

**“The arts transformed my life. It did, it transformed my life, but it didn’t come without a lot of hard work on my part as well...”**

## Towards Transformation:

Exploring the impact of culture, creativity and the arts on health and wellbeing

A consultation report for the critical friends event

September 2007

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Arts for Health, Manchester Metropolitan University

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## Foreword

In 2004 when the alliance between *Manchester Metropolitan University, Arts Council England, North West and the Department of Health, North West Public Health Group* submitted a bid to *HM Treasury* to develop this work, there were some pretty clear ideas about what the project might achieve; greater advocacy for the arts and health agenda across the North West region, a broader understanding of how responses could be made to health, social and arts training needs and significantly, what the potential impact was on health and economic outcomes.

With passionate high level advocacy from the then North West Regional Director of Public Health, Professor John Ashton and Director of Arts for Health Peter Senior, the project was responding to calls for evidence; in short, a call to prove the value of the arts in relation to health. Early guidance and facilitation from Francois Matarasso significantly informed the approach to our work.

As the research and evaluation phase enters the stage of exchange and dissemination, it is interesting to reflect on the evolution it has gone through and the national context that affects regional developments and our shared understanding of this agenda.

The Invest to Save project has supported the delivery of a range of developmental work across the region, providing briefings across all the localities within the region, in health settings, public health networks, local authority groups, voluntary sector organisations and of course facilitating a range of conferences, networking sessions and training events. In partnership with EUCLID, a web-portal dedicated to connecting national and international research and networks has been established at <http://health.culture.info/>

The developmental work has had a specific impact on the *Greater Manchester Arts and Health Network*, which goes from strength to strength; is supporting staff development within *MerseyCare* and continues to support *LIME* in the development of a culture and health strategy. Internally, Arts for Health plays a significant role in the development of the emerging *Academy for Health and Well-Being*.

Identifying 6 projects to work with as part of the research and evaluation process was incredibly difficult when faced with a long-list that spanned the north-west region. The projects that we eventually worked with have shown themselves to be both challenging and inspirational and I hope that this process of dialogue around our research enables not only their continued growth, but encourages a climate of critical discourse within the field.

Initially the project was underpinned by the NHS *Planning Framework 2003-2006*, but constant change within health and social strategy, repositioned its focus towards the White Paper, *Choosing Health* and the emerging *Health Challenge England* with an increased focus on tackling health inequalities, challenging us all to adopt healthier lifestyle opportunities and

recognising the importance of the things that happen outside clinical environments and that impact on public health, specifically within our communities.

During the same period of policy change, Sir Nigel Crisp, then Chief Executive of the NHS, put out a call to the arts community, for evidence of the relationship and relevance of culture and the arts to the NHS. A significant outcome of this interest has been the publication of joint Department of Health and Arts Council England national strategic frameworks.

Much of current government policy tells us that we should be making changes in our lives, striving towards being more engaged, emotionally literate and fully engaged members of society, without really suggesting the mechanisms for achieving this. This report asserts that engaging in creativity, culture and the arts has a profound affect on well-being, increasing individual capacity to make changes in our lives. What is very clear, is that the projects delivering on the ground and commissioners struggling to get to grips with creative approaches to this agenda don't just need *evidence*, but support with *capacity building* and embedding the notion of *evaluation* at the heart of sustainable long-term development.

The future commitment of the *Department of Health, North West Public Health Group and Arts Council England, North West* to work in partnership with *Manchester Metropolitan University* builds on the legacy of the *Invest to Save* project, developing both the role of the university in arts and health research, teaching and enterprise, but also articulating local and regional strategic responses to the national agenda.

That the artists David Bailey, David Gaffney, Clemens Kogler and Hafsah Naib are part of this research process should further our understanding of what constitutes research methodology. We hope that those of you attending the *Critical Friends* event will enjoy their responses to the emerging agenda.

This consultation report and the series of discussions held around arts and health development will contribute to our final evaluation report which will include all the finalised data from the study, an overview of the process and learning outcomes, profiles of the six featured projects alongside recommendations for future developments. We hope to disseminate the full report through a series of interactive events, the media and through conference opportunities.

Finally, I'd like to extend my thanks to Amanda Kilroy and Charlotte Garner who have developed this approach and led the participatory process with the six projects. I hope you find this work stimulating and engage with us in this evolving dialogue.

Clive Parkinson  
Project Lead

## **Executive Summary**

### **Findings to date**

#### **Background**

Health providers and promoters are increasingly looking for more innovative ways to deliver quality services and reach ambitious health targets, and are exploring a diverse range of approaches that might help meet those objectives, especially with target, resistant or hard to reach groups.

The arts and culture sectors are identified as potential areas of 'innovation' that could enhance and help deliver this health strategy and there have been numerous calls for 'evidence' of impact, effectiveness or of value, and clear indicators that, as a result of these activities, change is really happening.

There are clearly contextual, ideological and value differences between art and health workers. There is little consensus about the best ways of collecting data, and of gathering evidence that will be both meaningful to each group and adequately represent the true value of arts and health activities.

The aim at the outset of the Invest to Save: Arts in Health evaluation was to explore the value and impact of arts activities beyond artistic merit and their potential in improving public health and well being; explicitly:

1. Exploring and measuring the perceived value and impact of arts engagement
2. Exploring the concept of the 'transformative effect'
3. Exploring the value of participatory evaluation as a means of capacity building, development and sustainability

The underpinning health impetus for the Invest to Save: Arts in Health evaluation was the public health agenda, underpinned by *Choosing Health Report* (2004)

This study attempts to give an overview of both the measured and perceived impact and value of arts activities on health and well being within target groups. It also explores experiences of the transformative power of the arts and the potential contribution of each of these areas to the empowerment agenda, particularly their potential in building peoples capacity to choose a healthier lifestyle. Finally it examines the impact of utilising participatory evaluation for project development and sustainability.

#### **Measured Impact and Perceived Value**

It is proposed that engaging in culture and the arts can offer people greater choice and can contribute towards perceptions of having a sense of control which in turn, improves a sense of

well being and quality of life, all of which can be pre-determinants of healthy behaviour. The research, through a mixed methods design, has sought to both measure changes to key areas of experience and gather rich descriptions of those experiences to inform learning and development. The impact of arts engagement was therefore measured through the usage of four questionnaires, with each project typically adopting two and occasionally three of the questionnaires available. The research team engaged in cycles of appreciative inquiry workshops to gather rich data. The qualitative results give rich descriptions of reported aspects of well being.

### **Transformative Effect**

Previous work in the field has identified important themes relating to understanding concepts of 'benefits' or 'outcomes' of engagement with arts, as well as those around appreciating the 'process' or 'mechanism' of arts interaction and the 'transformative effect' that they created. There is also the question of whether engagement with the arts encourages individuals to make healthier choices through becoming more inspired, involved, questioning and willing to take risks and whether this contributes to personal development and perception of well being which, in turn, builds inherent capacity and motivation for change.

### **Sustainability**

To achieve lasting behavioural change, investment in understanding the audience at the beginning of any strategy is required. Within this strategy there is the opportunity for initiatives to come together at the outset to look at the overall vision of what they are trying to achieve and to involve those concerned in that stage and the planning of any initiatives, so that it is relevant and meaningful. Approaching change in this way, means that the system itself begins to evolve, and this unique approach, along with the catalytic arts activity, presents an opportunity to enter into heightened performance states from which real change can be triggered. The longer the projects are available to people, the more this benefit is consolidated and sustained. The arts projects at the heart of this evaluation each have a strong ethos of being responsive and adaptable, and to offer new ways of working, beyond the usual health care response.

## **Findings to date**

### **Measured Impact**

The questionnaires utilised in the study measured four aspects of health and well being as follows:

- Psychological well being
- General Health
- Anxiety and depression
- Job satisfaction in health workers

## **Well Being**

The data was collected pre and post engagement with arts activities and analysed using a paired sample t-test to determine the significance level of any increase. The well being measure utilised (Ryff 2004) had six subscales which were; autonomy, environmental mastery, personal growth, positive relationships, purpose in life, self-acceptance. Across the six projects the profile for individual aspects of well being indicated that environmental mastery was most significantly increased, which perhaps reflects the importance of the quality of the environment to all stakeholders. Autonomy which is linked to raised confidence and self-esteem also demonstrated a significant increase, along with a greater sense of purpose in life, which each link to an increased perception of innate capacity or motivation towards health.

The importance of creating a positive atmosphere and environment for health, well being and change has emerged as a strong theme within the findings of this evaluation. It is through this that people are motivated to change their circumstances for themselves, which in turn means raised confidence and self-esteem. Perceived wellbeing therefore is significantly improved through the experience of challenge and creative inspiration within a positive and supportive environment.

## **General Health**

The general health questionnaire was utilised to measure changes in perceptions of health. The results indicated that there was a significant increase in health overall as a result of arts engagement, with mental health showing higher levels of increase. The scale measures four aspects of health; somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression, and measurement of each of these subscales across projects resulted in significant decreases in scores across the sub-scales. In the older people group however the changes reported in general health was not significant. This result could however reflect the sample group available, who were either in the over 75 group, or had a predisposition towards positive and preventative health behaviour and therefore might not anticipate great changes to health and well being. Equally, the older people in hospital or residential care had difficulty in completing the questionnaire due to its length and complexity.

## **Anxiety and Depression**

The Hospital Anxiety and Depression Scale measured changes to perceived anxiety and depression within those projects addressing mental health issues. The reported improvement in perceived anxiety and depression as a result of engaging with the arts indicated a highly significant increase across projects included.

## **Job Satisfaction in Health Workers**

The Warr, Cook and Wall scale was used to measure job satisfaction in health workers pre and post arts engagement. This scale looked at perceived job and life satisfaction in health workers who had engaged with arts activities over a period of twelve weeks. Questionnaires were also completed by an additional sample of health workers who were working in the same area but who had not engaged with arts. The results indicated that job satisfaction increased in the sample that had engaged with the arts and decreased in the control sample. This was thought to be due to a response to the restructuring that was taking place within the NHS trust during the period of data collection.

