

Museums, wellbeing and inequalities

Can museums make a difference?

Mark O'Neill



Life expectancy in Glasgow

| | Years | | |
|---------|---------------|---------------|------------|
| | Richest Areas | Poorest Areas | Difference |
| Male | 83 | 65.4 | 17.6 |
| Females | 85.6 | 74 | 11.6 |

Glasgow Museums

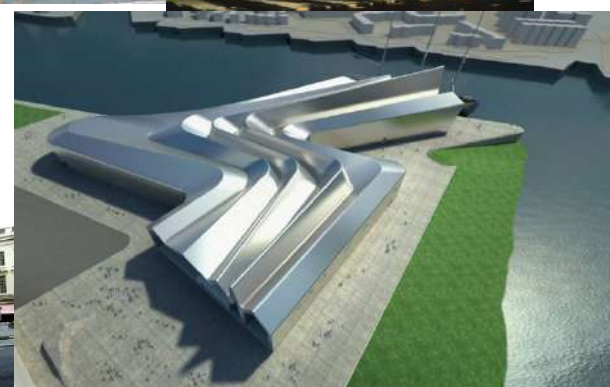
Museums: 9

Annual Budget: £13 Million

Objects in the collection 1.4 million

Annual Visits: c4 million

Number of staff: c300



Cultural attendance and public mental health – from research to practice

Key words:
Culture:
arts:
museums:
libraries:
participation:
public health:
fairness

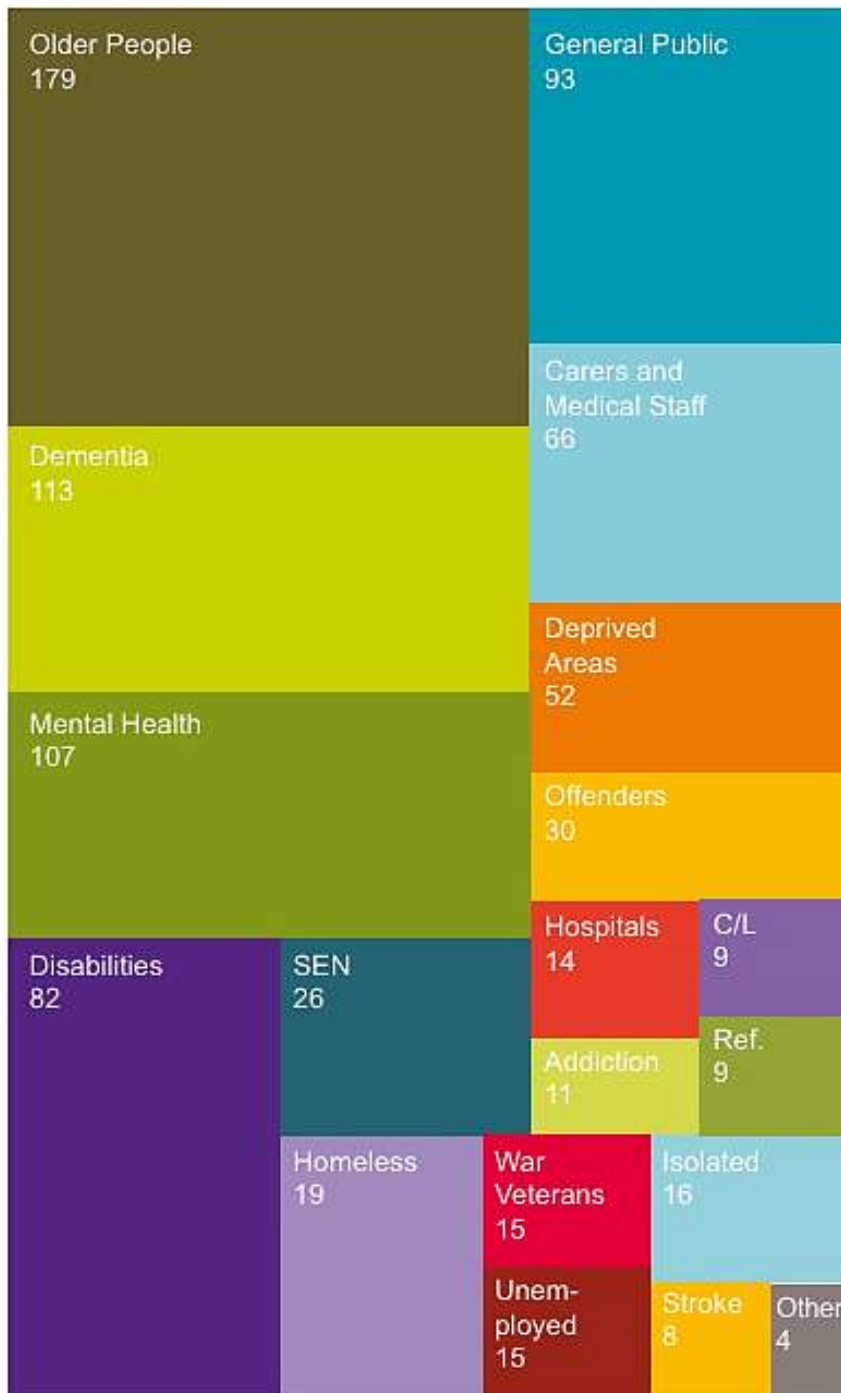
The research on the health benefits of intensive engagement with creative and cultural activities through art therapy and workshops led by artists is well recognised in the literature on cultural impact. In general, this engagement involves small numbers and, in the current climate, is unlikely to receive sufficient investment to make a difference at a population level. Less recognised is an emerging field of epidemiological research on the health impact of 'general cultural attendance'. This provides evidence that simply going to a museum, art gallery, film or concert on a regular basis increases longevity, and that culture is a separate variable. This article summarises this evidence and looks at the strategic implications for cultural organisations from the perspective of a practitioner. If cultural attendance can help address health inequalities, and if the best way to overcome the psychological and social barriers to cultural attendance is personal contact with a trusted guide, the article outlines a system where voluntary and statutory organisations can refer people to cultural organisations who might benefit from them. The former would need to be able to guarantee a high quality and friendly welcome that recognises the needs of first-time users from excluded groups. Developed among a network of cultural organisations with voluntary and public sector partners, such a system could reach sufficient numbers to have a health impact on a population level.

