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Invest to Save: Arts in Health Programme

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Introduction

This paper represents 2 things; a background to the *Invest to Save: Arts in Health* research and evaluation and a review of some of the literature that has influenced our process.

It builds on the discussion and findings of our *Research Advisory Day*, facilitated by Francois Matarasso and our *Evaluation and Networking Day*, both held in 2005. It aims to give those interested in the relationship between creativity, culture and the arts and public health; an overview of our emerging research and evaluation programme.

I'm pleased that our broader research protocol has been granted ethical approval by both university and NHS ethics committees and for those interested in our process; I'd urge you to keep a regular eye on our news updates at www.miriad.mmu.ac.uk/investtosave/

As interest in the arts and health agenda grows, so too does the scrutiny of those working in this field of work. And with this scrutiny comes the positive drive for evidence and the inevitable cries of detractors. This ranges from those in the health arena who see any suggestion of an arts based approach to their work as threatening, distracting or at worst, wasteful *alternatives*; or the opposing camp of artists, wary of the target driven health and social culture and its erosion of their practice.

In reality, effective practice complements both agendas and offers the possibilities of democratising the sometimes elitist arts world and giving voice to a myriad of issues that affect public health.

I anticipate that this project becomes part of the armory that will enable those involved in the field, to articulate what it is about their work that is unique, liberating and effective. The *Invest to Save: Arts in Health* project hopes that its legacy will include influencing the measurement of the impact of practice and encouraging constructive debate around the emerging issues.

This initial review reflects the current direction of the *Invest to Save: Arts in Health* team and particularly the drive and commitment of its researchers and author, Amanda Kilroy.

Please get in touch to discuss any of the issues raised in this paper.

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Background and literature review: Planning the *Invest to Save: Arts and Health* evaluation project.

Introduction

The arts have a long shared history with health, but claims that they have a value that goes beyond their intrinsic artistic merit, such as the potential to improve public health, are much more recent. (Hamilton et al, 2003) Arts and health initiatives are presented as a means of facilitating the change and transformation of individual and community health and of empowering patients and staff within healthcare services to rise to the challenges set by this government for health promotion. (Arts Council England , 2004)

It is suggested that the use of the arts activities holds potential for delivering a broad range of benefits to both people and places in relation to health and well being, and the objective of the *Invest to Save: Arts and Health* project, (ISP) is to evaluate those benefits, map processes involved and encourage development of arts based practices in a range of different settings via participatory working, sharing of knowledge and training.

The purpose of this literature review is to explore the background and priorities for the arts and health field, to highlight the issues and inform the development of a meaningful and relevant evaluation strategy that will explore the value and impact of arts activities on health and well being.

(1) Background and Priorities

The responsibility for promoting health in this country it could be argued, has moved from the Government or NHS, to the individual; and this in itself has many implications for change in the future which calls for innovative approaches to its delivery. The report by Wanless *et al*, *Securing good health for the whole population* (2004) places the emphasis on the population being “fully engaged” and “responsible” in health matters. It highlights “the expert patient” and the need for broad skill mixes in the health workforce. The question is, how is the population to be motivated towards these changes and what investment will there be in the workforce to enable and equip them to realise these goals?

The Government has responded by outlining their agenda for change as being fundamentally about a shift in approach from tackling illness to promoting or maximizing health potential. (DH, 2004b; 2004a) To affect this change, the government proposes a strategy of empowering people towards making better choices around their health, supported by moves to deliver more individualised and person-centred care. The emphasis is on redefining preventative strategies and providing more opportunities for people to make healthier choices; moving ultimately towards greater individual and societal health and well being. It is recognised however, that for many people knowing what to do is not the same as doing, and motivation, opportunity and support are all seen as important in ensuring success. (DOH, 2004a)

Introducing changes to individual, community and societal health is clearly a challenging prospect. People in many parts of the country have experienced decades of deprivation and there is evidence of disillusionment about some health and regeneration strategies. It is this situation that has perhaps generated the culture of apathy and de-motivation, which has led to what has been described as a poverty of aspiration, experienced where people have very little motivation, desire or opportunity to aspire to anything different than their current circumstances dictate. (Jowell, 2004) It is perhaps this very culture that predisposes people towards poor health and an adjacent lack of motivation to change, and it is this in turn that could prove to be the most difficult aspect to transform within the current health reforms.

