extent the implementation of art and culture could contribute positively to the quality of life of nursing home residents with dementia, potentially reducing the use of antipsychotic drugs. The project recognised the importance of arts and culture in improving both the quality of health and quality of life for people with dementia.

### **3. Group Singing for Maternal Mental Health**

This project was implemented by Cluj Cultural Centre in Cluj-Napoca, Romania in partnership with the World Health Organisation and University College London. The goal of this pilot project was to explore to what extent Music and Motherhood, a clinically effective group singing intervention for new mums in the UK, had to be adapted to meet local needs, thus investigating the feasibility of implementation and its impact on the mental health and well-being of participants in Romania.

### **4. Inclusion of Art in Businesses and Companies**

This project was implemented by Društvo Asocaicija in Slovenia. The local partners were:

Ravnikar Gallery Space, Radio Študent, Lokal Patriot, Zavod Sploh, City of Women, Nomad Dance Academy, Forum Ljubljana, Glej Theatre, Emanat. The project was supported by the Slovenian Ministry of Public Administration. The project aimed to strengthen the health and well-being of workers. Moreover, the project had the goal of creating guidelines for decision makers on how to broaden the scope of art and business cooperation and further develop the field, with the ultimate goal of better understanding how connecting art and business relate to well-being in the workplace.

## 5. Social well-being laboratories by Associazione Oltre in Bologna

This project was implemented by Associazione Oltre (AO), a member of Trans Europe Halles (TEH), in Italy. Associazione Oltre initiated a project to promote intergenerational social well-being through participatory arts and culture. The project consists of a series of social well-being laboratories in the form of arts and crafts workshops across various neighbourhoods in the city. The social well-being laboratories aim to support the social well-being of children in disadvantaged communities, youth and intergenerational relations and is targeted at middle childhood to adolescence.

## 6. Mind the gap

This project was implemented by Stanica (Truc sphérique), a member of Trans Europe Halles, in Slovakia. Cultural centre Stanica (Truc sphérique), organised a series of three Mixability Workshops. These workshops brought together stakeholders from different local cultural organisations and the social field to discuss and map the current situation regarding the inclusion of people with disabilities in the activities of cultural institutions in Slovakia. Participants defined core values, shared best practices and discussed suggestions for reducing barriers in cultural institutions. The workshops also explored opportunities for cross-sectoral collaboration aimed at improving cultural initiatives and broadening discussions on cultural accessibility.

The themes identified during discussions with artistic leads, local researchers and project managers from the six CultureForHealth pilot projects. They met to discuss what did and did not work when attempting to run effective arts and health interventions. Themes included:

- External support
- Collaborations
- Cross-sectoral working
- Patient and public involvement
- Artistic output
- Communications/messaging
- Sustainability
- Money
- People
- Enthusiasm
- Difficulties and challenges

### External support

One theme identified was the importance of external support received from organisations external to those running the pilot projects. This came, primarily, in the form of advice or guidance. For example, external support was received in one instance from a theatre company with over 20 years' worth of experience, and in another from an organisation with over 30 years' of experience helping those with disabilities.

What participants found particularly useful from these instances was advice on how to run interventions in the most successful way, with sensitivity to the needs of participants. As the projects analysed in this report are pilot projects, it is useful to note the important role that support and advice from those external to the project were able to play.

*"What was really important (was) that we put all the stakeholders in the local area, different experts on different disabilities, around the one table and we were careful(ly) listening and mapping the situation. What other organisations and particularly cultural organisations are doing for different people with different disabilities, and also the experts, what are their ideas about inclusion?"*

## Collaborations

External support, identified above, was useful in order to provide a richer understanding of the topic at hand for researchers and project managers. In addition to external support, a key element identified as crucial to the success of projects was active collaborations between different organisations. Examples of organisational collaboration included links between cultural institutions and those caring for people experiencing Dementia in one instance, and ICU doctors and professional musicians in another. Collaborations were deemed as valuable as each organisation, when collaborating with another, was able to 'fill a gap' identified by their collaborating partner. Collaborations were useful for example when a cultural organisation was able to provide artistic content, and worked symbiotically with a healthcare organisation in order to identify, provide access to, and ultimately benefit target populations. In this sense, collaborations within the culture for health space were key in order to help provide the 'whole picture', which would not be feasible if organisations were to act independently. Inherent in this collaboration, additionally, is acknowledgement of the amount of people working together to make the projects work. In addition to interorganisational collaboration, therefore, focus group participants identified the importance of interpersonal collaboration to make the projects a success.