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Journal of Public Mental Health



How many people?



MUSEUMS FOR HEALTH AND WELLBEING

A PRELIMINARY REPORT FROM THE NATIONAL ALLIANCE
FOR MUSEUMS, HEALTH AND WELLBEING

How many people?

| | |
|-------------------------|------------|
| Museums in the UK | 2,500 |
| 2.3 projects per museum | 5,750 |
| Average participants | 15 |
| Total participants | 86,250 |
| Population of the UK | 57,000,000 |

HEALTH EVIDENCE NETWORK SYNTHESIS REPORT 67

What is the evidence on the role of the arts in improving health and well-being?

A scoping review

Daisy Fancourt | Saoirse Finn

Do these
projects
improve health
and wellbeing?



Evidence Summary for Policy

The role of arts in improving health & wellbeing

Report to the Department for Digital, Culture, Media & Sport
April 2020

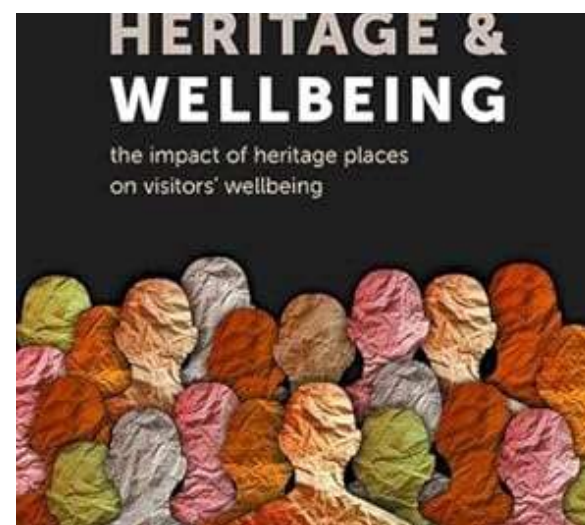
Dr Daisy Fancourt, Katey Warran & Henry Aughterson

The need for robust critique of research on social and health impacts of the arts

Stephen Clift ^a, Kate Phillips ^b and Stephen Pritchard ^c

^aSidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University, Canterbury, UK;

^bGoldsmiths College, University of London, London, UK; ^cHelix Arts, North Shields, UK



Glasgow Museums

Individual projects could be evaluated with positive results, but it was difficult for GM to

- achieve clarity about expected outcomes from services, programs and projects
- develop standardised definitions and terms
- create good quality documentation
- Articulate a theory of change and identify evidence which would support it
- Move beyond short-term planning and funding of projects ('projectitis')
- Learn from pilots and to develop services which reached significant numbers.