### **Perceived Value**

The underpinning health impetus for the Invest to Save: Arts in Health evaluation was the public health agenda, underpinned by Choosing Health Report of (2004) which introduced the concept of a 'paradigm shift' (DOH 2006) in the way that health promotion was approached. In October of 2006 after two years of working with the Choosing Health objectives, the Department of Health published an update of progress of this initiative called Health Challenge England, which outlined what learning had occurred during that time and what progress had been made as a result of the shift in approach. The Health Challenge report placed a greater emphasis on the importance of encouraging and supporting 'aspirations' towards wellbeing in addition to health behaviours, and it emphasised the importance of placing partnerships and alliances at the heart of encouraging new means of challenging old ways of looking at health problems (Flint, 2006). The Invest to Save evaluation has focused on exploring the value and impact of one of these partnerships, the alliance between arts and health, exploring perceived impact and benefits of arts activities on health, along with focusing on wellbeing as a useful indicator to measure perceived value and benefits. Health Challenge England reports that what has been learned is the importance of creating the right environment for change, to 'create an environment where healthier choices are easier for all'.

The importance of creating a positive atmosphere and environment for health, well being and change has emerged as a strong theme within the findings of this evaluation. The strategy to empower people to make healthier choices is still firmly on the agenda, and this involves shifting the way people think about becoming healthier, encouraging people to manage challenges themselves, which then leads to greater health and well being.

The responses from the Invest to Save: Arts in Health evaluation suggest that the arts and health activities take an approach which recognises that people who are sick or disenfranchised often have a diminished capacity to deal with challenges and an adjacent apathy or de-motivation for healthy behaviour. The arts for health projects involved in the evaluation placed great importance on the overall approach taken to working with participants and with each other. Expectations were high within projects that were working well, and this enabled those who came into the environment to feel uplifted and valued. Each project

reflected a unique culture or ethos. However, there were some core themes, such as that optimum environments were places in which those present experience learning, challenge, potential for experimentation, along with support, shared experience, non-competitive and non-hierarchical structures and opportunity to 'practice being well'. It is suggested that this overall approach is fundamental to creating the environment which houses the arts activities and that this combination of factors has the potential to create a culture and structure that is conducive to raising expectations, triggering inspiration and motivation and encouraging learning and personal growth. This in turn creates the conditions for well being and health to arise.

In terms of health promotion, the Health Challenge report continues to emphasise prevention, choice and a personalisation of service responses. The aim expressed is to examine the root causes of behaviour and to seek new ways of encouraging healthier choices. The view from participants and practitioners in the evaluation however is that the root causes of behaviour might not be known to individuals or there may be fear or blame attached to taking this type of approach. What is suggested is that engagement with change comes about where a person is motivated and perhaps inspired to want change for themselves and that this should be the primary aim. As the capacity and desire for change is increased, through participation in the arts projects, an individual is then in a better 'place' or 'state' to look at cause and consider change from a more connected, and balanced perspective.

The arts activities are designed to be responsive and person-centred, which works well with this type of approach. The evaluation process has introduced in some cases, or consolidated in others, frameworks for learning and reflection, so there is critique of practice and greater attention to planning and setting of objectives. What has been learned from this process is that it is important that the whole of the system is engaging in this process and not just the participants; the projects where social marketing works best are those that overtly include all aspects of the system in planning and strategies.

Health Challenge England, also celebrates the 'Small change, Big difference' initiative. This initiative involves individuals and multiple partners working together to make small but achievable changes in lifestyle and practice that can make a difference. Within the evaluation data it is clear that the desire to make a difference grows in response to engagement with the arts; however this motivation grows not only in participants, but also in practitioners and in professionals working with or commissioning the projects, and the growth is non-competitive and not solely about reaching outcomes. This, it is recognised, means being prepared to support new ways of working and perhaps be responsive and adaptable.

The arts projects at the heart of this evaluation each have a strong ethos of being responsive and adaptable, and to offer new ways of working, beyond the usual health care response.

A main barrier for projects is the limits to sustainability of arts for health projects. In particular, they are unable to offer projects long term, and to have strong supportive financial structures that enable them to test this approach. A common reason given for this is that funding is often short term and sporadic and long term funding is not awarded because of a lack of evidence. It is suggested, however, that it is important that the calls for evidence do not undermine progress and innovation “the need for action is too pressing for the lack of a comprehensive evidence base to be used as an excuse for inertia” (Wanless Report, 2001)



**Image 2 paint- full page**

### **Image 3 – basket weaving - full page**

### **Introduction**

For many people, how health and health care is viewed and approached is changing. Some of this is in part due to the overall national strategy to encourage a healthier population. It is

also perhaps about an inherent shift in collective values and culture that directly informs the activities and choices people are making around health and well being. This cultural shift is reflected in the public health White Paper, *Choosing Health*, which provides the context for the evaluation of the arts and health projects, reported here.

Health providers and promoters are increasingly looking for more innovative ways to deliver quality services and reach ambitious health targets. In the process, they are exploring a diverse range of activities and approaches such as arts and health projects that might help them meet their objectives, especially with target, resistant or hard to reach groups. This is not an easy task. Health is a broad arena, and health promotion and improvement objectives range from clear targets to reduce incidences of ill health in key strategic areas including obesity, smoking and teenage pregnancy, to perhaps more aspirational goals to motivate and support people to make better, more informed choices both in lifestyle and treatment (DOH, 2004).

This move it could be argued, requires a population and a healthcare workforce that is responsive, highly creative and motivated to do things differently (Nuffield, 2004), and individuals that are able to rise above contextual, environmental and social inequalities to not only survive, but to flourish, even in the face of poor information and often patchy support.

This degree of development and change presents a profound challenge for all concerned and calls for a clear and inspiring vision, requiring more creative approaches to be ultimately successful. The arts and culture sectors are potential areas of 'innovation' that could enhance and help deliver this health strategy. To realise this potential, the need has been recognised for 'evidence' of the impact, value and effectiveness of culture creativity and the arts, as well as for clear indicators that change does, indeed, result from the art activities...

There are clearly contextual, ideological and value differences between art and health workers. Whilst understanding is growing, there remains little consensus about the best ways of gathering evidence that will be meaningful to each group, and adequately represent the true value of arts and health activities.

If, as suggested, the arts might be one of a range of interventions that make a unique contribution to enabling people to flourish and health practices to become creative and responsive, the challenge is perhaps to demonstrate how such transformational change takes place. The Invest to Save Arts in Health Evaluation in response, seeks to provide evidence of impact, value and to explore processes of change.

### **Working with emerging results and recommendations**

From the emerging data from this study we will attempt to give an overview of both the measured impact and perceived value of arts activities on health and well being within target groups. We will also explore experiences of the transformative power of the arts and the potential contribution of each of these areas to the empowerment agenda, particularly their

potential in building peoples capacity to choose a healthier lifestyle. Finally we will examine the impact of utilising participatory evaluation for project development and sustainability.

The aim is to use these emerging results as a platform for development and inter-disciplinary exchange, with recommendations and conclusions being drawn after a period of consultation, and reported in the final report. Towards this end, the results of this study will be reported in three clear stages of consultation and dissemination as follows:

**Stage (1) Consultation of findings Report: Preliminary research findings.** (Sept' 07)

This consultation of findings report will be utilised at the *Critical Friends: an interdisciplinary exchange in arts and health* event, where the preliminary findings will provide the basis for a beginning of a series of discussions around arts and health development.

**Stage (2) Final Report of the Evaluation.** (Nov' 07)

The final report will include all finalised data from the study, an overview of the process and learning outcomes; responses from the field (gathered as part of the *critical friend's* event) and individual profiles of the six featured projects along with recommendations for future developments.

**Stage (3) a series of interactive events.** (Nov' 07-Apr' 08)

To explore ongoing relationships between arts and health and to inform funding priorities.

## **Background and Context of the study**

Arts and health initiatives are defined as 'art-based activities that aim to improve individual and community health and healthcare delivery, and enhance the healthcare environment by providing artwork or performances' (Smith, 2003). The arts have a long shared history with health, but claims that the arts 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). The aim at the outset of the Invest to Save Arts in Health evaluation was to explore the value and impact of arts activities beyond artistic merit and to explore their potential in improving public health and well being.

### **The Invest to Save arts and health alliance**

The Invest to Save Arts in Health Evaluation brings together an alliance of Manchester Metropolitan University (Manchester Institute for Research in Art and Design (Miriad) and Research Institute for Health and Social Change (RIHSC); Arts Council England North West; and The Department of Health, Northwest Public Health Group.

The alliance was established to explore the potential of arts and health activities in investing positively in people and places by using culture, creativity and the arts to build greater capacity for health and well being within people and places in the North West of England.

From the outset, the alliance sought to generate an inspiring and worthwhile means of exploring the perceived impact and value of that work, and to achieve an evaluation design that would generate data that would be relevant and meaningful to the diverse needs of those in the field.

A Realistic Evaluation perspective (Pawson and Tilly, 1997) was utilised, as this offered a useful structure for looking at the context, process and outcomes within and across projects. The research team adopted a participatory approach to engage with the projects, to build relationships between researchers and practitioners and create dialogue to help build consensus about the most useful aspects to measure. This process encouraged exploration of the context of practice, encouraged capacity building for reflection, learning and development, that in turn enabled measurement and mapping of the processes and helped determine anticipated outcomes.

The final research design incorporated themes that arose from the arts and health research and literature, and from views expressed within the participatory consultation process

### **What stakeholders wanted from the research**

In 2005 when the study was designed, the most influential white paper for promotion of health was *Choosing Health* (DoH, 2004). The shift in focus described within this report was largely perceived as being about transferring responsibility for promoting healthy behaviours from health professionals towards the individual. To affect this change, a strategy of empowering and supporting people towards choosing a healthier lifestyle, underpinned by moves to deliver more individualised and person centred care was proposed. The emphasis was 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.

This was a challenging strategy for those in the North West region where health inequalities are great, and where promoting individual, community and societal health is perceived as difficult, in part because the target populations may be resistant and apathetic to many strategies introduced. Jowell (2004) suggested that there exists, nationally, what has been described as a culture of apathy and de-motivation, leading to a so called 'poverty of aspiration' where many people have little motivation, desire or opportunity to aspire to anything beyond current circumstances or health status. This culture she suggested predisposes people towards continued and deteriorating poor health and an adjacent lack of motivation to change that. In order to overcome this resistance, creative thinking was called for around making changes to the planning and delivery of the health promotion agenda.