*"And then of course, all the people that I forgot, but it just says that there are a lot of people involved to make this implementation and pilot projects to make it happen."*

*"Always when we meet and discuss things together, we get a step further. And for me, it has been the most important thing."*

*"I think the discussions are so important. It's so important that we have talked together and we have confidence, we trust each other so we can discuss all the things we meet in such a project, all the difficulties and so on."*

## Cross-sectoral working

A substantial amount of the above collaborations which were identified as crucial to the success of the projects were cross-sectoral. Cross-sectoral collaboration brings its own benefits and challenges over and above cross-organisational collaboration. Sectors identified as being 'bridged' during the course of this project were the health, academic, and cultural sectors. Focus group participants stressed that this "new way of working" was crucial to both the success of projects, and to ensuring that these pilot projects contributed to the evidence base of culture for health interventions. This included, for example, incorporating metrics into the project in order to judge the success of interventions, and to adapting to other sectors' traditional way of working. Beyond the target group of interventions themselves, this cross-sectoral working was identified by some participants as contributing to personal development, and development of their own sector. The two quotes below highlight the recognition of the need to adapt to and learn from other sectors' 'language'.

*"So it's a very close collaboration between two very different cultures that have to merge or bridge"*

*"It's not common that a grassroots association has the chance to recruit a researcher. And on one side, this has provided us with a different sense of what this event means, and also, now we have something written, you know, a tool to prove even further the value of creating an ephemeral space such as the parade such as the event in which culture, health and social professionals converge."*

*"Also that they are not always led or initiated by cultural organisations, but Academia or the health sector. And so I realised that this scope and this sphere is much stronger or wider and let this academic approaches might be also very useful because I would say that in the cultural sector, we much more are activists rather than researchers."*

*"What in our case is very important as a recommendation for institutions, (is) to create better links between formal and informal sectors because where we are working in, especially*

*the informal sector, which has a real other dynamic to institutional sectors, but it's really necessary to link both of them."*

*"We all live in certain bubbles... people and experts that are focused on certain disabilities, they kind of work in their bubble and also we in cultural centre work in our bubble. But if we are able to collaborate more, everybody can benefit and so the for the local policies and European policies, I think could be done more action into empowering people and across cross sectoral collaborations"*

*"There was no communication among various actors before. You know, like there was no sharing experience".*

*"it's important to be aware when you're working across sectors that it takes time. You have to give it time. Because in the beginning, it's very difficult to understand the other language. They're speaking (differently) in the health sector, for example, but it's very important to give it time. And then you often reach the most interesting projects when you work across sectors. So I think it's very important to be aware of that. It's not so easy in the start but it can be extremely fruitful."*

*"This is two different cultures or worlds that have to be bridged and to learn from each other, so that's the cultural world or the musical world and the healthcare sector. And I agree that it takes time to get to know each other and to accept that this is also a way to create results or rethink how to gain from each other and it requires an open mind towards each other's ways of working and seeing the world. So back to what really worked in our project. I think that's the bridging and the collaboration between those two worlds that really had success in our project."*

## **Co-designing interventions with the beneficiaries**

In analysing factors that contributed to the success of projects, some project managers identified the valuable role that Patient and Public Involvement (PPI) processes played. For some projects, before beginning the intervention project managers worked with groups to identify what intervention may be most suitable to the target audience. Once a decision on the interventions themselves had been made, some project managers used PPI to work with those with lived experiences of conditions being addressed by the interventions to identify how best to run the projects. This included, for example, mothers with experience of postpartum depression, mental health professionals, and those living with disabilities.