This leads to Overclaiming

What do we know about which social interventions are most likely to have an impact?

Interventions which are least likely to work:

1. One-off projects
2. Short-term projects
3. Singular engagements i.e. engagements which are not part of a wider programme



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SCHOLARSHIP



Cause, Effect, and the Structure of the Social World

[Megan T. Stevenson](#)

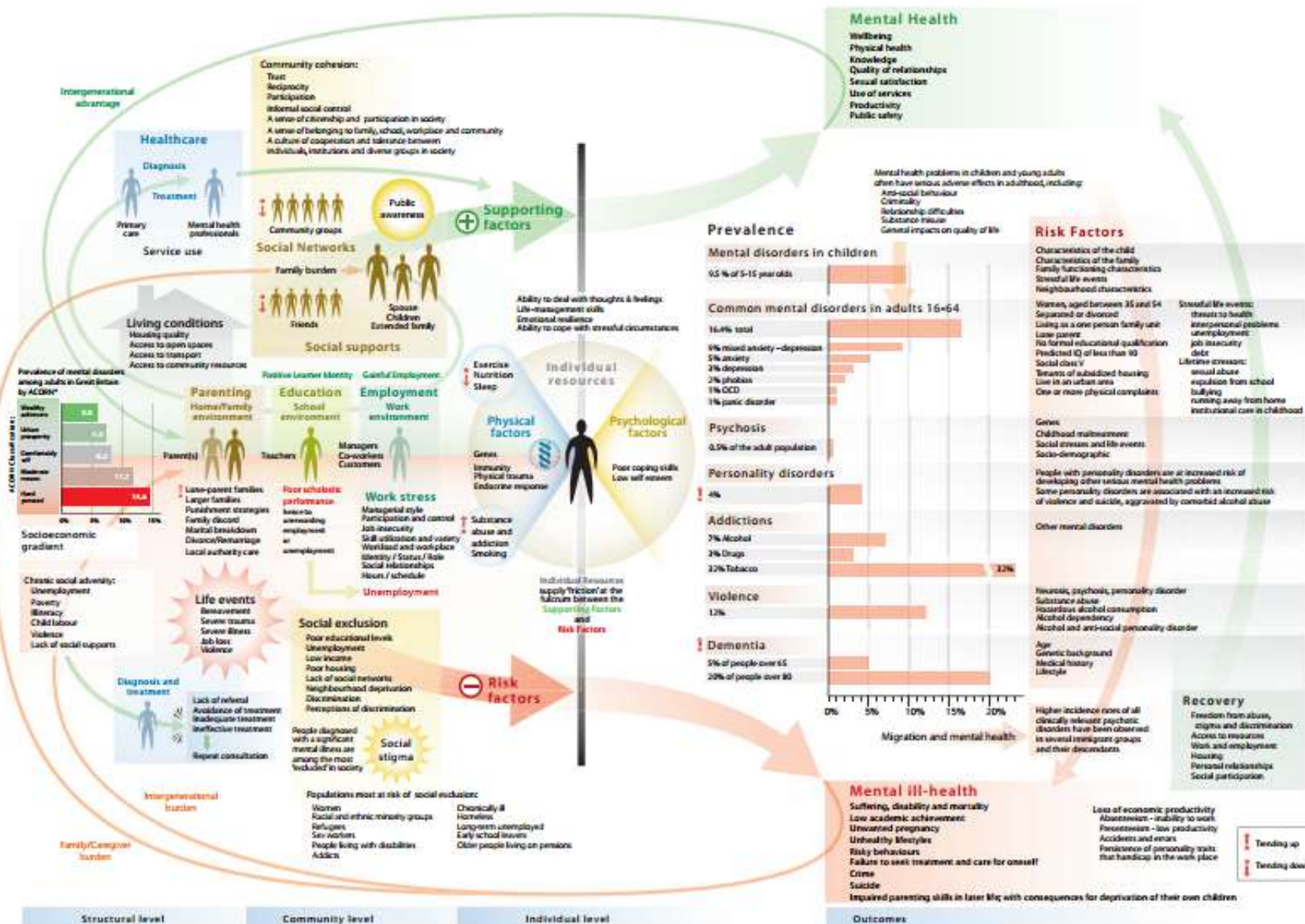
PUBLISHER
Boston University Law Review

DATE
2023-12

[SSRN](#)

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Figure 2.7b: An overview of the risk factors and supporting factors that weigh upon the 'fulcrum' of a person's individual resources and tip the balance towards mental health or mental ill-health. Also showing the kinds of mental disorders, their prevalence, and associated risk factors.