It is suggested in response, that new and creative approaches to tackling this issue are required, and it is proposed that this could be facilitated by investing in the very people and places that seek to both support and live those changes. The arts therefore are presented as a means of inspiring positive change and 'transforming' the current health culture by improving individual/community health and healthcare delivery (ACE, 2004a) and the unprecedented increase in arts and health projects suggests that creative approaches are already being utilised within health and community settings in a wide variety of ways, the question is to what effect? And how might we learn from this work and develop it for the future?

Part of the shift in approach to health and care comes from an increasing recognition of the importance of addressing the whole person in the context of their environment and lifestyle and not just focusing on illness and treatment. The *World Health Organisation's* (WHO) *Ottawa Charter* in 1986 led the way in encouraging more holistic and 'whole system' notions of health creation and health promotion, and greatly emphasised active participation in health care and prevention (Milewa et al. 1998). Holistic approaches are recognized as those that move towards greater inclusion of the physical, mental, emotional and spiritual aspects of health of patients, and their carers, as well as that of healthcare staff, (Coates, 2004) and are those that are motivated and encouraged by looking at the whole health care system (the person, the environment and the carer) and not just the patients symptoms or treatment.

Recognising the importance of focusing on the individual is not a new approach, The *NHS Improvement Plan* (DH, 2004b) stresses the importance of improving patients experience generally, by putting people at the heart of services and shifting the healthcare agenda from focusing on sickness toward promoting health, using strategies that promote greater overall health and well being, and strategy documents such as the *Choosing Health White Paper* (DH, 2004a) emphasise empowerment and capacity building of individuals towards making healthier choices as core aims.

For many arts projects the benefits to health are recognized, although there is evidence that many projects either lack clarity about health aims or they choose not to have specific measurable outcomes in terms of health. A core issue within the arts and health field currently, is the question of how to represent and understand more fully the value and impact of arts projects. Evaluation is a hot topic and more and more projects are looking to build evaluation into their planning and development strategies, and certainly it is increasingly presented as a central requirement for many funding applications and is therefore an important issue. The challenge for the field lies in being able to collect data that will be meaningful to both arts and health partners. This can be difficult as traditionally these are individuals and groups that hold widely differing values and priorities and who basically determine success and benefit from differing perspectives. Capturing within evaluation any significant benefits to health of arts activities is mutually important, but to make it relevant it must be gathered using methodology that can also generate a greater insight into what is involved in arts and health in partnerships and processes, so that learning can occur.

Another important issue which arises is the question of the capacity and motivation of the current health workforce to be creative themselves a quality they will need to deliver this agenda. This presents a challenge, as the NHS has been through many reforms in the past two decades and had seen its workforce become increasingly disorientated as new principles and values were thrust at them (New & Neuberger, 2002). The sense of malaise and low moral in the health service, it is suggested, may also reflect a deeper problem, namely a lack of confidence about the NHS from within which inevitably fuels negative public perceptions of it externally (P12 Hunter, 2002).

To address negative perceptions and shift the health culture, health managers it seems are already looking towards change, and part of that is about developing a workforce that can innovate, develop and think creatively for themselves about implementing new ideas for people centred practice and organisation of healthcare and thus change perceptions. It is vital therefore, that for staff, the current initiatives do not feel like just another strategy that will mean more work for them with no real investment. What has been proposed is that creative approaches could be utilised to help inspire and develop the health workforce (CAHHM, 2003; Coates, 2004), enabling them to transform current practice and culture.

