

# **Towards the Social Prescription of the Arts: Engagement of the Arts in Health and Social Care in Malta**

*Valerie Visanich<sup>1</sup> and Toni Attard*

## **Abstract**

Recently, the notion of arts as therapy has been of growing interest to sociologists. The aim of this paper is to evaluate community-based arts funded projects in terms of their priorities and effectiveness and discuss possibilities for enabling Arts on Prescription scheme in Malta. Thematically, this article explores discourse on the potential of the arts on promoting wellbeing. Methodologically, this paper draws on from primary data collected from focus groups, interviews and an online survey with project leaders and artists of funded arts projects targeting mental health, disability or old age. Specifically, this research evaluates all national funded community-based arts projects in Malta between 2014 to 2018, under a national scheme of President's Award for Creativity fund, managed by the national Arts Council, Malta. Analysis of this data was used to inform the new national cultural policy on the implantation of the arts on prescription scheme in Malta.

## **Keywords**

Prescribing the arts, social effects of the arts, arts fund, cultural policy, Malta.

## **Introduction**

It is estimated that one in every five persons visiting primary care in the UK are for social rather than medical conditions, such as for issues related to loneliness, debt or housing (McMahon, 2020). Instead of medical interventions, what is known as 'Arts on Prescribing' is generally recommended. This term falls under the social prescribing category, as a scheme for enabling general practitioners and other primary care givers to refer patients to a range of non-clinical activities offering group-based social and creative opportunities (Jensen, 2019, Bungay and Clift 2010). Such concept on the arts as therapy is caught up in a web of notion clustered around ideas on enhancing wellbeing by giving a voice to persons experiencing distress, social exclusion and social isolation.

The available literature on the arts of social prescription to date draws from various community-based projects with persons who experience isolation or mental distress (Webster et al. 2005, Stickley and Hui, 2012, Stickley et al. 2016, Hacking et al. 2008, Overgaard and

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<sup>1</sup> Corresponding author: [valerie.visanich@um.edu.mt](mailto:valerie.visanich@um.edu.mt)

Sørensen 2015). Such studies all point to the way the arts have the potential to impact positively on one's wellbeing and predominantly improve mental health. In the UK, for instance, doctors are more than ever encouraged to prescribe arts therapeutic treatments, under the new 'social prescribing' scheme (HM Government, Social Value Act UK 2012).

Despite the fact that there isn't just one model of Social Prescription, even within one country (Kimberlee 2015), yet there is a common understanding on the growing awareness on the positive impact of creativity and cultural activities in improving the general health and well-being of individuals. This is especially in light on a growing ageing population and increase incidences of social isolation amongst older persons (Cohen et al. 2006, Clift 2008, Greaves and Farbus 2006) as well as increase tendencies of mental illnesses (Friedli and WHO 2009, Kimberlee 2015).

This paper opens up discussion on the potential of a broad range of community-based arts and health interventions as an alternative and/or supplement with other treatments. Theoretically, it is framed in studies on the instrumental use of the arts to raise self-esteem, provide a sense of purpose and help participants engage in social relationship as well as enhance their social skills.

This article reports on research commissioned by the national Arts Council in Malta (ACM) to review and evaluate the operation and effectiveness of community-based arts projects. Explicitly, it focuses on an evaluation of all national funded projects between 2014 and 2018, under the national scheme of President's Award for Creativity (*Premju tal-President għall-Kreattività*) fund. Through a systematic examination and assessment of 31 arts-community projects who were awarded this fund and interviewing project leaders and artists involved, information was obtained and used to inform the new national cultural policy in Malta (2020) on the effectiveness and usefulness of these community arts projects. Herein, we refer to primary data collected by using a number of focus groups and in-depth interviews with artists and project coordinators and an online survey sent to all applicants and beneficiaries of the fund, over a period of two years to all funded arts projects awarded. Both through one-year or three-years projects, the aims of these projects were to substantially improve the wellbeing of persons living in challenging social, physical and psychological conditions in Malta. The latest *PtP* guidelines (ACM, 2020) refers to the aim of this fund:

Il-Premju tal-President għall-Kreattività is one of a series of initiatives aimed at strengthening inclusivity, community development and well-being through cultural participation and creative expression. The programme forms part of a diverse portfolio of schemes and initiatives to maximise the potential of Malta's creative growth by

encouraging engagement in the cultural sectors, facilitating cultural exchange, and championing cultural rights (ACM 2020:4).