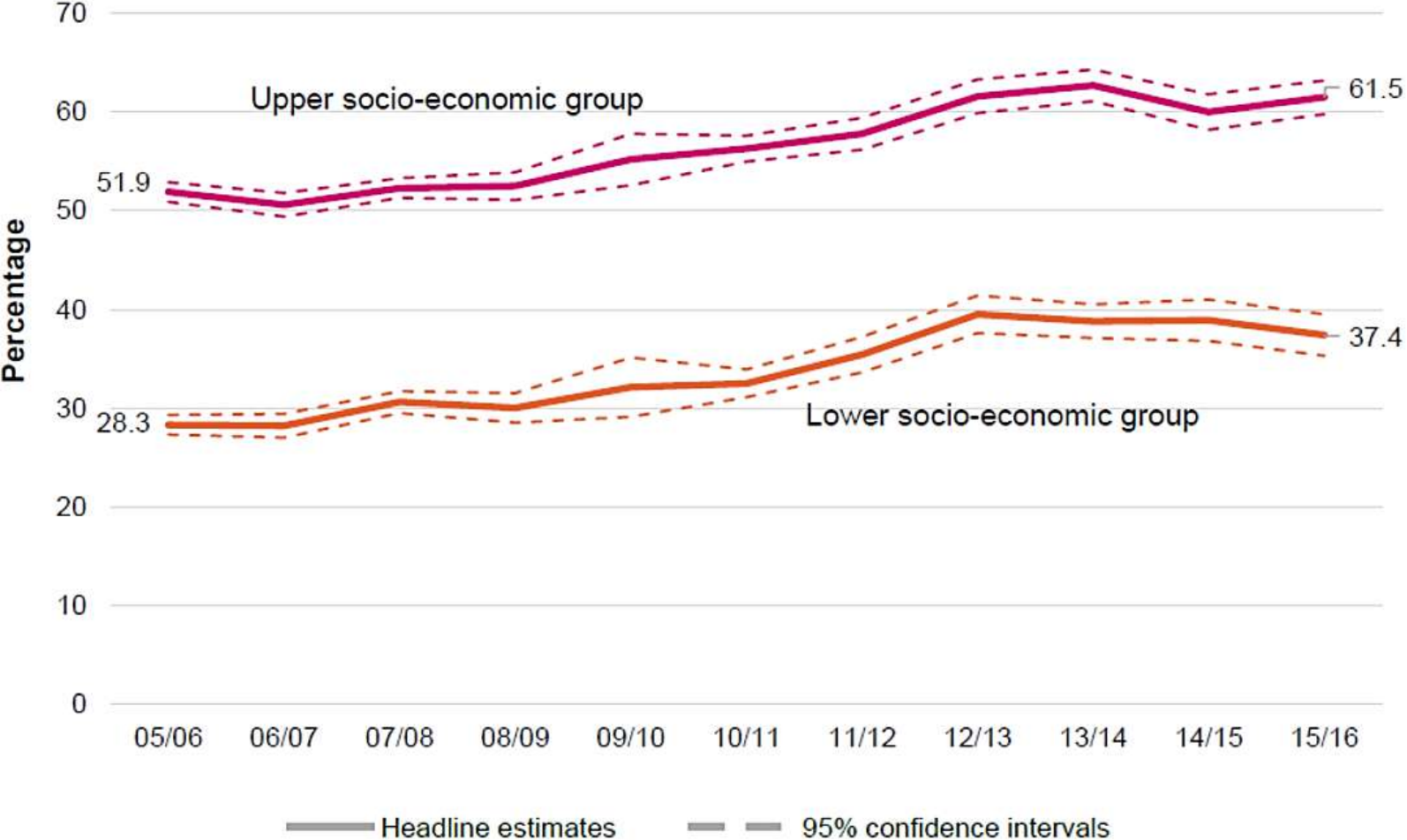


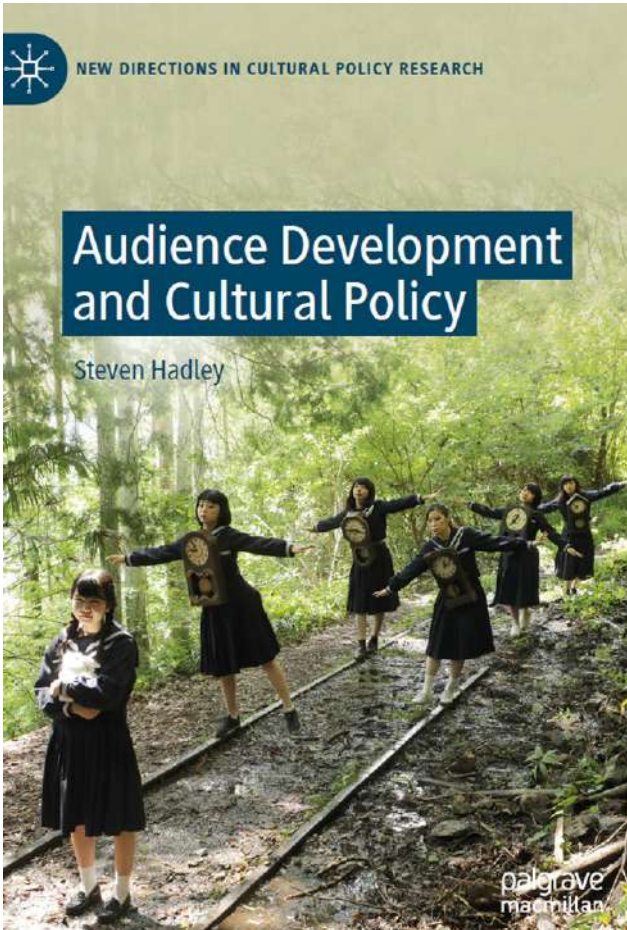
Addressing the museum attendance and benefit gap: inequality, representative participation and implementation science

<https://museumattendance.le.ac.uk/>



The Museum Attendance & Benefit Gap





‘traditional concepts of audience development do not lead to sustainable changes in the social structure of the audience.’

Mandel (2018) Can Audience Development Promote Social Diversity in German Public Arts Institutions? *The Journal of Arts Management, Law, and Society*.

‘the policy of the democratisation of culture, and the practice of audience development, appear to have failed’