Some benefits of engaging and utilising creative approaches have already been identified:

- People feel more supported and enabled to make their voice heard in relation to care; This means of expression then acts as a step to health, by reducing isolation and fear and validating feelings and experience
- Additional benefits seen by patients were improving communication and strengthening patient/staff relationships and humanising healthcare
- There is scope in promoting positive health messages/public health issues for all those involved this helps people improve their options for healthcare/support patient choice as there is more dialogue and more understanding of what is available and less fear in taking up those options
- Attending to the whole person and providing new ways of improving patients' mental, emotional and spiritual well-being are also seen as benefits (Coates, 2004)
- Promoting good health and well being of communities (ACE, 2004a) Identifying health and well being needs
- Also in creating or improving environments in healthcare settings for staff and service users
(Coates, 2004; CAHHM 2003)

(2) Emerging themes and challenges for evaluation

The role of the arts in society as a whole is being re-imagined with a bold emphasis on the capacity of the arts to transform lives and to support new ways of working and learning. (Cowling 2004) In healthcare the arts and humanities are now increasingly seen to have roles in enhancing processes of care, healing, and the enrichment of person-centred relationships, and in acting as catalysts for cultural change and organisational development. (Coates, 2004)

This is achieved it is argued, because the arts have a special character to engage peoples' creativity, stimulate dialogue between individuals and social groups, encourage questioning, the imagining of possible futures; and because they offer a means of self expression, are unpredictable, exciting and fun. It is proposed therefore, that arts activities should be seen, not as an alternative to regeneration initiatives like environmental improvements, etc, but as a vital component which can have a transformative effect. (Landry et al,1996)

This effect is perhaps possible because active engagement in intellectual and artistic activities is one way in which we can re-evaluate our perceived reality, and our collective habits of thinking and acting. This engagement in turn, can expose communities and decision-makers to previously unimaginable ideas which challenge our values, leading to personal growth, lifelong learning and change. Because they foster trust between individuals and organisations, collective cultural processes can assist in engendering debate, making knowledge, illuminating divergence, and highlighting consensus around shared meaning, purpose and values and are therefore a powerful form of communication and bridge building between diverse groups. (Mills & Brown, 2004)

In one major evaluation of the *Bromley by Bow Centre*, (Froggat et al 2005) the authors attempted to find out how the arts had come to be so important. How, they asked, had the arts woven together to produce a distinctive culture? And how were people responding to this culture? And what were the benefits in terms of health and social care, education, leisure and employment opportunities?

What they found was that in that instance it was 'the safe environment of the centre and its willingness to take risks that enabled people to try out new things, and this created a culture of innovation and promoted non-traditional ways of working'.

This highlights the potential of creative activities in developing people and places so that positive change and innovation can occur, however the question often asked is why the arts and not any other activities? Matarasso suggests there are two important reasons for valuing the particular contribution of the arts. Firstly they attract many people who are not attracted to other forms of activity - it is what they want to do, and this could be important in terms of motivating people resistant to change, to transform unhealthy behaviours. The second reason relates to what is particular even unique to participation in the arts. That is their capacity in addressing issues of cultural expression and identity, which enable people to explore and comment on their experiences and the meanings which they hold; in short, in giving people a voice. (Matarasso, 2000) This is important, as having a voice and the capacity to change things for oneself has emerged as an important theme within numerous studies relating to desired changes in current health service delivery.