The management of this fund has been considered from its inception as a joint initiative between the Office of the President of Malta and an entity from within the Ministry responsible for Culture. Over the years, the Office of President has remained a constant entity for the fund whereas the co-management from the culture side shifted from the Culture Directorate in partnership with the Ministry of Finance, to the Culture Directorate, until it was embedded within Arts Council Malta, as part of the arm's length approach in the centralisation of fund management for the arts. The aims of this national fund according to the guidelines are threefold: To offer support to 'vulnerable' and 'hard-to-reach groups', to offer access to art-engagement activities, and to have opportunities for collaboration to community development and collaborative arts projects.

This paper outlines the gaps in this programme and make recommendations on the potential of having the arts on prescription scheme in Malta. Prior to identifying and designing the model of social prescription to be adopted in Malta, the scope primarily is to build an understanding of the potential of community-arts projects in Malta. No prior systematic evaluation of these projects has ever been carried out to outline their effectiveness in Malta.

Malta, an archipelago of three islands in the Mediterranean Sea with a population of over half a million and a total land area of 316 square kilometres, has a welfare model comprising of universal benefits including free healthcare. The highly dense population is ageing rapidly with the old age dependency ratio from 19.3% (2005) to 27.6% (2015) (Azzopardi-Muscat et al. 2017). As a result of this increase in old age dependency, there is considerable rise in the cases of loneliness amongst older persons in Malta (Clark et al. 2019).

### **Arts on Social Prescription**

The World Health Organization recommends engagements with arts activities and improved access to 'non-medical sources of support through social prescribing/community referral' (Friedli and WHO 2009:41). model of social prescribing focus on

a formal means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local non-clinical services and provides a framework for developing alternative responses to meet need' (Brandling and House, 2008:3).

Such model/s has been widely used in various countries to promote improved self-esteem, increased opportunities for social contact and greater confidence. It is considered as

enabling General Practitioners to have greater options in the recommended services to assist clients especially those experiencing mental distress. In this regard, both health professionals and artists work together for the betterment of the wellbeing of persons in society (Cameron et al. 2013). Albeit, the positive contribution of the arts in enhancing wellbeing, there are considerable lack of facilitates (Stickley and Hui, 2012). Persons who benefit from social prescribing schemes in the UK include people with mild or long-term mental health problems, people with complex needs and people who are socially isolate as well as those with multiple long-term conditions who frequently attend primary or secondary health care.

Various countries are pushing towards putting weight on the benefits and values of the arts in healthcare and various evaluations of arts programmes. Herein, we explore some of the United Kingdom and the Scandinavian Arts on Prescription schemes as exemplary cases.

### **Programmes in the UK and Scandinavia**

The United Kingdom is considered as leading in the field of arts of prescription in both research and practices (Stickley and Hui 2012, Goulding 2014, McDaid and Park 2013) on the added-value of art-based programme to promote social belonging, confidence-building and self-esteem (Stickley and Hui, 2012, Makin and Gask 2011). Under the new social prescribing scheme, doctors in the United Kingdom are encouraged to prescribe art and culture to patients. These therapeutic treatments include taking an art class, as a useful tool to combat ageing, loneliness as well as improve mental health. Participation in art activities can potentially contribute to health, well-being and life skills (Royal Society of Public Health 2013) and helps to nurture social capital within communities (Putnam and Feldstein 2000).