2021

Audience Development has no impact on the Attendance Gap

EU Literature recommends more of the same

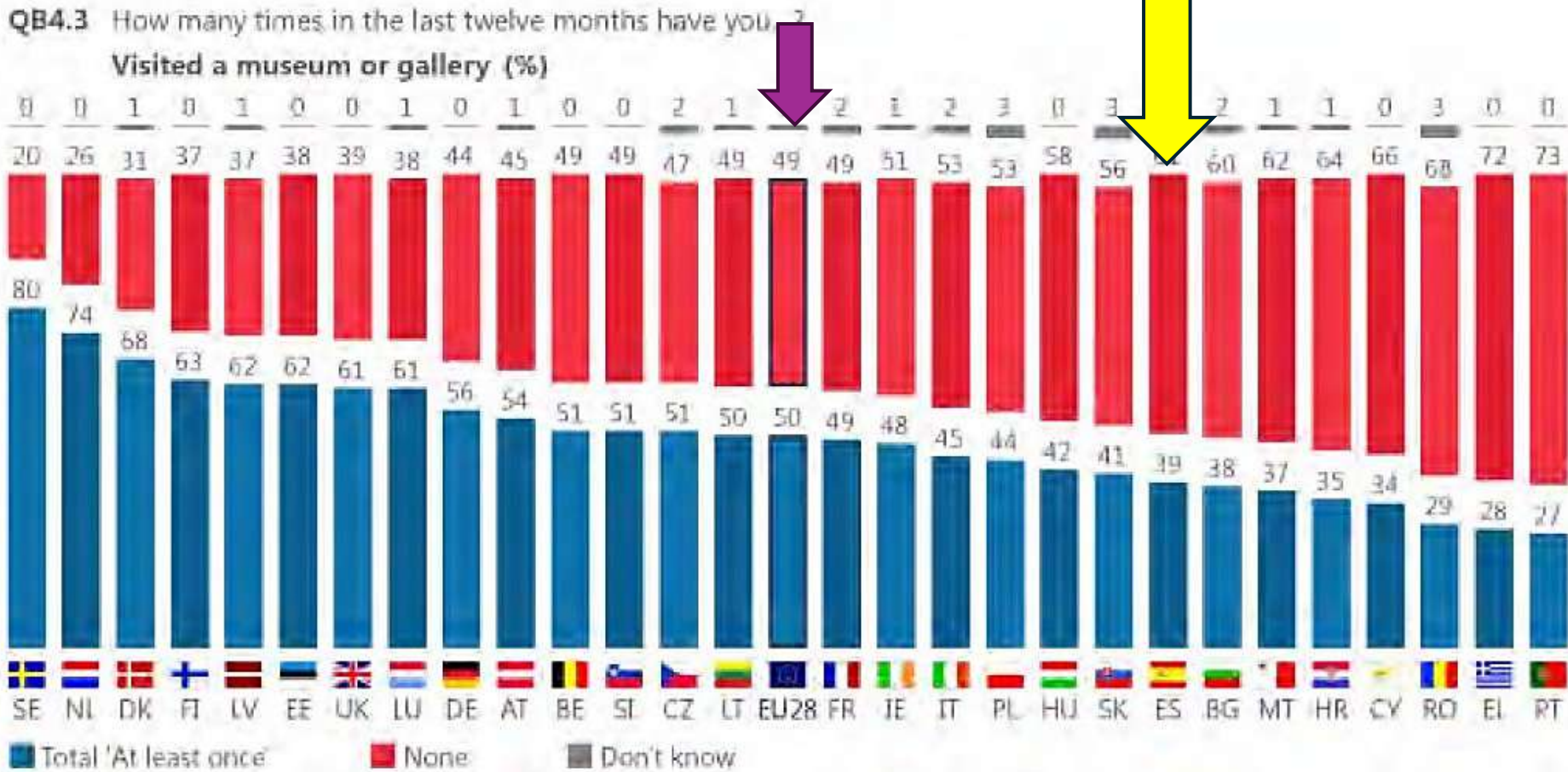


Final Report

Study on Audience Development - How to place audiences at the centre of cultural organisations

Authors: Alessandro Bollo, Cristina Da Milano, Alessandra Gariboldi, Chris Torch
With the collaboration of Luisella Carnelli, Goran Lars Karlsson, Carla Schiavone, Natalie Georgadze
January - 2017

Museum Visiting and socioeconomic inequality



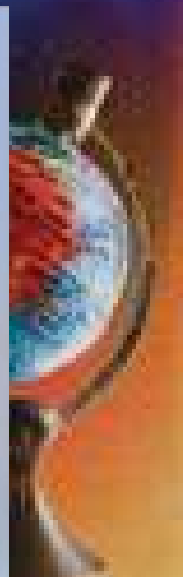
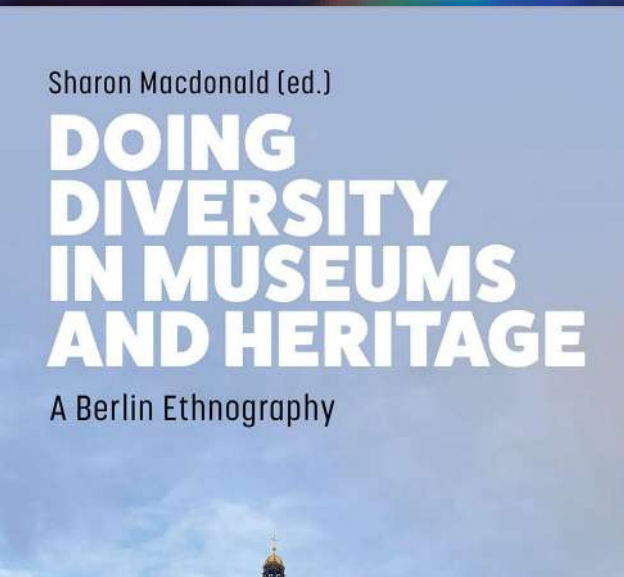
Base: all respondents (N=27,881)