People engage with arts in many ways and for many reasons, each with varying degrees of effect or success. There are numerous examples where extraordinary life changes occurred for participants while the creative outcomes were less memorable. Other times, arts projects have contributed enormously to their local community, through a range of strategies, such as engaging disenfranchised members of the community, or producing valuable resources for a particular group. In some cases, exceptional community arts projects, produce extraordinary results across all areas. Other times, it is clear that people just feel good by being involved and taking risks. (Keating, 2002)

Promoting these qualities in people and places is presented as a potential means of promoting health and wellbeing so that transformation of lives can occur. This underpins what the shift in approaching healthy living is all about. In attempting to look at promoting health rather than treating illness, there is a need to support change in the whole of the system. This means that at the heart of health promotion, 'prevention' will increasingly be about building the capacity for change – externally in developing social capital and internally in improved motivation and capacity for healthy living brought about by inspired training and holistic approaches. This approach includes everyone concerned in health and health promotion, not just the patient, but the practitioners and the health environment. Although clearly 'these approaches need to be defined and contextualised better' (CAHHM, 2003) and the benefits measured for effect.

What to measure when measuring the effect of arts activities on health is a complex issue and the emphasis often changes between stakeholder groups. Research completed by *Comedia* (Matarasso, 2000) aimed to explore 'health as we experience it, rather than against an external measure defined by the medical profession' and in taking this approach what was found was conclusive: participation in the arts makes people feel better. What this means is that an improved 'sense of health' is about having a greater sense of personal confidence, an enhanced social life and greater opportunities for personal exploration and expression. Within the study of engagement with arts activities, 77% of participants said that they felt happier since being involved. The question is, if the benefits of arts activities are that they promote health by encouraging greater well being in those involved, what is the impact and benefit of that, and is this perhaps a useful line of inquiry when exploring how to evaluate the arts approach, process and impact.

Well being

Well being is described as the presence of wellness, it is what it means to flourish, and is about having a sense of purpose and direction in life, good-quality relationships with others, and opportunities to realise ones potential. (Ryff & Singer, 1998) The core hypothesis of this form of positive health, in fact, is that the experience of well being contributes to the effective functioning of multiple systems, which may help keep people from succumbing to disease, or, when illness or adversity occurs, may help promote rapid recovery. (Ryff et al, 2004)

Throughout the review of the literature, well being has emerged as a key perceived outcome or impact of arts and health activities, and is therefore presents a strong case for further exploration of its impact and value. What is unclear perhaps is what is meant by well being and what does it achieve in terms of health?

Within the arts and health movement, a number of evaluation studies of community – based participation projects have been carried out. An initial review of these studies by the *Health Development Agency* (2000) concluded that it was 'impossible to give precise details of improved health, particularly in light of the fact that so few projects directly provide information on health, or social matters related to health, which are based on formal instruments of measurement'. The review suggested that there was more evidence (albeit anecdotal) of increased wellbeing and/or self-esteem. (ACE, 2004a) although this measure was seen as a soft outcome not representative of a robust resource from which for example funding decisions could be made. One Australian study for example reported that:

"We regularly observe important health and community well-being outcomes through community arts projects; however, we find that organisations have limited capacity to provide evidence of this beyond the anecdotal." (Keating, 2002)

The reason for the lack of information about the possible benefits of arts activities for health could be that whilst 'projects address various aspects of health and wellbeing, very few explicitly aim to have a direct effect on health'. (Angus, 2002) It may be as suggested that most arts practitioners actually do not aim to improve health, but rather aim to address a variety of aspects of health and wellbeing

which have previously not been thought to be important. (Angus, 2002) Recent publications however endorse well being as a useful measure.

The *Pathways Participatory Arts Evaluation Project* (Sixsmith & Kagan, 2006) is one project that has tapped into the emergent theme of 'active or eudaimonic well being' that is arising within arts and health evaluation. This project evaluates the impact of a range of arts activities that look to address issues of mental health and social inclusion. Taking a holistic perspective, experiences and assessments of the workshops were collected through a diverse range of innovative methods, including the social atom and tree people as well as interviews, and diaries along with questionnaires and observations of practice. This broad approach was adopted as the project aimed to both understand what was happening as well as to identify the impact of the activities on mental health. This was achieved by attempting to understand more about the actual processes involved and the relative perspectives of artists, participants and researchers in making sense of that.