### **New and creative approaches: making a case for the arts**

The overall trend towards empowerment of people, building their capacity and motivation for making healthier choices reflects thinking and practice in the arts and health field. This was an agenda which called for 'new and creative approaches' to tackling the issue of health promotion, and those working in arts and health recognised the great opportunity this presented to utilise their skills to make a strong contribution to supporting the health sector in tackling some of the deep-rooted challenges it faced (Hewitt, 2007).

The arts themselves are presented as a means of 'transforming' health and health culture by improving individual and community health and health care delivery (ACE, 2004) and by investing in both people and places where health is delivered or promoted. The belief is that experiencing the arts and culture can create a sense of well being and transform quality of life for individuals and communities (Hewitt, 2007), enabling them to take more control over their lives. The question is how does this occur and how could this effect be best utilised as part of the health agenda?

### **Image 4 – Avrils drawing**

### **The calls for an evidence base**

The increase in the use of arts and health projects in health care and community settings in 2005 reflected an interest in development and investment in the field, but there was also a perceived lack of guidance and support. As a result, there were calls for more information about effect and outcomes to support a clear rationale, and provide an evidence base, for arts and health approaches. This presented a challenge however, as requirements from any arts

health evaluation often differed across the field, and there was a reported skill deficit within projects for conducting evaluation. From the start, the evaluation team understood it would be necessary to meet diverse stakeholder needs for both evidence and understanding of effect, but also to build capacity within arts projects to collect and utilise 'evidence' more usefully.

In response, the design of the evaluation that evolved had at its heart clear aims to utilise a participatory approach in collaborating with a range of representative arts and health projects. This was to explore practice and learning, and thus to build capacity for evaluation and evidence gathering that would enable meaningful and relevant measurement tools to be identified and lead towards more generative data collection methods. It was anticipated that this in turn would not only provide answers, but also support learning and development of all interested stakeholders about the impact and value of creative and cultural approaches and arts activities on health and well being.

### **What to measure?**

What to measure in the evaluation was a contentious issue, and the priorities differed between art and health stakeholders, who held differing views and values; as a result, we were mindful of calls against measurement being seen as the only way of validating experiences, (Moriarty, 1997) especially those which were difficult to quantify. In addition, we had experience of the general skepticism about the appropriateness of scientific methods for capturing the life-changing effects of arts projects on individuals, or the processes through which those impacts are generated (Reeves, 2002) which had to be addressed.

The consultation process undertaken with the short listed arts projects helped to identify what aspects of practice would be most useful to measure and explore. This process involved engaging with project teams to explore practice, identify common values and perceived benefit, and map common themes in project processes. As a result, greater understanding of the 'transformative effect' of the arts on people and places would be achieved.

Taking this approach enabled the research team to better understand the projects, which was useful as capturing the outcomes of arts participation are highly complex, and this is because 'people, their creativity and culture remain elusive, always partly beyond the range of conventional inquiry' (Matarasso 1997). To address this, what the research team looked for was an 'evaluation procedure which could take account of the legitimate subjectivity of different stakeholders, (Matarasso, 1996). The team wanted to use a sensitive evidence gathering approach, which included both the gathering of people's accounts of their experiences, through interviews and group discussions, along with measurement of impact through utilizing standardized measurements of health, wellbeing and job satisfaction. As part of the process of evaluation, we moved to rise to the challenge of developing appropriate monitoring and evaluation frameworks and criteria which would support understanding of the

creative industries on their own terms (Pratt, 2001), through the introduction of participative ways of working.

Engaging in the consultation process enabled all stakeholders to contribute to the development of an appropriate research strategy, and along with the interviews this generated relevant questions that underpinned the study design.

### **Questions from the field underpinning the evaluation design.**

The initial literature review (Kilroy & Parkinson, 2006) performed at the outset of the project, to explore what was being said in the field about the impact and value of arts activities in relation to health and well being, and this contributed to three overall areas of potential inquiry that were subsequently used to underpin the evaluation:

- 1. Exploring and measuring the perceived value and impact of arts engagement**
- 2. Exploring the concept of the 'transformative effect'**
- 3. Exploring the value of participatory evaluation as a means of capacity building, for development and sustainability of arts activity**

### **Exploring and measured impact and perceived value of arts engagement**

Previous studies have identified a range of issues around the value and impact of arts engagement. Stakeholders in the field wanted to know more about the nature of the impact of arts engagement on project participants, to better understand that impact and to compare emerging data to existing research findings (HAD, 2000; Angus, 2001; Staricoff, 2004).

Existing research suggested that there were a number of benefits in using the arts to invest in people and places. It has been found for example that engagement with the arts gives people a voice, encourages self-expression, improves communication and strengthens relationships. Using the arts within health has been seen to humanise care, encourage patient choice and promote a whole person approach that leads to a greater sense of health and well being, (Coulter, 2001; CAHHM, 2003; ACE, 2004; Coates, 2004). There is the question however of understanding more about what is meant by an improved 'sense of health' in terms of how it is experienced rather than externally defined within a specific measure (Matarasso, 2000) and the question of how that might impact on the particular features of the health agenda in focus.

Research into the impact and value of the arts has indicated that benefits may lie in the fact that engagement with arts activity enhances the individual, building their capacity for change by stimulating personal growth, self-determination and contributing towards self-awareness and transformation of identity. It is also suggested that the arts make an impact on individuals because they encourage people to stretch themselves further than they thought was possible

(Moriarty, 1998) and encourage risk taking which is part of self-development and creative thinking (Matarasso, 1998b).

Engaging with arts it is proposed, can offer people greater choice and can contribute towards perceptions of having a sense of control which improves a sense of well being and quality of life. (Hill & Moriarty, 2001; Jermyn, 2004; UCLAN, 2005; ACE 2004) all of which can be pre-determinants of healthy behaviour.

More quantitative work looking to measure impact and benefit in medical environments, has found that engagement reduces medication consumption, length of hospital stay and symptoms of illness and stress. It has also impacted on staff job satisfaction, retention and recruitment (Staricoff, 2004/5; Scher & Senior, 2000) This is perhaps as a result of the improved perception of health and well being in the individual and the environment.

It was suggested that delivery of the proposed changes to the health agenda would mean investing in health care professionals creative capacity, to better equip them to implement the proposed initiatives (Coates, 2004). There was equally a great interest in the impact of engagement in creative activities for health staff (ACE, 2004) and calls for more information around the links between arts engagement and the evolution of new ways of working and learning (Cowling, 2004) or enhanced processes of care, healing and relationships in those settings (Coates, 2004). There was also the question of whether engaging with arts increases job satisfaction and communication in health workers, and whether this provides a catalyst for changes to practice itself (Staricoff, 2004; Coates, 2004) similarly there was interest in looking at the impact of health engagement on artists and art work.

### **Aims of the research**

The research, through a mixed methods design, sought therefore to both measure changes to key areas of experience, and to gather rich descriptions of those experiences to inform learning and development.

The projects identified a number of aspects of practice that were collectively understood to be represented by the term Eudaimonic well being. Eudaimonic well being (Ryan & Deci, 2001) occurs when people's life activities are most congruent or meshing with deeply held values and are holistically or fully engaged. Under such circumstances people feel intensely alive and authentic, existing as whom they really are (Waterman, 1993). This type of well being measures six aspects of well being, namely human actualization via: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness (Ryff & Singer, 1998)

Questionnaires were selected to measure changes to well being, general health, mental health and job satisfaction, and were utilised at the start and end of participation in arts projects. (See appendix (1) for questionnaire profiles)

There was a focus on three priority groups with two projects focusing on each group,

Across all of the six projects involved, of a possible 154 who completed questionnaires at the start of their project, there were 104 participants who completed questionnaires at the end, and were therefore involved in determining measured impact of arts engagement on subjective well being. Of that number, 78% were female, and 98% described their ethnic origin as white. The majority (59%) were over 55, and 12% were under 34. (See appendix (2) for Project profiles and demographic data)

Most participants described their occupation as retired, and said they had engaged in more than one type of art form. People came to the projects largely by word of mouth, by support groups or through GP referral.

## **Findings and Responses: The measured impact of arts engagement.**

Each project participated in an initial consultation process, which took place in the context of Appreciative Inquiry (AI) workshops at the outset of the project. Appreciative Inquiry describes the co-evolutionary search for the best in people, their organizations, and the relevant world around them. It involves systematic discovery of what gives “life” to a living system, exploring when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. Its aim is to ask questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential. This was useful as a means of bringing the diverse stakeholders together to explore consensus around good practice and perceived outcomes.

AI seeks to discover people’s exceptionality – their unique gifts, strengths, and qualities. It actively searches and recognizes people for their specialties – their essential contributions and achievements. And it is based on principles of equality of voice – everyone is asked to speak about their vision of the true, the good, and the possible. (Cooperrider et. al, 2001).

AI has four clear stages:

- Discovery - Discovering shared values and exploring experience
- Dream - Envisioning the future
- Design - Designing what needs to be done
- Destiny - Gaining clarity about destinations via goals and aspirations

**Image 5 – play specs**

Within this process, the combined teams identified aspects of what they perceived to be the elements of value or beneficial impact in their practice. Combinations of factors were identified, which included areas such as learning, challenge, personal development, autonomy and self-directed change. These aspects represent the active or 'Eudaimonic' form of well being described, which reflects experiences of taking risks and meeting challenges within activities, as well as feeling good (hedonic wellbeing). In addition it was agreed that standardised measures of health would be used as a means of exploring their utility for evaluation. Combining exploration of arts and health would enable us to identify the most helpful approach to evaluating the impact of arts engagement on health and well being. Those projects including a focus on workers in health care environments, also agreed to measure perceived job satisfaction in response to arts engagement.

The impact of arts engagement was therefore measured through the usage of four questionnaires, with each project typically adopting two and occasionally three of the questionnaires available. All projects utilised the measure of well being; four projects completed the health questionnaire; three the mental health questionnaire, with two using the job satisfaction questionnaire.

Differences in questionnaire scores between the beginning and end of project participation (pre and post), were analysed using paired 't' tests; this is a statistical test which analyses the data to measure changes between pre and post scores. A significant difference would be indicated by a value of  $p \leq 0.05$ , therefore scores lower than this level would be indicative of a significant change.