In view of the increasing ageing population in Britain, Arts on Prescription projects prioritized the well-being of older persons in British society. Projects aimed to tackle loneliness and low self-esteem, as a result of isolation of the older population, are considered to have positive outcome including in psychosocial benefits and a general sense of well-being for older people ( Stickley et al. 2016, Cattan et al. 2005).

Stickley et al. (2016) reviewed community arts programme developed specifically for people over the age of 50. Such programme, led by trained artists, sought to engage older persons experiencing diverse circumstances related to isolation and loneliness, including those who have lost partners, living in rural areas or are recovering from health problems. One of the core aims of the programme, which was based on ten workshop sessions and attended by 119 participants, was to give a voice to older persons. Participants engaged in this programme referred to the effective outcome of the arts, as a creative social medium, in these workshops

and had greatly appreciated the professionalism of artists. They felt inspired and looked forward to working towards a finished product such as a performance or an exhibition.

Apart for older persons benefitting from participatory art projects, persons with mental health needs were also the target population for such programmes with the aim to improve their confidence, self-esteem, empowerment and social participation (Hacking et al. 2008). The study of Hacking et al. (2008) refers to a questionnaire research with participants experiencing health distress, both at first day of entry and six months later, show that participants benefitted positively. Art participation increased their levels of empowerment and had noticeably impact on mental health and social inclusion.

In Scandinavian countries there has been considerable interest in the health benefits of culture and the arts. The study by Jensen et al. (2017) explores the relationship and benefits of culture and the arts on health in the Nordic countries by reviewing practices relating to arts on prescription in Sweden, Norway and Denmark. Sweden has embraced the use of culture for health benefits and is considered as ahead in terms of adopting such schemes compared to Norway and Denmark. In particular, Denmark is considered as lagging behind in recognising different ways that culture can be used for the health benefit of clients (Jensen et al. 2017). Reporting on specific cultural activities on individuals with mental health problems in Sweden, Jensen et al. (2017) outlined the perceived improvement by participants concerning self-perceived general health and mental health symptoms such as anxiety and depression. Prior to the 3-year pilot project on Arts on Prescription, the Danish Government has not supported arts projects aimed at promoting health (Overgaard and Sørensen 2015).

Additionally, it is worth noting that museums are considered as having the potential to act as an agent of social inclusion through community arts-based projects. Overgaard and Sørensen (2015) examined two research projects at the Storm P. Museum in Copenhagen to explore how museum space can contribute towards an inclusive environment which stimulated the creation of communities between socially lonely and socially excluded persons. Yet, one of the conclusions drew was related to the lack of adequate preparation for doctors to recruit clients to participate in arts projects.

## **Research**

This paper draws from data we collected using different research techniques including content analysis of 31 applications which were awarded the fund between 2014-2018 and reports of finalised projects, focus groups and interviews with project leaders who were generally NGO representatives and artists as well as an online survey. The majority of

beneficiaries were non-profit organisations whose main objective was social and community advancement. For instance, beneficiaries included an NGO working on community-arts projects to reach-out to third agers who may have experienced loneliness and social isolation, whereas another NGO worked on organising music therapy sessions for disabled children.

This study maintained an obligation towards all ethical considerations aiming to ensure that the research design and methods did not impinge on the wellbeing of participants. The Arts Council Malta acted as a gatekeeper to recruit participants following obtaining consent and taking on board all ethical concerns.

Additional to the qualitative research, an online survey was sent to all applicants and beneficiaries of the fund. The scope of doing an online survey was to acquire information on the relationship between the applicant and the funding body. Outcome from the survey show that out of the 16 unique beneficiaries from 2016 and 2017, 13 responded to the survey (81%). The majority of respondents (77%) claimed that they were very satisfied or satisfied with most of the experiences identified in the survey as part of the application process (figure 1). What is striking is that the majority of beneficiaries felt that this fund was essential for them to implement their project and without it they would not be able to carry out their work. This point was further accentuated during focus groups. Participants, mainly NGO representatives as project leaders, claimed that such funds acted as their life-line to continue offering arts to their service-users.