One of the key findings linking art and mental health was that of well-being and quality of life, described as a state of being where participants felt 'calm and happy' during participation and more able to 'express themselves' and enter into 'self examination', enabling them to share with others their feelings in a positive way. This in turn enabled them to regulate their moods and emotions using art as a means of concentration, to shift their mood or forget their problems. The process it seemed was not always comfortable, with many participants finding engagement with the arts challenging and frustrating, however this appears to be recognisable as an aspect of eudaimonic well being which arises in response to the tension between creativity and challenge. The creative process itself being instrumental in enabling participants to feel better about themselves and enter into a state of being that is more conducive to positive functioning and transformational change.

These findings reflect the view from arts organisations that arts activities overall, have great potential in terms of motivating people and places towards transformation of states of health and well being.

"Health, well-being and quality of life are fundamental to Arts Council England's work, demonstrating the belief that arts impact positively on all aspects of our lives in a truly transformative way. (ACE, 2004a)

It is implied that important issues for health and wellbeing include personal and social identity, human worth, communication, autonomy, responsibility, self direction and control, participation in the making of political decisions, cultural and spiritual needs and celebration. (Angus, 2002) Other evidence suggests that arts projects and initiatives make a unique contribution to building social capital and enhancing well-being and self-esteem, but do so only where they are unique in what they have to offer and the way they deliver services. (DOH (2005) (Matarasso, 1996)

It is proposed that experiencing a particular active or 'eudaimonic' form of well being is particularly relevant as the concept encompasses impacts on both mental and physiological health. One study by Ryff *et al*, (2004) for example looking at the impact of this type of well being on older women, showed that those with higher levels of eudaimonic well being had also lower levels of salivary cortisol, pro-inflammatory cytokines, cardiovascular risk and longer duration REM sleep compared with those showing lower levels of this type of well being, indicating direct benefits in prevention of illness and promotion of health states.

In addition to promoting well being, it is proposed arts initiatives could help the health agenda in a variety of ways, including improving communication, offering greater opportunities for social interaction/involvement which could in turn improve the overall health of both staff and service users.

Staff and carer well being

The arts also represent potential benefits in terms of facilitating and developing NHS staff by encouraging a culture of creativity and utilisation of creative approaches. It is suggested that this could usefully improve the lives of staff and healthcare users by humanising the treatment process, offering more respect to individuals, whilst serving to improve environments in healthcare settings, (ACE arts and health strategy, 2005; Coates, 2004) although more insight and information is needed to clearly understand applications to health and service delivery.

Arts activities can also contribute to developing staff leadership potential and self esteem. A surprising number of health staff it seems, have artistic backgrounds which could be harnessed to positive effect. Engagement with the arts have also been shown to impact on perception of working conditions, thus improving retention and recruitment of valuable staff resources (Scher & Senior, 2000; Staricoff, 2005).

Some work has been done in this area, suggesting that benefits lie in the capacity of engagement with arts to help release the creative energy necessary for effective caring work which in turn improves patient centred practice as well as improving healthcare practitioners' well-being and their own emotional and spiritual health. This state of well being is positive in that it enables transformational thinking to emerge which underpins change, development and understanding of healthcare practice and the transformation of workplace cultures. (Coates, 2004)

The impact of arts activities

Studies of the arts and health field reveal that the nature of the impact of arts on health remains unclear, although there have been a series of evaluation and audits of the field that have attempted to map what is happening, (HDA, 2000; Angus, 2001; Staricoff 2004; 2005;) and there is much we can learn from their evaluation processes.

The *Bromley by Bow* evaluation (Frogatt et al, 2005) for example, was a large complex study that broadly aimed to 'establish a collaborative research partnership to conduct a case study of the Bromley model of health promotion in order to evaluate its local impact and wider transferability'.