(see appendix (2) for details of data analysis methods)

### **Measured impact on health (General Health Questionnaire - GHQ)**

Four projects adopted the GHQ as a measure of impact on health. 78 full sets of data, pre and post arts workshops were collected. A reduced GHQ score over time, would indicate a positive health gain. It was predicted that participation in arts projects would contribute to health gain. The results of the t-test found that all of the subscales had a statistically significant reduction in post test scores ( $p < 0.000$ ) indicating that physical symptoms, symptoms of anxiety, social dysfunction and severe depression had all reduced significantly over the period of engagement with the arts projects.

### **Measured impact on anxiety and depression (Hospital Anxiety and Depression Scale (HAD))**

Three projects measured impact on anxiety and depression in response to arts engagement. 23 full sets of data pre and post arts workshops were collected. A reduced HAD score over time indicated a perceived reduction in anxiety and depression. It was predicted that participation in arts projects would contribute to reduced anxiety and depression. The results of the t-test found that there was a statistically significant decrease in perceived anxiety and depression ( $p < 0.000$ ) from the participating group.

### **Measured impact on well being**

Eudaimonic well being was embraced by project teams as a potential means of measuring the anticipated responses practitioners observed in participants as a result of engagement with arts activities. As a result well being became the central measurement of impact utilised across the study. Ryff's Scale of psychological well being (2004) was used as this encompassed both hedonic and eudaimonic well being, identified within six subscales of well being, defined as follows:

- **Autonomy:**  
Individuals are self-determining and independent; they regulate behaviour from within.
- **Environmental mastery:**  
Individuals are able to participate in and master their environment, as part of positive psychological functioning
- **Personal growth:**  
Individuals experience personal growth as part of well being, and have feelings of continued development
- **Positive relationships:**  
Well being arising from positive relationship forming
- **Purpose in life:**  
Well being arising as a result of having a greater sense of purpose which arises when individuals have goals in life and a sense of directedness
- **Self-acceptance:**  
Well being arising in response to a positive attitude towards the self

### **Measured impact on well being (Ryff's Scale of Psychological Wellbeing)**

All projects measured impact on well being in response to arts engagement. There were 104 complete sets of data pre and post arts workshops. An increase in the well being score over time would indicate an increase in perceived well being. It was predicted that projects would contribute to increased wellbeing.

The results of the t-test indicate that overall there was a statistically significant difference between pre and post scores ( $p=0.012$ ), meaning that well being overall had increased for the sample as a result of engaging with arts activities.

In the well being subscales, the most significant changes were in the areas of environmental mastery ( $p=0.001$ ) and self acceptance ( $p=0.008$ ). Autonomy ( $p=0.015$ ) and purpose in life ( $p=0.017$ ) were also significant. Personal growth ( $p=0.581$ ) and positive relationships ( $p=0.104$ ) showed no significant change over time.

### **Measured wellbeing in project participants**

The well being questionnaire was completed by 104 individuals, of these 84 described participants who were attending arts projects, and 30 describes health workers who were engaging with arts projects as part of their role. For the 84 project participants who completed the wellbeing scale there was a statistically significant increase in well being between pre and post questionnaire ( $p<0.000$ ).

In addition, all six subscales completed by the 84 project participants were found to have significant increases in wellbeing scores (range  $p=0.000$  to  $p=0.046$ ).

### **Measured wellbeing in older people**

In the 'older people' group there were 45 participants from two projects, and the results indicate that the increases in wellbeing were not significant pre and post engagement with arts activities. (Range  $p=0.320$  and  $p=0.890$ ). This result could however reflect the sample group available, who were either in the over 75 group, or had a predisposition towards positive and preventative health behaviour and therefore might not anticipate great changes to health and well being. Equally the older people in hospital or residential care had difficulty in completing the questionnaire due to its length and complexity.

### **Measured wellbeing in mental health**

In the mental health sample there were 24 participants from two projects, and the results indicate that there was a highly significant increase in wellbeing following participation in arts activities ( $p=0.003$ ), and all six subscales demonstrated a statistically significant pre and post difference. In the wellbeing subscales there were highly significant differences in Environmental Mastery; Autonomy; Self Acceptance and Positive Relationships with others ( $p=0.000$ ); Purpose in life ( $p=0.012$ ) was also significant, with Personal Growth as the aspect of well being not indicating a significant increase ( $p=0.06$ )

### **Measured wellbeing in arts on prescription schemes**

For the Arts on Prescription sample there were 15 participants from two projects, and the results suggest that overall there was a significant increase in wellbeing between pre and post scores ( $p=0.018$ ). In the wellbeing subscales there were highly significant differences in

Environmental Mastery ( $p=0.021$ ), Purpose in life ( $p=0.016$ ) and Self Acceptance ( $p=0.015$ ). Autonomy, Personal Growth and Positive Relationships with others were less significant (range of  $p=0.076$  to  $0.256$ )

### **Measured impact on well being in health workers (Ryff scale of psychological wellbeing)**

To explore the impact of arts engagement on well being and job satisfaction in health workers, 13 health workers who had engaged with arts activities as part of their work in health settings, completed pre and post measures of well being, and pre and post measures of job satisfaction. There was a significant increase in wellbeing following the arts projects ( $p=0.047$ ) The Work Involvement subscale showed a significant increase in job satisfaction over time ( $p=0.008$ ),

### **The impact of arts engagement on perceived job satisfaction (Warr, Cook and Wall)**

Two projects utilised the scale as a measure of impact on job satisfaction, resulting in the collection of 13 full sets of data. An increase in scores over time in response to arts engagement would indicate an increase in perceived job satisfaction. The results indicated that there was a statistically significant increase in overall job satisfaction in those workers engaging in arts activities ( $p=0.047$ ). Further exploration indicated that change in post-work involvement (defined as the degree to which a person wants to be engaged in work), was highly significant ( $p=0.008$ ).

(see appendix (3) for reported data)

In addition to the completion of the questionnaires, project participants, project teams and project stakeholders were interviewed to explore their views and experiences around arts activities and engagement. (See appendix 3 for interview schedules). The project teams also engaged in cycles of appreciative inquiry workshops, which generated rich data. The qualitative results give richer descriptions of reported aspects of well being across each of the sub groups and reflect many of the well being themes.

(see appendix (4) for reported data)

## **Exploring the perceived value of engagement with arts activities**

### **Autonomy**

Autonomy arose as a clear theme for participants, who in response to engagement became more creative and more able to push personal boundaries finding new means of expression.

*“They might crawl up the stairs, but when that music went on they were*

*able to express themselves, it was them thinking about change and challenging where they were at” (dancer)*

This was seen to be an important step towards fostering a greater independence of spirit, part of a shift in attitude towards being more able to question those aspects of life that they had not previously questioned. There was also a perception that this sense of personal power and the ability to exercise choice enhancing the capacity of that individual for transformation. As a result people felt they were more able to cope with life and situations.

*“health and well being is about being strong in yourself, strong enough to challenge what is happening to you, and what is happening around you” (arts educator)*

This was viewed as important as a high proportion of the sample were older people who were those who often find themselves in very narrow lives, suffering from apathy and isolation with a sense that their personal power had diminished as had their ability to make their own choices. Older people suggest that as a result of participation they are more able to cope with life and situations and have more choices.

*“well at my time of life because I am elderly I am not going to achieve by moving on to anything, but for me each time I go I am achieving something for me. I am getting there, meeting people, talking and life is sort of opening up...which is great because my life was sort of closing off” (older participant)*

For those engaging with projects for a longer duration there was a desire to move on to new challenges or to extend skills and continue to develop through more advanced work, although this option was not always widely available in projects.

Those participants with a diagnosis of depression reported improvement in confidence, motivation and well being and these were seen to be important developments that strengthened a persons’ capacity to cope with situations or to change them. In this group there was a reported sense of self-determination, people felt they had more to say, they felt useful and felt their lives had expanded with greater choice; there was a sense that these people were more open to trying new things.

*“During the day I would literally go back to the flat and lie on the bed and listen to the television, I’ve got to do something else now because I am coming here and so I think about what I am going to do instead”  
(older person living in sheltered accommodation)*

Image 6 – Ken from blue sci

Overall there was a sense that these activities challenge the culture of isolation, open up new options and change negative patterns which can support a move towards healthy behaviours.

*“I think it is self worth, feelings of self-worth. When you see yourself creating something, whether it is a picture or a dance, or a piece of creative writing, being able to see that and feel a sense of achievement and seeing other people viewing it positively is a real boost” (artist and cultural champion)*

### **Environmental mastery**

Across all of the projects the nature and quality of the environment was reported to be of central importance to participants and staff alike.

*“What well being is for me, is to create an environment where everyone is happy to be themselves and happy to voice their opinion, that’s what I am trying to do help that well being happen” (dance officer)*

Participants valued the overall approach of the artists and the quality of the atmosphere, culture and environment of the projects themselves, they also felt safe to express themselves openly within the group and learning environment. This was especially valued as many of them had poor expectations of both health and learning environments. There was a perception that the approach and atmosphere created within projects was beginning to create change, within people and within the environment and the culture itself. Positive changes experienced were thought to be facilitated by focusing on the quality of space or environment for learning and arts activity, and the overall approach that the arts activities and artists brought to the learning environment was valued.

*“the arts aren’t structured or about things being right or wrong, it’s much more flexible than that, it is about kind of weaving art and creativity through the rigidness of the hospital environment, and this I think kind of softens that institution, that kind of atmosphere that you are in all the time and it makes*

*space for people's feelings and expressions and fears...allowing them to think beyond what is happening to them" (artist and cultural champion)*

The environments that the work created were reported to have a thriving 'creative culture', one that was found to be supportive of change and conducive to a 'whole system' approach to health and well being which was valued.

The artists said that they sought to create a space that was stimulating and challenging yet open, accessible and friendly, where participants would feel safe to express themselves and develop skills in the art form. This was sought as a means of facilitating an environment that is both conducive to learning and capacity building and provides the conditions for well being to arise.