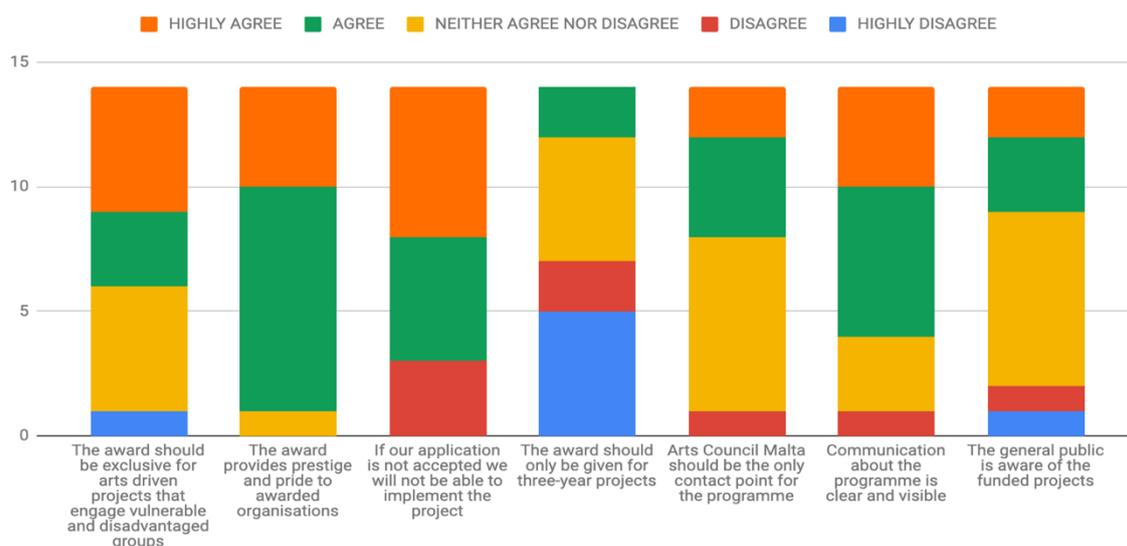


Figure 1: Beneficiaries' level of agreement with the following statements about the fund

The research involved carrying out 4 focus groups made up of artists and project leaders to obtain in-depth knowledge or what Greetz (1973) referred to as ‘thick description’ of shared experiences during the application and implementation of the funded projects. Specific exercises during the focus groups were designed to map personal positioning, including differences and similarities between the arts and non-arts participants present in different focus groups.

### **Priorities of funded arts projects aimed at promoting health**

There were five common themes that were expressed as project priorities from the research - these were therapy, safe space, self-expression and integration, education and intergenerational relations for the integration of third agers. Thus the targeted groups of these projects were persons experiencing mental distress, juvenile delinquents, older persons, victims of domestic violence and disabled persons (figure 2).

<b>Targeted groups</b>	<b>Priority</b>	<b>Social determinants of ill-health</b>	<b>Behavioral changes following funded community - arts programme</b>
<b>Persons experiencing mental distress</b>	Emotional expression through the arts Empowerment Social participation	Mental instability	Different forms of expression, self-confidence, Empathy
<b>Juvenile Delinquents</b>	Safe space	Delinquent behaviour	Self-esteem, finding jobs
<b>Older persons</b>	Creative activities in community Intergenerational arts projects	Loneliness Social Exclusion	Inclusion in community, Social Capital within communities
<b>Victims of Domestic violence</b>	Safe space	Exclusion and isolation	Better relationship with children, sense of community, independence
<b>Disabled persons</b>	Self-expression, empowerment, Therapy	Social isolation	Integrating with other persons experiencing similar conditions

Figure 2. Priorities and outcome described from all community-based arts programme

Throughout the focus groups, it was observable that the set priorities for the majority of projects were to position relationally art and creativity as a springboard to communicate an emotional state of NGOs’ service-users. During the focus groups, participants often referred to the therapeutic impacts of the project’s outcome even though the original objective of the

project was not overtly therapeutic. Self-expression and well-being were the top priorities over the art product. Even though the therapeutic process used creative techniques, the focus was placed on enhancing the well-being by offering a safe space for clients to connect with artists and other participants through the arts - As maintained by one project leader “art was an excuse to do something meaningful”.