*"Then the second phase was about listening to the people with disabilities. So, we made the focus groups where mostly and only the people with different disabilities were talking and we were listening. So we had, it was very important to get their point of view."*

*"Workshops were matched based also on the needs of the organisation."*

*"One particular thing that was very helpful, and it is related to the methodology, was the organisation of a PPI Group, a Public and Personal Involvement Group, which consisted of a meeting actually, and subsequently a digital consultation with the group of experts and people who had direct experience with postpartum depression or with working with mothers and (this) helped us really much in preparing the communication materials and with fine-tuning the design for our intervention. So think I think this was - in the preparation period - this was an important part of the success of the pilot."*

## **Artistic output**

Focus group participants felt that in most cases art was more than of just instrumental value. Though the aesthetic quality of artworks produced was of varying levels of importance, depending on the project. However, a distinction was drawn between the 'aesthetic' quality, and the quality of the art in general. In the pilot projects, it was stressed that artistic quality should

never be a barrier to entry into interventions, but that this does not necessarily mean that this is of detriment to the quality of the artwork itself. In fact, focus group participants identified the crucial role that talented artists can play in ensuring the success of interventions. This, in addition to active participation in the creative process, was key to participants receiving the highest possible benefit from the projects.

*"Of course, one of the key parts is to understand how to lower the threshold to access these cultural activities. So that this idea of artistic quality does not hinder the participation of people, like "oh I'm not good enough", "I don't play any instrument", "I never did theatre", "I'm not a particularly extroverted person so I don't participate". But I really agree with what [NAME] was saying that this does not mean lowering the threshold or lowering the artistic quality. It is really possible to work with artists which are extremely good artists that, actually, their speciality is to work in this sense in this direction (with 'non-artists')."*

*"As I understand for the mothers, it's important to come together and being together singing with no demands on how they perform. So you can say it's not important that the quality is there. But as I understand it is very important that the people working with the mothers have some kind of education or skills or in the way of planning. That's where the quality, the artistic quality becomes important."*

*"So I believe that even if the result or output doesn't have to be the biggest artistic quality, cooperation with the professional is very important. And one more thing, not every artist is able to be sensitive and have some kind of pedagogical or, I would say, empathy in working with these groups..."*

*"Bringing these professionals that even understand, I would say, theory of art might be a very, very strong added value. Not a (necessary) condition but added value."*

*"Choice of music is very vital... I think in our project here the artistic quality is not only, you know, the art itself. It's all the things around it... this aesthetic approach is very vital for our project."*

## **Communications / Messaging**

Some of the project teams highlighted the role that communications and/or messaging either played or could play in contributing to the success of projects. Particularly with reference to interventions that may have a large target group, some reflected that a process of identifying the key communications routes would be beneficial. Though it was noted that this would involve more time and preparation, which was not always available.

*"Like through examples, it's really always good if you can paint a very good picture and give an example of what happened. So even if you don't have funds to do a huge programme, I think to make a pilot like we did. It's a good way to gather some material to start talking more colourfully about things that are needed."*

*"This would take a lot more time, a lot more time to actually present and to figure out how to get everybody involved. So this is something that needs to be it. I wouldn't say it failed in this one, but we learned that for the future this needs to be a bit more broadened a bit more."*

*"In terms of, yeah, maybe communication, it would be good to have some tools. So maybe a video that would help us communicate with the participants directly so that it's not just through the coordinator, but it may be we would have like a video so that we would have a communication tool to help people who we are involving understand what's the aim of it and what's the benefit for them."*

## Sustainability

Project managers, at times quoting from participants themselves, expressed a desire to keep projects running beyond the initial end date. In one project, for example, an 'alumni' network has developed in order for participants to share their experiences with other, potential participants, in a less formal setting. Money was identified as an important element of guaranteeing the sustainability of the projects. In addition, it was stressed by focus group participants that one thing important to guarantee sustainability, and one thing that was already helping ensure projects continue, was a high level of enthusiasm from those running interventions.

*"In our case, for sure we will continue and it's not about money. It is more about attitudes that I think every cultural institution just can just do as a natural part of their activities, to be more inclusive, to be more open to involve people with disabilities."*

*"But with an informal recommendation so mothers who participate in the pilot right now, act as ambassadors, who are bringing new mothers into the group, this is something we are implementing right now."*

## Financial resources

Unsurprisingly, provision of funds to help, for example, hire venues, pay artists and project leads, help with logistics such as transportation, were identified as having a part to play in the success of projects. It was acknowledged that attempting to run culture for health interventions may prove difficult when attempting to fund the projects through traditional funding mechanisms, such as one-off, project-based funding.