*"we decided that it was really important to get the feeling of the building right. It had to feel high quality, the quality of any other cultural building, as historically mental health services have always been in poor quality environments. If you are asking people to be there, when they are not feeling at their best, to invest their time and effort in being creative and getting involved in things, you've got to demonstrate that you are meeting them half way by creating that space" (artist, arts and health project lead)*

Participants in turn said they valued these environments because they were:

- safe
- less formal
- fun
- a place to enjoy activities
- a place where it's ok to get things wrong

Image 7 – garden picture

The team held the belief that the nature of the environment is part of what moves people towards health, and they invested time and attention into making small changes in the spaces

they entered, here they felt they could create a space within that environment to promote a different quality of being; to escape circumstances, to enable people to enter 'a safe bubble' and 'imaginal space' where there is the potential for upliftment and enjoyment.

*"for older people there's something environmental, and its building in spaces its building in arts alongside rather than as a sort of add-on"*  
(gerontologist)

The project stakeholders also spoke of the nature and importance of arts in the environment generally and the value placed on the quality that this brings.

It was suggested that within this kind of environment the individual would also be exposed to other influences, ideas and possibilities which it was perceived could help motivate that person to get involved in an activity that might ultimately address the symptoms of depression

*I think if you change the environment...it's almost that you allow yourself to do things you might not otherwise do" (health worker)*

Within projects for older people a main issue was around the perceived lack of opportunity for stimulation and socialisation and the overall apathy of the older residents and the ability of the arts to invest in that area brought positive benefits such as coping, functioning, a desire to experiment all of which underpin concepts of successful ageing.

## **Personal growth**

Participants felt that engagement with the projects enabled them to develop personally, see things differently and discover a greater sense of purpose.

*"you look at the sky differently and realise the sky was really like that. When you paint something you look at it in a different way...it's difficult to explain but you do look at the world differently" (older participant)*

Participants felt that the activities allowed them to be more creative and push personal boundaries finding new means of expression; they gained confidence and skills, through engaging in learning, and found the activities both a distraction from negative thought patterns or problems and a motivation to do or think about other things.

*"I just know that it can have beneficial effects. I've seen how people can get more confidence, they can go on for more activities, they've applied for jobs... all those confidence and social things, and just feeling better about themselves"*  
(arts on prescription practitioner)

Many older people in the sample had experienced some sensory deterioration, for some this was profound and this combined with their social circumstances led to decreased ability to socialise and a reduction in perceived quality of life. The older participants sampled were individuals who experienced social isolation and had low expectations of making any changes to health or lifestyle at this point in life.

*“I was having nasty black outs...never went out without my husband, and wouldn’t dream of going to college or anything. Its part and parcel, you lose your confidence you get depressed...it’s a spiral until something has to break the circle” (older participant)*

However they suggested that as a result of this type of engagement they felt more empowered and able to cope with life and situations and had an increased sense of purpose, confidence and self esteem. There was a sense expressed that empowerment arises as a result of the conditions present, rather than something that is given. It is therefore a quality that perhaps needs to be cultivated.

*“it’s an opportunity for patients to do something themselves, not just have things done to them...and to be active in their lives rather than just passive in the sense of having things administered to them all the time. I think that’s really empowering as well for children and young people in that environment. (artist and cultural champion)*



### **Image 8 – SAH I wonder**

## **Positive relationships**

Participants responded positively to the perceived manner of delivery or approach of the artists and to the quality of relationships encouraged by the artist's 'open, accessible and friendly style'.

*"If I feel low I can come in and sit there. I'm not badgered or anything. I can sit there and draw and express how I feel without having to say a word."  
(mental health service user)*

It is suggested that in the project environment participants feel safe to express themselves and develop skills in the art form; they can meet new friends, develop relationships and share views. It was also reported that participants develop positive relationships because they feel safe to express themselves openly within the group and they value the quality of relationships which they perceive as being based on 'equality, openness, a quality of time and attention and a spirit of sharing'.

*"I feel safe and good enough to come in and walk in on my own because everyone you meet is really friendly. Even the receptionist when you come in will smile and say hello." (mental health service user)*

The participants valued having the opportunity to engage with the artist and commented on the particular nature of the approach to working with them the artists. They also valued the opportunity for social interaction with others in the group. Music in particular was viewed as a powerful means of bringing people together and promoting integration across age and cultural barriers which promoted health and wellbeing.

*"I believe music represents society and culture and it's been used for thousands of years as a celebration to get people together, for well being and also as a healing process" (musician)*

## **Image 9 – Alder Hey Musicians**

## **Purpose in life**

Participants interviewed found that they experienced greater feelings of overall happiness and well being and had a greater energy and enthusiasm and purpose for life in general.

*“my health hasn’t changed because I have always made a point of being healthy, but my well being most probably has because I have met new people, done new things, and it sort of stimulates the mind, gets you out of the house and I look forward to coming along to the projects”* (older participant)

The participants felt that the activities allowed them to be more creative and push personal boundaries, which enabled them to be more confident and self-determining in their lives in general.

*We have seen arts in many forms helping towards achieving better health in some way, whether it’s mental or emotional health. (adult education officer )*

Engaging in creative activity they said gave them a sense of opening up, and they began to see things differently, and make changes, and this in turn gave them something different to talk about other than illness or problems, which was valued.

*“(the potential of arts and health is) to open those doors of perception and communication to the extent that people take control of their lives and interact with their environment” (artist)*

As a result the participants gained a greater sense of purpose and direction and felt motivated and empowered and then wanted to give something back to the people and the organisation.

*I think I’m opening up more I feel as if I’m becoming more my old self. I’m smiling more rather than being down and feeling more light and upbeat really. (mental health service user)*

## **Self acceptance**

Many of the individuals accessing the projects were those who experienced social isolation and had low expectations of making any changes to health. There was apathy and demotivation in most aspects of self and life perception and those in the target groups were seen as often being disaffected people for whom improvements in these areas were important steps towards health.

*“if we didn’t have this we would just go back to the routine of doing nothing”  
(older participant in residential care)*

*“I was very depressed before I came here and I’d been through a very traumatic time...so I think being here and being with people and taking part has helped me a lot” (older participant in residential care)*

As a result of engagement with the arts projects, the participants said that they experienced greater feelings of overall happiness and well being and had a greater energy and enthusiasm for life in general.

*“I feel better now that I come here and have a chat or do a drawing or whatever and just colour it in for an hour or so.” (mental health service user)*

They found the activities a welcome distraction from negative thought patterns or problems and continued engagement brought an increased motivation to do or think about other things. Older people suggested that as a result of participation they are more able to cope with life and situations they also valued the fact that artists recognised and accommodated their needs and included them in conversations despite sensory impairment, and that they were able to feel valued and heard.

*“It does wonders for my well being because it sort of says you know you can do this... and I’ve started crafting a lot more at home because I’ve found that what happens, is the pain...once your brains occupied, the pain sort of eases off and dampens down” (older participant)*

This combination of reported experiences and measured changes contributes to an overall picture or pattern which represents a more representative view of this reality, one which any one measure would encompass.



Image 10 – pink mitten – full page

Image 11 – green sock – full page

## Exploring art as a transformative effect

Previous work in the field has identified important themes relating to understanding concepts of 'benefits' or 'outcomes' of engagement with arts, as well as those around appreciating the 'process' or mechanism of arts interaction and the 'transformative effect' that they created.

The Arts Council for example, extensively cite the transformative power of the arts as one of the main means through which people and places are positively influenced towards health and wellbeing. There was considerable recognition and support for this idea but equally a desire to understand more about the 'nature' of the 'transformative' effect on people and places (ACE, 2004; Matarasso, 1998; HEA, 1999) including the spectrum or breadth of effects believed to range from minimal to life-changing.

In addition to understanding more about the overall mechanisms involved in the transformative effect, there were also more specifically calls to explore inherent relationships within that mechanism. Research had been conducted which highlighted the importance of well being as a measure of the transformative effect and there were calls to further explore the relationship between wellbeing and transformation (Angus, 2002).

The case has been made for the need to understand more about the value and benefit of investing creatively in both people and the environment (ACE, 2004; HEA, 1999) to evoke the transformative effect and create a shift that might link to improved choices around health behaviour. This included looking at the value of engagement with the arts as a catalyst for cultural change and organisational development via the creation of collective cultural values that enable boundary crossing and greater connectedness (Coates, 2004; Mills & Brown, 2004)

Finally there is the question of whether engagement with the arts encourages individuals to make healthier choices through becoming more inspired, involved, questioning and willing to take risks (Coulter, 2001; Keating, 2002) and whether this contributes to personal development and perception of well being which in turn builds inherent capacity and motivation for change (White, CAHHM, 2003)

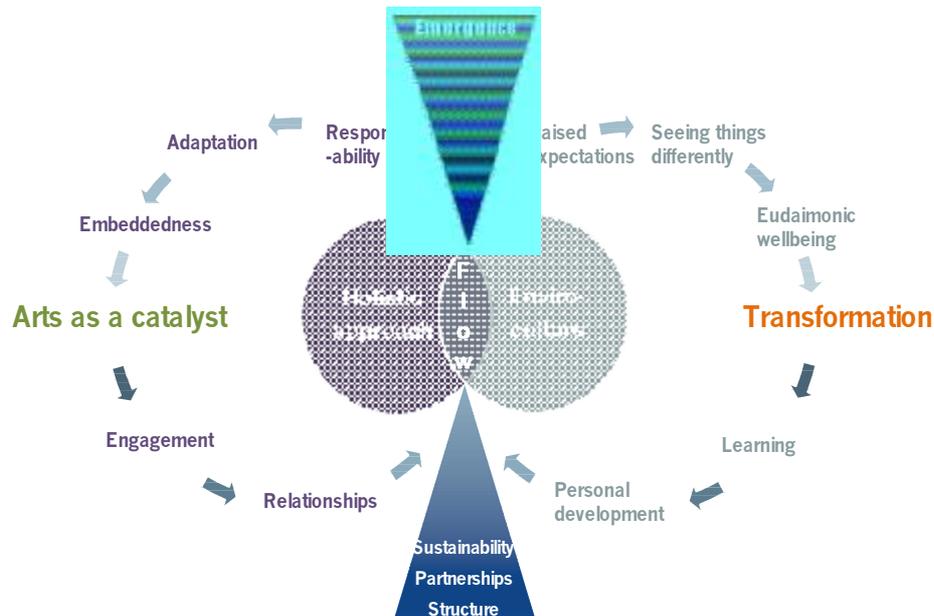
## Results and findings: Art as a transformative effect

There is considerable support within the field for the concept of the transformative effect of arts activities on health and well being. The participatory research process enabled us to explore that idea in more depth within projects, and to draw together the themes that arose from interactions within an overarching model to illustrate the process involved. (see fig 1)

In this model, the process of transformation can be viewed as arising from firstly making a central investment in the nature of the creative environment and holistic, person-centred approach. Into this 'space' by embracing the holistic approach, (through engagement and constructive relationship building) the arts bring activity and inspirational art work that it is reported has a catalytic effect on people and places. It also offers the potential via engagement, for entrance into so called 'flow' states where the possibility for change and development can occur.