The Great Museum Blind Spot



ICOM Museum Practice

ICOM

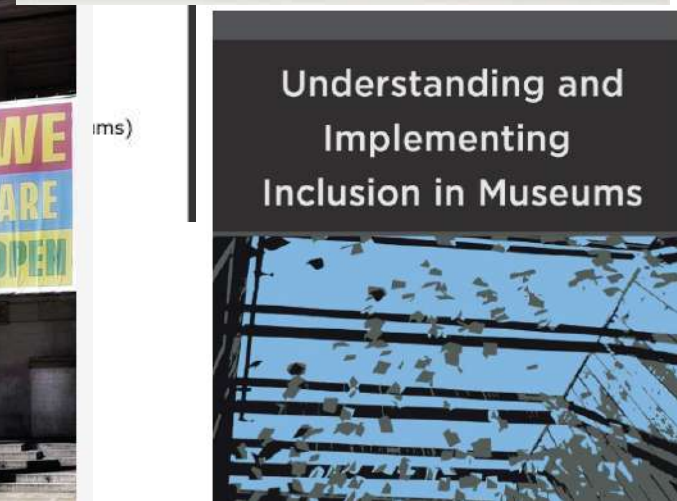
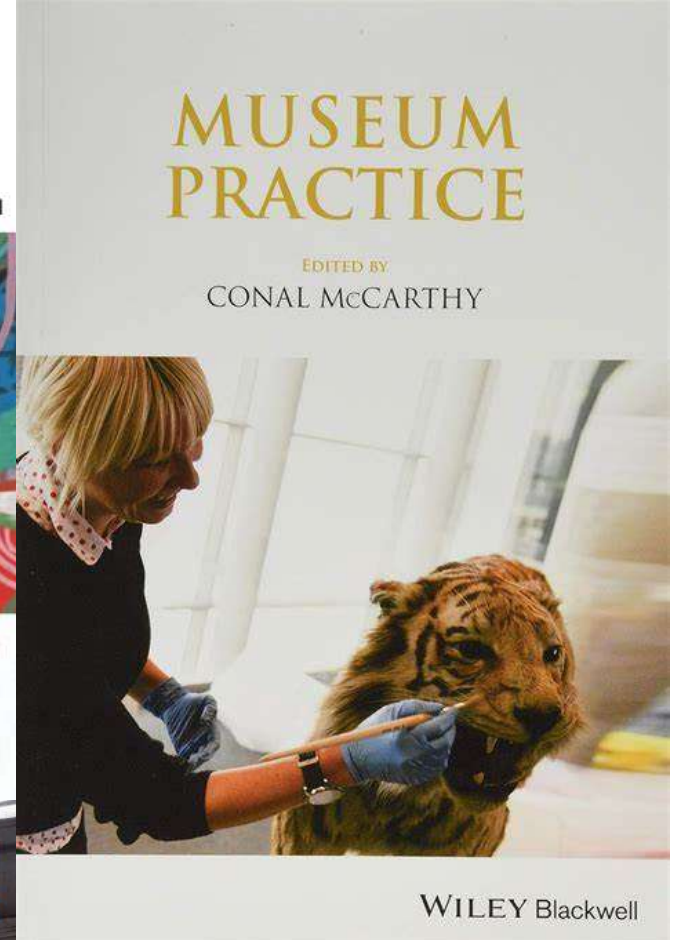
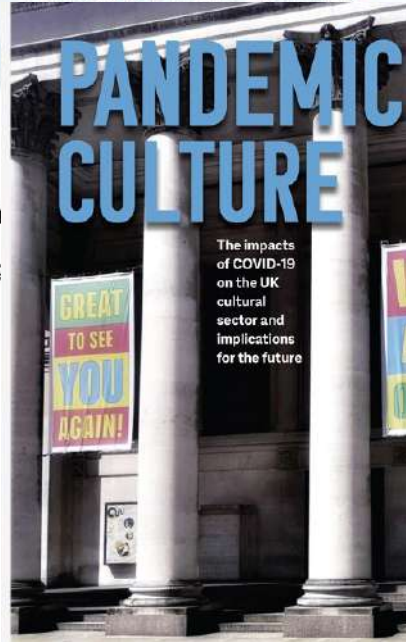


(American Alliance of Museums) full



**TRANSFORMING
INCLUSION
IN MUSEUMS**

The Power of Collaborative Inquiry



Where are we now?