*"I would say that what made this successful was something as basic as money. We had this start Capital that helped us get started with the pilots which bought me some time to be dedicated and passionate about it."*

*"I think that it shows that the time that it takes to build really strong partnerships between the sectors and the vulnerability of the target groups make it completely unsuitable for this type of project to be done on the regular type of funding that culture organisations have at hand like project-based (funding), it should be continuous type of funding. So it should be something that maybe it could be deducible from, you know, Social Security accounts or something like that. It has to come through a format that is not simply a hit-and-run Grant because it's not suitable for this type of a project."*

*"And it's very difficult to get the bridges, to the institutions to recognize it in an intelligent way. Because mainly, if you work in the cultural sector, there are tenders. You apply for it. And then you have to wait. If it will be, if it will be, it will have success or less. And there is no continuity and what other people before in this group said, continuity is very, very important. And if we do not find, if institutions together with cultural sectors, especially informal sectors, do not find new ways of thinking about resources, it's really complicated."*

## People

In addition to the importance of interpersonal collaboration mentioned above, some focus group participants identified the positive impact that individual managers and artists can have on the success of projects. It was stressed that the strengths of individuals in running or organising these projects have a large impact on potential success or failure.

*"Another important thing was, of course, our two wonderful music leads. It was really key to the success and the positive impact our pilots, to have had both music leaders putting their personal imprint on the pilot. And I think the personal relationships which were formed during the pilots had a lot of a lot to do with the empathy and the attitude of our music leads. I think this was a very important part."*

*"We used people that we knew are professionals and from that standpoint this is something that made the whole project a lot, a lot more quality based, a lot more ready from our point of view when we started implementing it. We reassured ourselves that this is going to function either way, because we already knew that, at least from our side, we are giving a professional note with the people that we have who have years of experience working."*

## **Enthusiasm**

One theme that has run through all of the others is the importance of enthusiasm from stakeholders, artists, and the project team. During the focus group, the importance of enthusiasm was stressed repeatedly; both in terms of ensuring that the project could continue into the future, but also making sure that the project worked well the first time around. An atmosphere of belief in the value of culture for health projects, and enthusiasm for running these kinds of events, was imbued in successful projects from the outset. The concept of culture for health projects, and belief in their ability to positively impact on health, garnered such enthusiasm that projects were able to get off the ground, collaborations were identified and able to flourish, and cross-sectoral collaboration and cross-organisational working were able to take place smoothly; all driven by a shared belief in the effectiveness and value of interventions taking place.

*"I think, first of all, I think it's very important that you have somebody that is really passionate about the cause. Persons involved have to be passionate about the project. So that's the first thing because you have to be engaged in the project, and it also takes a lot of your time that you might not be paid for, so it has to be something that you really want to go with."*

*"And it is important. We do believe after this experience. I do believe in the power of this intervention and I think there is a great need for it."*

*"and then the institutions joined in and that was exciting and we were thrilled that they were doing such a project... it was a very easy way to collaborate with the cultural institutions because everybody thought it would be a good idea and everybody was joining in."*

*"The point of this project is to experience some kind of cultural activity and maybe have a positive impact on personal growth and well-being. And so the role of the workshop was not to produce anything. It was really like self-discovery and trying new techniques and most of the participants from the mainstream population have never had an experience like that."*

*"It's very important that the people, other people and the staff and the patients that are involved in this project, experience it as meaningful."*

*"And I think also being aware that you know, even if it's another sector, there's always enthusiasts that will be willing to help you and support and this also this snowball effect. Even if at the beginning you have one person that says do you don't you have anything else or maybe at the beginning only three people show up but then they tell someone else. So don't be discouraged if there's like some hesitance in the beginning because it is people that maybe never had experience with the cultural field and maybe they are like, don't understand or see the benefits in the same way that we do. So we have to give them space to understand themselves what the benefit is for them."*

## **Difficulties and changes**

In running these interventions, focus group participants did identify some key difficulties they faced in making the projects a success. For example, timings of the intervention providing difficulty for all participants to attend were identified, as were difficulties in accessing potential participants because of the coronavirus pandemic.