The transformative effect is understood to occur in response to achieving a balance between both the 'creative conditions' and a designed and sustainable underpinning structure. When both of these aspects are in place, new 'emergent' elements can arise as a result of the process of transformational change. Below is the model that illustrates this process:

## The Model of Transformational Change



Kilroy A.J. (2007)  
Figure (1)

The process of transformation can be viewed in this model of transformational change which has been developed from the data collected and from inter-disciplinary discussions with practitioners, participants and stakeholders. This is an emerging model that is still under development.

### The Model of Transformational Change

The model of transformational change has been developed to represent visually and holistically the dynamic and interconnecting pattern of influence and effect. This takes the form of artist and participant inter-connecting feedback loops through which mutual experience, learning and insights are shared. The co-centric circles at the centre of the diagram represent the interconnecting modalities of the holistic approach and the environment and culture (enviro-culture) that inter-connect and host the arts activity.

This basis or constant in terms of the environment and atmosphere of the projects is what practitioners aspire to develop in order to facilitate an optimum participant experience where transformation is possible.

Within this setting, the art form of choice then acts as a dynamic catalyst, stimulating creative engagement and relationships which raises the potential for entry into the 'flow' state where the participant and artist are immersed fully in the timeless occupation of the creative act.

It is proposed that the shift or process of transformation occurs in response to both the nature of the conditions and the quality of engagement within the creative act, and this is represented by two adjacent feedback loops of experience, between participant and practitioner.

### **Feedback Loop (1) participant**

The participant cycle is characterised by a movement from the central 'flow state' into a process of shifting perspectives and expectations, until some degree of transformation has occurred. This 'active' phase is followed by a phase of integration where the participant attempts to process learning and change via personal development, and often this is achieved through repeated cycles of activity, each one not only informing their own development, but also that of the artist and the process itself, in this open-learning system.

### **Feedback Loop (2) artist/practitioner**

The artist/practitioner cycle emerges from the engagement with the participant within a feedback loop into a period of response, adaptation and embedding. This is possible because the practitioners perceive that unlike many of their health counterparts, they are able to respond to the process as it arises, and so are able to adapt and make activities more responsive to individual need. Where there is a clear capacity to interact, adapt and respond.

## **Descriptions of components of the model**

### **1. The holistic approach**

The approach was described as being holistic in nature, in that it attempts to recognise and respond to the whole of the person. The approach is about engaging people, inspiring or challenging them on multiple levels; exposing people to broader experiences and ways of relating. Each project developed an individual 'statement of intent' with reference to agreed consensus about the nature and purpose of their work. This was developed as a result of their appreciative inquiry explorations. Below is one example of this:

**Approach  
Statement of Intent**

**We bring imaginative and creative play to older people within hospital and community settings. In doing this, we aim to give people a pleasurable experience, whilst enabling them to document their lives through poetry and art. We believe that this generates confidence, insight and desire to experiment.**

**Our aim is to facilitate a creative space which encourages an atmosphere conducive to change, growth and transformation. One which embraces creativity, understood as being about challenge and entering flow states, which we believe will encourage both choice, and increased confidence to make art. This will ultimately have a positive impact on health, well being and will have value as part of moving towards goals of successful ageing.**

**We wish to acknowledge the importance of giving respect and credibility to all participants with regard to their artwork. Also to recognise that aspects of what we do might be immeasurable with current research methods.**

**Developed by project team (2) within AI workshops**

These approach statements encouraged the research team to explore across projects what impact the approach might have on the transformative effect. The overall ideas around 'approach' across projects suggested that it encompasses certain core qualities, qualities of experimentation, adaptation and responsiveness, which are believed to underpin optimum cultures and inform culture change. The goal of practitioners was to deliver activities in a specific way, by embodying qualities of openness, transparency and equality, and by aiming to be non-judgemental, non-hierarchical, and consistent.

*I've never thought it before but these people have put it inside me.  
They have shown me what they can do and I want to be like them.  
I want to work. It may be voluntary work or part time or whatever.  
I just want to get out of bed and have something to feel responsible  
about, somebody to chat to in the workplace and all that so it adds  
to your life really.. (Mental health service user)*

It is suggested that this overall approach is fundamental to creating part of the 'creative space' and that this combination of factors has the potential to build a culture and structure that is conducive to raising expectations, triggering inspiration and motivation for change, and encouraging learning and personal growth. This in turn creates the conditions for well being and health to arise.

*"so what the arts does is engage with people at a range of levels, and really hook them in to building on their abilities and I feel that through that its quite a natural way of people forming relationships...it just*

*creates a very relaxed atmosphere and people start communicating, and its that effective communication that builds the relationships and gives people ideas, and you know inspires them to do different things” (nurse/arts and health project lead)*

## **2. Enviro-culture**

There was a perception from the respondents in the study that a central part of what their work was about was offering something different to health care environments. For many respondents, these environments by design and by the lack of attention to creating a supportive space are seen to be those that are not conducive to the promotion of health and well being.

*The way health care settings feel is just wrong. They’re improving and Some feel very right now, but you know what I mean it’s that whole thing about them being over-clinical, over-structured, over-urm... just lacking humanity I guess, and the arts are a way of bringing that in. They just help connect people and involve people and engage people. You know all that stuff. (writer)*

It was suggested by practitioners that introduction of arts per se, and also creative approaches to those spaces, directly contributes to investment in people and places that are part of promoting health and well being, creating an environment supportive of positive growth and change. Creating a space for change therefore was something that included a number of factors; it is suggested that it is about giving attention to the purpose and needs of the physical space, and also to the culture, or experience of being in that space.

*We were looking at what needs to happen to create an environment that would actually reflect the culture, especially where we’re positioned in the local community. (musician)*

Project stakeholders also responded enthusiastically to the potential of shifting the culture within spaces that had become particularly resistant, such as waiting rooms, or mental health drop in centres, so that they could offer something more than ‘holding people in the same mindset’, they could potentially be part of the therapeutic process itself.

*“I think what the arts did was provide a tool to build relationships for learning, relationships with a sense of purpose and permission. What this has actually been about for me, is actually getting involved with an artist on an arts project and changing the environment”  
(nurse, arts and health project lead)*

## Image 12 – Andy at Blue SCI

### 3. Art as a catalyst

The respondents describe the way that the arts act as a catalyst for the desired change, and also as an inspiration for that change. Engagement in the activities provides the impetus and motivation for things to be seen differently and for capacity building within an individual to do something different.

*“the arts has a role to play in social change and well being is part of that (musician)*

That capacity building was not necessarily about reducing symptoms so that health could emerge, but rather building on positive qualities of confidence and self-esteem and providing positive experiences and support so that the person would be in a position to choose for themselves the road to recovery.

*You don't become 'un-psychotic', as it were, because you've done some arts work. What you do do, though, is you build up confidence, you build up self-esteem, you get some peer support from other people, and you can explore some of the issues that for you are very important, through art. So an art as a recovery vehicle, I think is a very positive one. (recovering participant/project worker)*

Arts it is suggested therefore act as a catalyst by opening people and places to the possibility of change, by lifting the mood and the atmosphere. They have great potential in presenting positive challenges and offering diverse experiences to connect people in mutual experiences, breaking down barriers, and engaging those in the system. This in turn has the potential to evoke and build the capacity for deep learning and change.

*“arts interventions are much more than pictures on a wall, and is much more than just the artist having a nice time, it that art is a vehicle for change and development and that’s how the service here has evolved” (artist/arts and health project lead)*

*“I think you have got to be aware of the people you are working with and their vulnerability because art can be a very emotive thing and you might tap into something and not be able to deal with it” (service commissioner)*

### **Engagement and relationships**

The arts therefore are presented as a powerful means of connecting and engaging the participant and the practitioner within the mutual activity and it is through this medium that deeper more meaningful relationships are formed.

*“it’s about getting people together, helping them express themselves, find talent they didn’t know they had” (health lead – mental health)*

This is important particularly in health environments or in periods of illness where people feel isolated from their usual activities and rhythms and removed from friends, family or work colleagues, and can often been in a situation where they lose identity, self-esteem and confidence.

*“children in that (hospital) environment are away from home, away from their families, and they need to feel like they belong, or at least that somebody their knows them, so if the arts can help those relationships then that’s a real strength in what we can do” (artist and cultural champion)*

### **5. Flow**

*“growth only occurs when you are at the edge, people only go there in response to a crisis...art takes you to the edge, but without the crisis” (shadow artist)*

Once engaged with or exposed to arts, participants describe an experience of entering what has been described as a flow state. This is where people experience a sense of

timelessness, of deep concentration or engagement. This has the effect of opening up space and potential to break patterns of thinking or introduce new possibilities.

*“peoples thinking, like you see in hospitals, the thinking gets stuck in the same ways but if you can do an arts session with them, then their thinking gets thrown up in the air...it has quite a deep impact” (shadow artist)*

Within these activities the participants describe a mixture of experiences; feelings of deep well being, feelings of challenge, effort or an acceleration or shift in thinking.

*we created an atmosphere in that moment...it felt really charged, as if we all new something important was happening, there was a sense of things accelerating suddenly and of this not being an ordinary Sunday afternoon on a hospital ward, but being something special, something particular” (poet/writer)*

#### Image 13 – Pendle silk painting

It is proposed that engaging with creativity within the self and entering into the ‘flow’ state can provide a powerful means of shifting the focus of attention from illness or negative thinking, even for a short period of time, and this can in turn allow the opportunity for a change to occur.

#### **6. Raised expectations and seeing things differently**

As a result of experiencing the ‘flow state’, in conjunction with the other aspects of the creative experience, there is a reported sense that people begin to ‘open up’, to ‘see things differently’ and that this is all part of a sense of uplift, of having raised expectations, expectations that reflect those perceived in the creative environment around them.