To achieve these goals, the project team set out to evaluate the experience of older people who use the *Bromley by Bow Centre*. The team wanted to produce a research design that was congruent with the ethos and participatory nature of the centre and to attempt to define the Bromley model and assess its contribution. The aim was to conduct the inquiry collaboratively as a cross-cultural community development project, involving health professionals, health networker's, users of the centre and members of the wider community, to gain an insight into individual perspectives and how they came to work together. To achieve this they incorporated narrative and arts-based approaches in the research design so as to ensure the development of self-evaluation skills for continuing use by the centre. This approach enabled them to develop rich data that was left to be open to interpretation by the various stakeholders and readers as it was felt that each would draw differing areas of interest and emphasis from the results. Another aim was to identify specific ways in which the organisational culture of the centre contributed to its distinctive model of health promotion and provision, as this was seen as key to its success. Finally to translate the research learning experience into training.

From this example it is clear that working in a participatory way with projects is perhaps essential if a real understanding of the processes and benefits is to be achieved. This is often a messy and emergent process that requires both good organisation and reflexivity on the part of the research team to handle the data effectively. The development of more appropriate and sensitive measurement tools is also a key issue, as although this can lead to greater cooperation and involvement of projects, it is unclear whether the data generated will be of value to other stakeholders who may require more 'robust' or 'hard' data.

There are a number of studies that have utilised a range of methodologies to generate data around the benefits of arts activities. One of the major reviews of arts and health projects (Staricoff, 2004) found reported benefits included 'increased job satisfaction for staff, improved doctor/patient relationships, and mental healthcare, and in developing health practitioner empathy across gender and cultural diversity'. Other impacts included positive physical and psychological changes in clinical outcomes, reduced drug consumption and a shortening in the length of hospitalisation. All of which could potentially have positive health and financial value implications.

Mental health services, it appears have embraced the arts. Within mental health, there is evidence of improved communication skills of service users, and improved relationships, providing new ways for patients to express themselves. These improvements stimulate creativity, skills, and enhance self-esteem which lead to behaviour changes in users (i.e. more calm, attentive & collaborative); this in turn helps diminish the need for medication and restraint.

Other benefits highlighted included:

1. Improved levels of self esteem and confidence
2. Improved quality of life and well being
3. Personal growth in the sense of a transformation of identity
4. A greater feeling of self-determination
5. A sense of control
6. Pleasure and enjoyment and increased artistic skill

(Hill & Moriarty, 2001; Jermyn, 2004; Uclan, 2005 ACE, 2004)

It was also noted that increases in confidence and self-esteem could lead to individuals using arts projects as a stepping stone into prevocational education or into employment.

(Sixsmith & Kagan, 2006)

This review of the arts and health suggests that useful directions for the evaluation might be in the following areas:

- How the arts impact on shifting the health culture
- The importance of well being as a measure and determinant of health
- Exploring the 'approach' and 'effect' of arts for health activities
- Exploring the potential of the arts in investing in and motivating people towards health and well being
- Identify what each stakeholder wants from evaluation and what they each feel, is of value and should be measured

It is also believed that arts can help secure public policy objectives by:

- Creating or improving environments in healthcare settings for staff and service users
- Helping medical staff/carers/patients/families to communicate more effectively with each other by offering opportunities for social interaction/involvement and empowerment
- Improving the lives of healthcare staff by humanising the treatment process and giving more respect to individuals

(ACE, 2004b)

In planning the methods to utilise for exploring these areas, it becomes clear that choosing a measure or an approach depends on what areas are considered most important to evaluate. What has emerged is that within the field, there is an overall lack of consensus about what ought to be measured, and what needs to be measured to ensure meaningful results. In the *Bromley By Bow* evaluation (Frogatt et al, 2005) similarly the research team reported having to find ways of explaining their ideas and personal histories from different disciplines to each other and they highlighted the importance of finding a non-academic language and format for communicating face-to-face.