All awarded projects, except three (which were focused primarily on educational concerns) dealt with enhancing the welfare of individuals in society through the instrumental use of art practices as a means to reach the goal of social inclusion and/or empowerment.

The repetitive applications and awards of arts project funds over the years by the mental health rehabilitation Centre, is an exemplary case of the priorities of these funds to offer continuous arts therapy services to their clients. In one of the awarded projects, this Centre offered in-house arts session programme for in-resident youths experiencing mental distress. The project coordinator explained, during a focus group, the way funded projects had their foundations based on empathy through theatrical performances. Drama worked to create an ‘aesthetic distance’ through metaphors where artists were entering the roles of persons with mental challenges. In the process, clients could reflexively make sense of their own situation. During this time, artistic activity mediates the therapeutic relationship by encouraging participant’s engagement without over-emphasizing direct face-to-face verbal communication. The use of theatrical performances aided the beneficial process by conveying internal conflicts and unspoken emotions. Artists engaged in this project were trained to deal with mental health situations and they were made aware of the importance placed on the creative process, to help them to communicate rather than to master an art practice. One of the project leaders, who is also a psychologist, explained how verbal expression is difficult during times of crisis. During such times, drama therapy sessions, delivered by a qualified drama therapist, facilitated communication, not necessarily relying on the verbal medium. The priority of this project was also to inform professionals working with clients about their psychological challenges which may often lead to undesirable behavior. The performance by trained actors who put themselves in the position of young persons with mental challenges was described as ‘an emotional experience’ by audiences who viewed the performances.

Another aim of awarded projects was to foster intergenerational relations and work on the social capital of persons, particularly older persons who generally experience social isolation. Specifically, three awarded art projects prioritized intergenerational discussion. One of these projects invited grandmothers to discuss their lived experiences as career women with younger persons who had experiencing limited life chances and lack of confidence in

their work opportunities. The engagement of a professional storyteller facilitated the conversation and other formats of narration were created. Throughout the process of the research, self-expression and public speaking were encouraged. The sessions offered a space where older women felt validated by empowering young persons to set goals and work hard in achieving them. Herein, this allowed participants to express themselves while facilitating self-development and wellbeing through the arts.

Integration for third agers was also the main priority for other community-arts projects led by a trained artist and accompanied by students following arts and design courses, to have persons over the age of 60 to engage in the making of art of stained glass. Similar to Stickley et al. (2016) review of community arts projects for older persons, the project leader emphasized how such sessions aimed at combatting social isolation and loneliness amongst third agers.

Participants during focus groups referred to the sense of empathy needed during the session. One participant artist who was part of an awarded project had designed a visual arts programme for visually impaired clients. She maintained:

I tried to immerse myself within the situation of the centre. - I got to know the people and tried to understand how they relate to each other and what makes them tick... I would rather get them to do things they need than actually follow a structured workshop with set outcomes. Each person had his/ her own visual language - after some time I could recognise who was who when creating work. I then realised that they couldn't see what they drew so we then got materials to feel what they drew by building layers of materials of the design.

It is worth noting that a number of project leaders maintained that creating a safe space was one of the key priorities of their project. An NGO focusing on restoring the relationship between the mother and the child following experiencing domestic violence were repeatedly awarded participatory arts funds projects. Its prime focus was to build self-esteem and provide a safe space to work cooperatively with others in similar situations by engaging in various art courses, such as paper quilling and soap making. Project leaders felt that this fund was the constant sustenance for their foundation to reach its objective of providing a safe space where women in domestic violence could meet up and communicate with their children.