*“It has enhanced my life in the sense that it makes me look at things through a different eye, if you like, like photography does...it also opens your eyes to looking at the overall picture” (older participant)*

From this it is reported that people both feel that the experience has made a difference to their lives and for practitioners that they are able to make a difference, which brings role satisfaction.

*“you get feedback, very deep feedback from some people who feel you have made a difference to them in their lives...for other people you might just have made a difference for two hours” (artist)*

## **7. Eudaimonic well being**

The shift in the pattern and sense of opening up and engaging in new experiences it is suggested enables feelings of well being to arise. This is also seen as a holistic experience that is inclusive of all aspects of the system, the person, the process and the system itself.

*“I think of well being as the whole person; and its physical health and emotion and mental health and energy and motivation and you know it’s the whole person in that whole community that is the hospital ... we use the term well being rather than health because it’s more inclusive of the whole person and the whole system” (artist and cultural champion)*

## **8 Transformation or shift**

The transformation or shift in behaviour or outlook it is suggested, comes in response to this process and these conditions. It is stressed that this environment, culture and approach can only provide the conditions for the transformation or shift to occur, and that ultimately it is a choice whether that potential is realised.

*“The arts transformed my life. It did, it transformed my life, but it didn’t come without a lot of hard work on my part as well. It didn’t come and just transform my life you know, I had to become a part of it as well...I had to work at it and work at my friendships” (artist)*

The transformation can be an uplifting experience it is reported or it can equally be difficult and life-changing. Often the more profound changes are seen to come about where the participant is able to engage in repeated cycles of engagement with the arts so that the transformative experience is repeated and the change is embedded into that individual and utilised more actively as a change agent.

*“we shouldn’t forget that the arts can go deep and can sometimes open things up and go may be a bit too deep you know. But there again it that can be good as well you know and it might be*

*the stepping stone to seeking different kind of help you know  
that kind of thing. (artist)*

## **9 Learning and personal development**

Following the dynamic phase of 'transformation' therefore there is a subsequent phase where the individual processes that experience in terms of their learning or personal development, and attempts some form of integration or understanding. The new information or available impetus or 'energy' is often channelled into a period of making sense of the experience. In this phase, participants typically notice that they are changed in some way; often this is a positive experience of feeling better, feeling happier, along with a sense of wanting to do something with the renewed impetus.

*"we decided to apply our art skills to working in the community...we soon saw benefits that it could have on people and just the way it makes them feel happier, or generally better, or communication skills or confidence increased" (arts officer)*

Participants also noticed that in this phase they are more able to have an awareness of others, they notice things more and are more inclined to want to help others, give something back or make positive changes to relationships.

*"It has been a development for me really, of a side of my being which I perhaps wasn't aware of before. (older participant)*

*"its an opportunity to see the world in a different way, even if it's just for half an hour of that intense time" (visual artist)*

## **10 Response-ability adaptation and embeddedness.**

The practitioners in the project teams report that they aim to remain close and responsive to the participant experience. It was noted that there were three themes around phases of response that arose in the project team feedback. Firstly the teams expressed awareness that they were often different than practitioners in the health field because they had an immediate response-ability. They felt it was important that they were able to respond with immediacy to the creative flow and to changes in participants and groups.

*"the thing that came out is that they (health staff) are under immense pressure; circumstances can change minute to minute, hour to hour... there is no continuity and they wanted ways to engage the children, and a lot of what we do is we say 'well you yourself could be that too,*

*you can engage them with your own creativity...it's a mindset, its about the way that you think, its about creative problem solving"*  
(education and community manager)

Secondly they felt they were able to adapt activities readily as part of the response to the process of activities, which was important in following the natural 'organic' growth of people and projects.

*"I think part of it is inexperience, lots of them are young people who are at different stages in their lives and they have had no experience of illness or young children, they are thinking of things that they would like and then adding a childish touch like bright colours...we want to push things beyond that" (writer)*

Finally there was a clear recognition of the value of the level of embeddedness of the arts in the organisation or community served by the arts activities.

*"I think the fantastic key to the whole alder hey programme is having Vicky in the post, having a co-ordinator who is there at the hospital, in that environment and she is kind of embedded in their culture and she is fantastic at making organisations fit together, by finding out where they overlap" (community programmes curator)*

Image 14 – Blue Wear Purple image – full page

Image 15 – WP bottles – full page

## **Exploring the value of participatory evaluation as a means of capacity building for sustainability and development.**

Although the literature demonstrates that the field has grown exponentially over the last ten years, there were a number of clear issues that had arisen that related to how evidence of benefit or effect should be gathered, what it was for and how generation of different forms of evidence might impact on improving overall sustainability of individual projects and arts and health as a whole. This linked to questions around whether evaluation was about gathering evidence (primarily for funding reasons) or about learning and evolution of practice as a result of new knowledge and culture change. Within the design of this evaluation we wanted to create a balance between these two areas as we believed that evaluation was about both evidence gathering and learning. We wanted to explore more precisely the nature of processes which underpin successful initiatives (Coulter, 1991; Matarasso, 1996) and to look at whether the arts activities contribute to building social capital by enhancing well being and self esteem (HEA, 1999) and thereby health.

There was an interest from the arts field about the extent to which engaging in evaluation was useful for both the artists and the projects, to think critically about their work (Matarasso, 1996) and thus contribute to encouraging growth and development.

There was some evidence across the field to suggest that the lack of clear aims and objectives around health made evaluation of arts practice difficult (Angus, 2002). It was suggested that there was a need to develop a culture of utilising both learning and evidence to maximise impact and inform planning and management of projects (Matarasso, 1998b). It was also suggested that what was being measured was not necessarily useful relevant or meaningful to the diverse stakeholders and there were calls to develop evaluation methodologies accordingly.

Finally sustainability and funding of projects generally was widely reported to be a barrier to development and to exploration of longer term benefits of this work. What was clear overall was that there was a need to address the question in terms of the whole system, rather than looking at individual parts alone, and in particular, in terms of the organisational aspects of arts and health projects.

The responses shared in the research process from all stakeholders suggest that the transformation can take place whatever the length of engagement. If however, responses are to be sustained, developed and expanded, the view is that attention to underpinning structures need to accompany the creative culture and activity.

The nature and scope of the participatory evaluation meant that a certain depth of perspective and relationship was achieved within projects that facilitated exploration of the structures and sustainability of their work. For some projects this process was deeply personal and highly transformative in itself, and it was the co-operation and openness of the projects to participation that encouraged deeper insights and evolution in understanding about the overall mechanisms of effect.

Image 16 – Salford post it group

What is explored in this final section are the pyramidal structures illustrated in the model which represent both the underpinning balanced structure (structure, feedback and sustainability) and emergent effects (emergence), all of which mirror a broader understanding of 'emergence' as a concept for approaching an understanding of a sustainable system whether that is human or organisational.

## Findings and responses: Participatory evaluation as a means of capacity building for development and sustainability

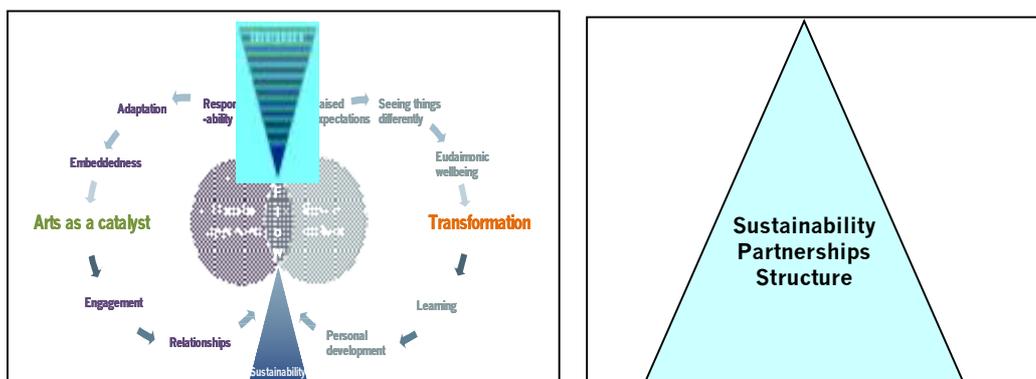


Fig (1)

Fig (2)

## Emergence

The model of transformational change is based on a system of interconnecting feedback loops, which although illustrated here as a sequential process, are in fact, often non-linear and cyclical.

This suggests that when the structures and creative conditions are in balance, transformation can occur, and from this, there can be an evolution, development or 'emergence', of both the individual and the system itself.

This conceptualisation and modelling of the process of transformation is based on principles of emergence (Capra, 2002) cultural values modelling (Barrett, 200) and appreciative inquiry (Cooperider, ). The data gathered from the Invest to Save evaluation mirrors the concepts each describe when exploring what 'gives life' to a sustainable system, be it human or organisational as follows:

Emergence is represented as both a process and a pattern, which is believed to be more representative when attempting to understand a living thing than is a linear measurement of one individual aspect. The concept of self-organisation or emergence comes from the study of the flow of energy and matter through complex systems which resulted in the theory of dissipative structures (Prigogine, ). This describes any open system that maintains itself in a state far from equilibrium, yet is stable despite the ongoing flow and change of its components. The term dissipative structure emphasises the close interplay between structure on the one hand and flow and change on the other. The dynamics of these dissipative structures specifically includes the spontaneous emergence of new forms of order in response to an increase in energy or instability, such as encountered during illness or change.

*“the experience of instability that leads to emergence usually involves strong emotions. The experience of tension and crisis before the emergence of novelty is well known to artists, who often find the process of creation overwhelming and yet persevere in it with discipline and passion.  
(Capra, 2002)*

The development of order at critical points of instability is known therefore as emergence; it has been recognised as the dynamic origin of development, learning and evolution, in other words, it is supportive of the view that creativity is a key property of all living systems. Since emergence is an integral part of the dynamics of all open systems, it is understood that such

systems in order to be successful, need to be able to *balance structure* with *open creativity* to develop and evolve.