It has been suggested that the language of healthcare has changed almost beyond recognition. What is suggested is that health care language needs to find ways of accommodating the values of each vulnerable individual and give expression to the vocational values of health care professionals. (Heath, 2002)

This emphasises the whole question about what is valued by whom within the evaluation and how it is possible to communicate benefits or encourage dialogue where this issue arises. It also raises the question of whose values would both inform the direction of the measurements or questions and ultimately the interpretation of findings.

(3) Developing a meaningful and relevant evaluation strategy

Exploring Values

The work of arts organisations is ultimately about quality and assessing it requires a definition of quality. Defining quality depends entirely on your values. What one person sees as being high-quality may strike another, with a different view of the world, as being a waste of money. The relative position in the process; and the power relationships of the stakeholders is liable to influence or even to determine their assessment of a piece of work. (Matarasso, 1996)

Values it is suggested are derived from the world-view by and through which we live. How we enjoy life, what we think of our bodies, how we treat them and how we shape our environment, are all governed by our world-view, and there is a close relationship between world-views and health. A multi-cultural society, by definition, contains a number of distinct groups with a diversity of world-views. Identifying the points of convergence, the common principles and shared values of different world-views is a necessary step in uncovering the creative strength of a genuine multi-cultural society. (Sardar, 2002)

Within arts and health there is a similar multi-cultural society that perhaps needs to identify points of convergence and common principles to succeed, and this begins with identifying both the shared values and cultural differences to uncover the creative strengths of partnerships.

Arts organisations, who frequently define themselves around cultural and/or social values, rather than simple financial returns, face particular challenges in gaining recognition for, and validation of, their work. Kelly and Kelly (2000) concur, stressing the value-driven nature of any system of arts impact measurement, and highlighting the relative infancy of evaluation methodologies in the not-for-profit sector. They too pose a number of questions which are at the heart of vigorous debates about how to measure the impact of the arts, 'Should we be measuring in terms of economic impact, social change, the creation of new and quality, cultural work? What is quality in the arts? How is quality measured? Should we even be measuring at all? (Reeves, 2002)

Key agencies around community-based art for health practice, it has been suggested, should support consensus building on models for practice and appropriate evaluation. This should include access to training, sharing of good practice, funded networking and materials to support improved practice. (Angus, 2002) In many cases, a participatory approach to the arts has been adopted to encourage this, although putting definitions of social and economic impact of the arts into practice is by no means a simple task. This is because it involves value judgements about the relative worth of arts activity and about what will and will not be measured.

This raises a fundamental question of which value systems are used to provide benchmarks against which work will be measured, and about who defines quality, value and meaning (Matarasso 1996) and this needs to be voiced and addressed within the relevant groups and partnerships concerned.

If, as has been suggested, we are looking at a reform of our basic institutions and systems, then clearly “these reforms will require profound **cultural** changes in our society, changes which cannot happen without a shift in our **values**.” This process begins in knowing what our shared values are and where they concur or differ. It is proposed therefore, that in order to move towards such profound change, “our institutions, both government and business, need to engage communities in ways that allow them to express their values and sense of identity, to embrace new policy approaches and to achieve self-determination”. (Mills & Brown, 2004) Exploring values then, could be the platform for developing both arts and health partnerships and improving evaluation strategies.

Within current practice, community cultural development uses involvement in artistic and other creative processes as a way of exploring and expressing our cultures and the values underpinning these cultures and our society. Community cultural development processes can therefore play a vital role in helping people to think critically about their experiences and to come together to explore changes.

To capture the value of the arts in the broadest terms therefore it is proposed we supplement monetary indicators of value with other more subtle, creative and sensitive benchmarks by which we can measure our progress (Matarasso, 1996) and hope this is the key to the way forwards.

Within the *Bromley by Bow* evaluation, the issue of values emerged as researchers had to adapt methodologies and approaches to accommodate what was happening within lived experience. For them it was about learning about the unique nature of that environment, and its ingredients for success. What was found was that the centre held clear values from which all practice arose and understanding these was perhaps a key to conducting the evaluation.