Individual success stories of healing and moving on, in various projects, are testimonies of the positive outcome of having community-based arts projects. For the project targeted to juvenile delinquents, the success of the project was measured by individual success stories to creating a safe space where the young people felt validated through creative means.

There were various ways in which the impact of artistic engagement was manifested and articulated in the awarded projects. A fine-grain subjective understanding of the notion of the art value of such projects is required to make sense of the leverage of this fund for future implementers. Most of the time, however, artistic excellence was irrelevant to the whole process. Weight was more placed on justifying and validating the works of clients, who happen to have different challenging conditions. Project leaders emphasized the visibility of their project and the prestigious association with the office of the President and Arts Council Malta. One project leader representing a project offering music sessions to disabled children believed that the association with the office of the President gave “validation to their project” as well as “validated clients”. In this regard, the presence of the President of Malta in concerts and exhibition openings continued to add prestige to the project. This proved to work successfully for clients.

### **Effectiveness and Legacy of Project**

This fund was considered by research participants as adept at communication with reaching out for the needs of various sectors in society. Most project organizers emphasized that this funding is a sustenance for their work – it allows them to do projects which are a prerequisite to their organizations. Most project leaders spoke about the utility of their project by providing the required treatment to their service users. In some cases, it fostered active citizenship and a sense of independence especially to those whose disability made them dependent on others. It is worth noting that various NGO representatives who were repeatedly awarded the fund in question stressed the effectiveness of such financial assistance, often acting as a life-line for their organization to continue working with their clients in the provision of participatory arts sessions. Similar to Stickley et al (2016) findings, the success of the funded projects was largely based on provisional funding for offering therapy rather than a long-term commitment to service users. The representative of one particular organization, specifically working with children with mental disabilities maintained that they rely heavily on funds to continue offering arts therapy to children. This NGO was awarded four projects in two years.

When analysing the contents of the applications, it was evident that repeat beneficiaries of one-year projects replicate objectives and target beneficiaries to subsequent calls to continue delivering specific services to their service users. It is also worth outlining that a systematic investigation into the intent and application process revealed that these publicly funded projects were more oriented on the therapeutic effects of the arts rather than on artistic excellence.

## **Current gaps**

The evidence-based to support social prescribing is emerging in various European countries due to the beneficial use of arts and culture for health purposes. Based on the research carried out with project leaders and artists, it is evidently clear that such schemes would facilitate service users in Malta in a number of ways.

First, art projects leaders and NGOs do not have to rely on the application system for obtaining funds to carry out community-based arts projects. Beneficiaries of such funds in this research maintained that the application process is very time consuming and at times such fund supports a philosophy of ‘vulnerability’ in the language used. Such language can be patronizing and denoting exclusion which is the reversal process of the scope of this fund.

Second, having an Arts on Prescription set-up would enable a better facilitation in the engagement of health and arts professions working on arts projects. During one focus group, participants referred to the weaknesses of this fund, particularly in the lack of engaging professional facilitators due to limited resources. In addition, most of the time artists are not trained in dealing with persons experiencing challenging situations. Whereas genuine efforts are made to identify the most suitable artistic practitioners to partner in the projects, artists participating in the focus groups expressed the need for further training and sensitization to secure the optimal results with and for groups they were engaging with. Furthermore, project leaders felt that they were not always knowledgeable on the technical artistic requirements of the project or on the specificities required to select the artistic partners.

Third, the time frame of funded projects is often too short for art practitioners and clients to have optimal results. The limited time available for artists often confines work into a number of months and restricts offering the service to a small number of clients on a short-term basis. Thus, rather than having arts therapy as an integral and regular component of the health services, herein it is offered provisionally to a small cohort.