*"Because we had our sessions in the summer I think it was hard to manage (for) participants to participate on each occasion because of the location and the summer so I think I would change that decision if we started now."*



*"So we had to postpone some of the things because of Corona and it would also be one of the hurdles when we go in to implement the project."*

Some focus group participants reflected on what they would change if they were to run the intervention again. Suggested changes included providing more space for socialising during the intervention themselves, to link up further with mental health support teams, to extend the length of interventions, and to further embed this type of project into traditional ways of working.

*"But the members of our group really needed, also, space to connect and to talk about to reflect on their motherhood experiences and just looking back although I think we managed to enable such occasions looking back, I would give more space to this and to have support through Mental Health Specialists to reflect to have groups talking about their experience."*

*"If I had the knowledge at the very beginning, I think we would be thinking about it even more advanced... I think that one time intervention cannot really bring a significant change in the development of the person. So in that case, maybe I would be thinking more of something like they did in [COUNTRY]. The long-term work with the one group and maybe more following the impact on the personal level."*

*"And since we do cultural activities throughout the whole year, that's something that we talk about mental health a lot from the pandemic, and I think that cultural institutions are not really like thinking about that systematically. So for me, that's the challenge for the future, you know, like how (to) maybe work with this topic, as (an) integral part of the regular work".*

Some reflected on the evaluative element of the intervention, and said that if they were to run the intervention again, they would run their evaluative framework somewhat differently.

*"There was one participant that came to this activity and she said that as long as I don't have to dance I can do anything because my body hurts so much. But it's, you know, it was like, OK, but why does it hurt so much to move? You know, we didn't really have time to go into the deeper discussion about. "Ohh why is it so?" And yes, what should we change? But yes, why was it so physically demanding for some people, so I mean for me it would be great if I could also have a focus group with the participants to maybe get more, because the questionnaire is maybe a bit too structured in ways."*

Some identified that the timing of running interventions made implementation difficult at times. Though it is worth noting that at times project teams reflected that this was either unavoidable, or that it was better to face these difficulties than ask participants to give up free time in a way that may be onerous.

*"Maybe it's worth mentioning that we insisted quite strongly that these activities happen within the working hours. That's not a leisure or weekend activity. So it was already difficult, how do you know, because half of the people were never coming (due to work patterns) and so on. But it was really important for us that this is not like an extra burden in the free time."*

In addition to timing of the interventions themselves, some identified the length of time that the intervention ran as a problem. Some project teams expressed a desire to have run the project for longer.

*"What would I change about the intervention going forward? I mean, for me, definitely more time".*

## Further Reading

Should you want to get to understand more about the pilot projects presented in this publication or get more insights from the CultureForHealth project, we suggest that you consult the following resources:

The Culture for Health and Well-being Compendium - A Guide for Practitioners

[www.cultureforhealth.eu/app/uploads/2023/06/C4H\\_Compendium\\_V4\\_LP.pdf](http://www.cultureforhealth.eu/app/uploads/2023/06/C4H_Compendium_V4_LP.pdf)

"CultureForHealth Report. Culture's contribution to health and well-being. A report on evidence and policy recommendations for Europe"

[www.cultureforhealth.eu/app/uploads/2023/02/Final\\_C4H\\_FullReport\\_small.pdf](http://www.cultureforhealth.eu/app/uploads/2023/02/Final_C4H_FullReport_small.pdf)

The CultureForHealth Report Summary

[www.cultureforhealth.eu/app/uploads/2023/04/C4H\\_SummaryReport\\_V11LP\\_shortsmall.pdf](http://www.cultureforhealth.eu/app/uploads/2023/04/C4H_SummaryReport_V11LP_shortsmall.pdf)

The CultureForHealth Mapping. A directory of initiatives on culture, well-being and health across the European Union and other countries

[www.cultureforhealth.eu/mapping](http://www.cultureforhealth.eu/mapping)

The CultureForHealth Mapping Analysis

[www.cultureforhealth.eu/app/uploads/2023/08/C4H\\_Report-Mapping-Final\\_August-2023.pdf](http://www.cultureforhealth.eu/app/uploads/2023/08/C4H_Report-Mapping-Final_August-2023.pdf)