"The Centre 'created a protected space that accommodates dependency within an environment that offers integrated health, welfare, and educational and social opportunities' This space and approach was based on 'more patient, reflective and inclusive practices and values and that 'a primarily qualitative focus was needed to capture the lived experience of staff and users at the Centre and then to understand the conditions, causes and consequences of those experiences in personal, institutional and wider social terms."

The challenge they met within the evaluation was perhaps therefore to fully engage with the project, immersing themselves in the activities and processes in order to understand them. This generated data that was rich in information about the centre and certainly developed its capacity to understand and develop itself using evaluation. The question is, did all of the stakeholders get what they wanted from the data, or was the emphasis too qualitative for some?

ISP Evaluation

The challenge for the ISP evaluation therefore is firstly to generate information that will be meaningful to diverse health and arts stakeholders. This will inevitably mean finding a balance between demonstrating adequately the value, relevance and benefits accruing to society, economy and culture from arts and health projects (ACE, 2004a) and representing meaningfully and realistically the individual benefit, meaning, and value for individuals and communities. (Matarasso, 1996) A useful platform might be to begin by looking at what is going on in practice, to then encourage diverse stakeholders to come together to learn from each other and explore practice. This will encourage greater understanding of the arts and health approach and process, so that learning achieved during the process of the evaluation, might be both intrinsic and extrinsic to the project and reflections and insights into the process, might inform learning and development within projects and the art and health field as a whole. This in turn will encourage the development of a common language and benchmarks for success that can bring greater confidence to funders and practitioners alike.

What to measure is contentious however, with stakeholders potentially holding differing values about what are the main impacts of activities, and Moriarty (1997) in fact cautions against measurement being seen as the only way of validating experiences, especially those which are difficult to quantify. And many also question the appropriateness of scientific methods, particularly those which rely heavily on the use of quantitative performance measures for such dimensions as artistic quality, quality of life, or for capturing the life-changing effects an arts project may have on an individual, or the processes through which those impacts are generated. (Reeves, 2002)

Difficulty in representing what is meaningful to stakeholders arises perhaps because as it is suggested, the outcomes of arts participation are highly complex, because 'people, their creativity and culture remain elusive, always partly beyond the range of conventional inquiry'. (Matarasso (1997) What is perhaps required therefore is more sensitive, and sophisticated evidence gathering, based on a combination of quantitative and qualitative research methods and for 'evaluation procedures which take account of the legitimate subjectivity of different stakeholders, (Matarasso, 1996) and the creation of appropriate monitoring and evaluation frameworks and criteria which will support understanding of the creative industries on its own terms. (Pratt, 2001) Like many creative organisations, that sometimes operated 'on the edge of chaos' (Gilchrist 2000)

It is the call for a balance of methods that is able to generate data that is both meaningful and robust and representative of diverse stakeholders' perspectives that underpins the aims, objectives and design for this study. Along with an aim to address criticisms of the current arts and health evaluation culture by working with projects, encouraging each to explore their own practice to find inspiration for the measures that will continue to be relevant and useable even after the evaluation team has left, demonstrating that there has been some internalisation of the evaluation culture as a result of the experience and support.

A core aim of this study is therefore to engage the project teams through an exploration and mapping of what they are doing and why, so that each can explore and develop meaningful ways of capturing, or evaluating the impact of their work. Using a participatory approach, the aim of the process is to build capacity for evaluation and develop and encourage a culture of evaluation and learning. This approach it is anticipated will be encouraged by working with project teams to explore and map details of their approaches and processes more fully, to determine more clearly what they are aiming to do, create or achieve, and what they anticipate will happen to participants engaging with their projects. This will enable the team as a whole to decide what their realistic shared goals are in relation to health and will provide a framework for determining how that process might best be captured and reflected upon within the evaluation itself.

It is hoped that this process will generate both meaningful and relevant data and inter professional appreciation and learning that will be of benefit to all interested parties.

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