## **Recommended model for social prescription of the arts in Malta**

The use of arts funded projects for the provision of art therapy opens up a conversation for policy-makers on extending of this service in the community, delivered as a regular public health service. It is recommended that other governmental entities, directly responsible for the well-being of persons in challenging situations and health authorities can supplement funded art projects and integrate such programmes in social and health policy. The absence of public policies for such practices is a call for action to advocate for arts and health practices.

In the current scenario, the arts fund in question is addressing a small gap to support the unstinting efforts of health practitioners who are going beyond their call of duty to develop arts practices for their clients and patients. Such efforts deserve to be acknowledged but should not be subjected to a competitive environment within a traditional public funding programme.

Furthermore, an art therapist should not be required to compete for funding to rehabilitate a client. This can indicate that there is a burden in expectation that this arts fund should provide solutions to problems that are social and/or economic in origin. Other governmental entities directly responsible for wellbeing and health can take over such responsibility rather than having this fund as the lifeline for non-governmental organizations to deliver such services. A range of voluntary organizations can continue to act as referrals for part of a social prescribing scheme that seeks partnerships with government through specific service agreements that guarantee longer term engagement and continuity.

It is worth noting that in 2019, the Ministry responsible for culture launched a public consultation process as part of the design of a new cultural policy for Malta. The growing body of evidence showing that social prescription of the arts has a positive impact on a variety of health conditions, has led the drafting team which included the authors of this article, to propose this model in the new cultural policy. The proposed action shall see the implementation of an arts on prescription policy within contemporary models of community health and wellbeing to support specific health conditions such as dementia and mental health, as well as more generally enhancing wellbeing and quality of life, health behaviours, including social engagement to lessen isolation and self-exclusion, especially amongst the elderly.

The interconnectedness of public health issues with other transversal societal factors and the need to focus on preventative and community-based healthcare, make a stronger case for advocating a trans-sectoral, cross-governmental approach to health promotion. This would entail addressing health care and well-being issues, most specifically with social solidarity, welfare and social development services.

The policy drafters also recommend that the new cultural policy should actively support research with stakeholders in arts and health to develop measures that tap into culture's potential to increase wellbeing not only from a therapeutic perspective in care settings but also on a wider community-based consideration.

Based on the data, this article recommends extending this arts fund to a national 'Arts on prescription' pilot project, as an extension of the welfare state, to support cultural projects aimed at promoting health and wellbeing and tackles issues of inclusion and mental health. The

kind of recommended social prescribing holistic model includes having a direct primary care referral to a social prescription provider seeking to improve the beneficiary's wellbeing. In doing so, it would need to recruit more medically trained staff to do this delivered by statutory healthcare environments. With an increase in demand for alternative therapeutic programmes targeting mental distress and the third agers, a formal platform is also needed for community-arts programmes which offer s an alternative approach to the promotion of one's wellbeing.

## **Conclusion**

Participatory arts have been used for the promotion of health for a number of years in various countries. The explored research in this article points towards the growing evidence of efficacy of funded community-based arts projects acting as catalysts for promoting improved general wellbeing, self-esteem and empowerment. *Il-Prempju tal-President għall-Kreattività*' fund has provided non-arts organisations with an incentive to introduce or develop arts practices in a non-artistic environment which would not have otherwise been possible due to limitations in financial or human resources. The discussions with the various stakeholders involved in the fund in question bring to fore the relevance of the practices of participatory arts for the enhancement of wellbeing. By evaluating this arts fund, this article contributed to the discussion on the need for rethinking cultural governance in light of the promotion of the arts for therapeutic means as an institutional mechanism of the welfare state.

Primarily, the focus of this article was to build an understanding on the potential of community-based art projects on health and wellbeing. Collaborations between NGO representatives and artists proved to capitalise resources to a collective endeavour for service providers. Secondary, learning from existent models including in the UK and Scandinavia, this article outlined the potential of having Arts on Prescription programmes in Malta to address conditions related to mental health issues, loneliness and age and offer alternative forms of medical interventions.

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