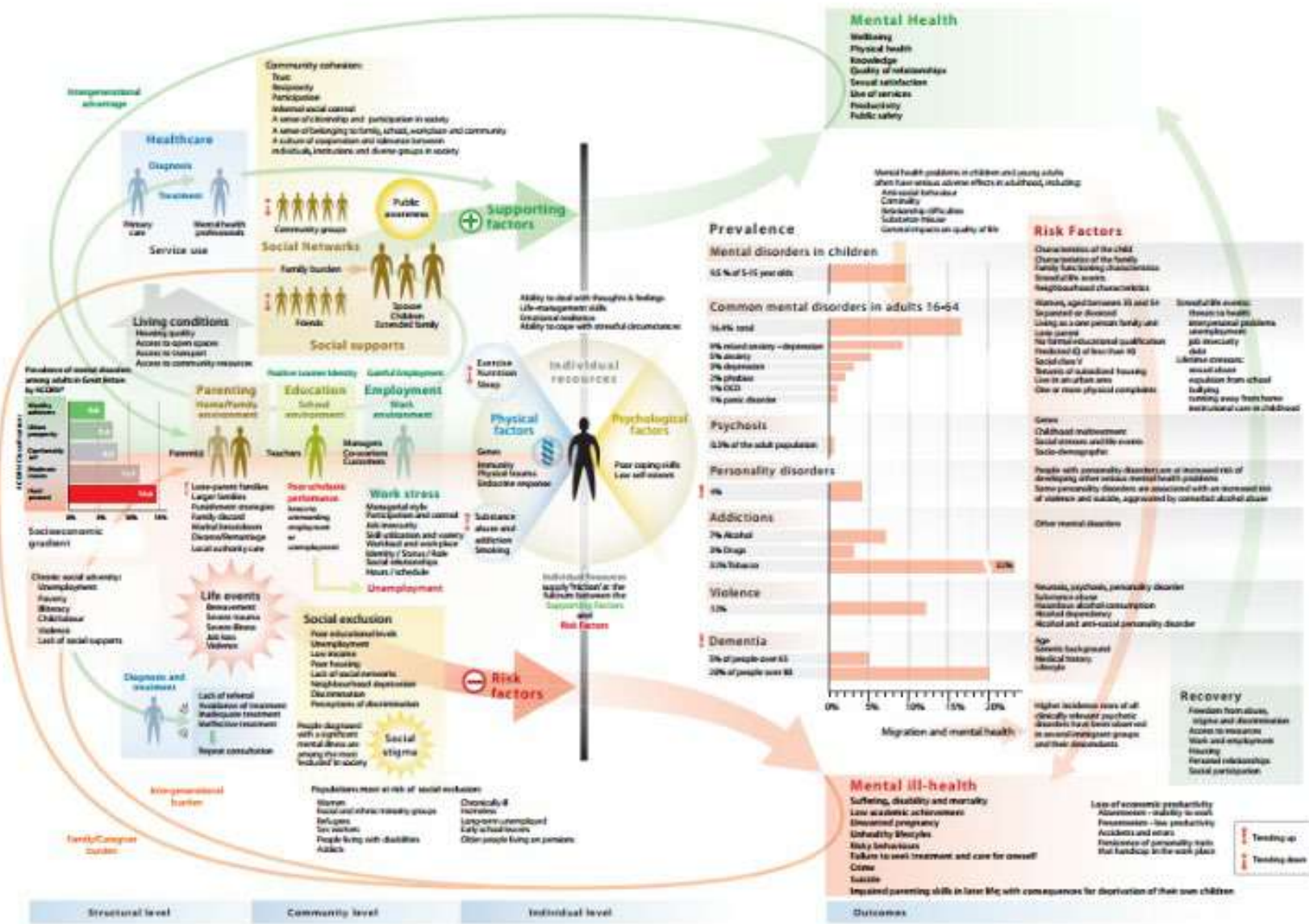
- Evidence for small scale health projects is very doubtful
- We are failing to address inequalities in museum visiting
- The people in society who have the worst health visit museums less often than healthier, better educated, richer people.
- Our strategies for addressing museum inequalities are not working
- Museums don't understand how educational inequality impacts museum visiting inequality

Where do we go from here with museums and wellbeing?

Accept evidence that we need new strategies which aim to:

- reduce the attendance gap between Upper and Lower socioeconomic groups, especially those groups whose health is vulnerable
- Make museums relevant and attractive to people with few or no educational qualifications
- Change our organisational culture which lead to blind spots about inequalities in visiting
- Build on evidence that simply visiting museums has an impact on wellbeing.

Figure 2.7b: An overview of the risk factors and supporting factors that weigh upon the 'fulcrum' of a person's individual resources and tip the balance towards mental health or mental ill-health. Also showing the kinds of mental disorders, their prevalence, and associated risk factors.



Where museums* fit in this picture?

Community Cohesion

Trust

Reciprocity

Participation

Informal social control

A sense of citizenship and participation in society

A sense of belonging to family, school, workplace and community

A culture of cooperation and tolerance between individuals, institutions and diverse groups in society

*along with parks, libraries, concert halls etc – public culture & leisure infrastructure