### **Structure in an emergent system**

An optimum structure for an emergent system therefore is one that maintains a balance or creative tension between having some structure in terms of clear aims, goals and some freedom to create the optimum conditions for evolution and growth. These conditions include being open to new ideas and knowledge, and supporting those aspects of practice and approach that 'give life'. The structure is therefore to be understood on terms of its capacity to support a dynamic balance between development by design and a creativity in the culture.

*"In human organisations there is a tension between its designed structures, which embody relationships of power, and its emergent structures which represent the organisations aliveness and creativity... The challenge is to find a balance between the creativity of emergence and the stability of design"(Capra, 2002)*

The research data suggests that the culture being developed in projects is one that is based on teamwork, interdisciplinary exchange and having a clear vision. The embodiment and cultivation of qualities described in project 'approach statements' inspire participants towards development of those qualities or skills themselves.

*"working together in art, it can be anything, you don't have to follow any rules, this allows children to build up these skills, the ability to accept, tolerate, negotiate and question"(artist and cultural champion)*

This culture it is reported enables participants to open to new possibilities and build confidence and self-esteem.

*"Its made me more open. Before I was a closed person, to say a few words a year was a lot and now I won't shut up. (mental health service user)*

In existing organisations, the cultural change has to be considered and based on a combination of evidence and inspiration, with opportunities for all in the system to contribute to and benefit from its evolution.

*"everything that drives culture change going on will be beneficial. There is an element of people not being involved that are outside it. I'm involved because I go to the meetings but helping my staff look at the new design is part of changing that culture" (NHS estates manager)*

The projects that are successful are planning long term, are self-aware and open to feedback and development from inside and outside the organisation. It is important to the development of a sustainable system that it is working alongside other agencies

*“the service we are offering here is about a real opportunity to make significant changes in people lives. To do this you need to have a long term approach into which all agencies and organisations can work and fit. So it needs to have college input, it needs to have education, arts funding, it needs to have social funding, it needs mainstream employers involvement etc...what you should be doing is developing it in such a way that its so under the skin of the community that you don't actually know how deep the roots go, its so embedded” (artist/arts and health project lead)*

In response to having greater clarity and transparency in practice, as well as a dynamic vision, commissioners report that they have felt more able and more inspired to commission services.

*“we commissioned them because they had the most coherent plan, they offered something different, they seemed confident and had loads of enthusiasm. They had a vision for the building and a vision for what they were doing, and they had just the right balance between attributes and ideas” (local authority commissioner)*

### **Relationship and feedback in an emergent system**

Within the optimum structure, there is the experience of transformation and change which is important to understand in terms of an emergent system. Triggers for emergence are believed to be events such as crisis or novelty (new experience), and from the responses to this event the impulse to communicate arises and relationships are formed, which evolve into feedback loops of experience. From this there are cycles of impulse, response, sharing and feedback which recur. In response to these relationships the potential for adaptation and response-ability is greater and this underpins the potential for transformative change.

*“new order is not designed by any individual but emerges as a result of the organisations collective creativity. In order to set the process in motion, there has to be an active network of communication with multiple feedback loops to amplify triggering events”*

The research suggests that change is thought to be initiated by crisis or novelty, and this can happen as part of the routine of practice. Often people will respond to what they see around them and seek to improve it. In projects the artists and health practitioners each wanted to change the quality of the environments they engaged with or worked within.

*“just a few mobiles or a few pictures on walls is not enough, you have to have the right culture so that people feel engaged, and what’s been evident so far has been not a huge amount of activities taking place on the wards” Music and health has created a buzz it has made staff more aware of extraneous noise, intrusive noise, everything that was going on that was quite different and difficult for the environment” (NHS doctor)*

Health practitioners noticed the quality of relationships formed through arts engagement, and became inspired by the potential of that to enhance practice.

*“I started to look around and started to notice the relationships, the positive relationships that the children had with the play specialists... I don’t think I had thought before I came into post about just how positive the impact of art and drama culture has on health and development” (nurse manager)*

This has led to moves within health settings and arts projects alike to initiate small scale projects and whole scale cultural change initiatives, fuelled by arts, which would become more deeply embedded in the ethos and practice of the organisation.

*“I didn’t want a big bang and a lot happening and then it fizzled out, I felt that would be de-motivating and it would be a big show with nothing at the end. So it has to grow, it has to be embedded, and in order to do that it needs people to feel engaged and feel they want to pursue it on much greater numbers basis so that it channels communication across to people who don’t normally look at those channels of communication” (NHS doctor)*

### **Sustainability in an emergent system**

The goal of emergent systems long term is evolution and sustainability, and it is suggested that this achieved through collective empowerment of the whole of the system, not only one part. It is equally dependent upon the balanced tension between having a designed structure and open creativity. It is also based on a balanced approach to guiding and delivering the practical elements of the system in question.

The emergent 'approach' lays a challenge for the elements of the system to embody the following traits:

- To hold a clear and inspiring vision
- To nurture networks of communication
- To develop a learning culture
- To facilitate experimentation and allow freedom to make mistakes

(Capra, 2003)

"a culture fostering emergence must include the freedom to make mistakes; in such a culture, experimentation is encouraged and learning is valued as much as success"

The research data suggests that for health commissioners the arts are valued but are seen as something of an added value item rather than a priority. There was an expression of some tension between choosing between the desirable and the necessary.

*"I think its not just about throwing money at it, I think its about a whole culture shift and training ...I think in essence I have absolutely no problem with the arts but I think they need to have some sensitivity to what they are going into in health environments, the pressures and priorities of the people working there" (health commissioner)*

Health organisations often have to balance the needs and priorities with aspirations towards excellence, and the arts have been reported as a means of impacting on both areas.

*"recognising nationally as well as locally that we are seen as a centre of excellence for the work, and we will promote the focus through the art and not really the health. There's a health benefit but delivered with an arts approach". (nurse/arts and health project lead)*

*"the demand of the population on health and social care things is greater than we can afford so we have always got choices and priorities... if faced with a choice between one or the other you just have to pursue your gut instinct...I don't mean me personally, I mean the organisation... that's almost the randomness of it" (NHS chief executive)*

There is also the question of having an evidence base to support the commissioners of arts activities with a general feeling in health settings that good evidence is lacking. In those health institutions where the arts have begun to embed into the culture however, there is a recognition of the importance of recognising their value beyond evidence.

*“the danger with the evidence based culture is that if you actually stopped all practice based on evidence we would stop doing 90% of what we do” (NHS chief exec)*

## **Parallel journeys: Linking evaluation findings to strategic initiatives**

The underpinning health impetus for the Invest to Save arts and health evaluation was the public health agenda, underpinned by Choosing Health Report of (2004) which introduced the concept of a ‘paradigm shift’ (DOH 2006) in the way that health promotion was approached. In October of 2006 after two years of working with the Choosing Health objectives, the Department of health published an update of progress of this initiative called Health Challenge England, which outlined what learning had occurred during that time and what progress had been made as a result of the shift in approach. The Health Challenge report placed a greater emphasis on the importance of encouraging and supporting ‘aspirations’ towards wellbeing in addition to health behaviours, and it emphasised the importance of placing partnerships and alliances at the heart of encouraging new means of challenging old ways of looking at health problems (Flint, 2006). The Invest to Save evaluation has focused on exploring the value and impact of one of these partnerships, the alliance between arts and health, exploring perceived impact and benefits of arts activities on health, along with focusing on wellbeing as a useful indicator to measure perceived value and benefits. Across six different projects, involving 104 participants, it was found that measured well-being, health, mental health and job satisfaction, all increased significantly following engagement with arts activities. In a sample of 104 participants who measured pre and post well being it was found that scores of well being increased significantly as a result of engagement with arts activities. The well being measure utilised (Ryff 2004) had six subscales which were; autonomy, environmental mastery, personal growth, positive relationships, purpose in life, self-acceptance. Across the six projects the profile for individual aspects of well being indicated that environmental mastery was most significantly increased which perhaps reflects the

importance of the quality of the environment to all stakeholders. Autonomy which is linked to raised confidence and self-esteem also demonstrated a significant increase, along with a greater sense of purpose in life, which each link to an increased overall capacity or motivation towards health.

Health Challenge England reports that what has been learned is the importance of creating the right environment for change, to 'create an environment where healthier choices are easier for all'. The importance of creating a positive atmosphere and environment for health, well being and change has emerged as a strong theme within the findings of this evaluation. It is through this that people are motivated to change their circumstances for themselves, which in turn means raised confidence and self-esteem. Perceived wellbeing therefore is significantly improved through the experience of challenge and creative inspiration, within a positive and supportive environment.

The strategy to empower people to make healthier choices is still firmly on the agenda, and this involves shifting the way people think about becoming healthier, encouraging people to manage challenges themselves which then leads to greater health and well being. The responses from the ITS evaluation suggest that the arts and health activities take an approach which recognises that people who are sick or disenfranchised often have a diminished capacity to deal with challenges, and an adjacent apathy or de-motivation for healthy behaviour. Health Challenge England advocates building peoples capacity individually and collectively to improve their lives through engaging with education, employment and through feeling safe and having access to local services, thereby building stronger communities. Building people's capacity in any of these areas means engaging them, encouraging involvement and ownership in initiatives and community activities and raising expectations. The arts for health projects involved in the evaluation placed great importance on the overall approach taken to working with participants and with each other. Expectations were high within projects that were working well, and this enabled those who came into the environment to feel uplifted and valued. Each project reflected a unique culture or ethos. However, there were some core themes, such as that optimum environments were places in which those present experience learning, challenge, potential for experimentation, along with support, shared experience, non-competitive and non-hierarchical structures and opportunity to 'practice being well'.

**Image 17 – line for walk**

It is suggested that this overall approach is fundamental to creating the environment which houses the arts activities and that this combination of factors has the potential to create a culture and structure that is conducive to raising expectations, triggering inspiration and motivation and encouraging learning and personal growth. This in turn creates the conditions for well being and health to arise.

In terms of health promotion, the Health Challenge report continues to emphasise prevention, choice and a personalisation of service responses. The aim expressed is to examine the root causes of behaviour and to seek new ways of encouraging healthier choices. The view from participants and practitioners in the evaluation however is that the root causes of behaviour might not be known to individuals or there may be fear or blame attached to taking this type of approach. What is suggested is that engagement with change comes about where a person is motivated and perhaps inspired to want change for themselves and that this should be the primary aim. As the capacity and desire for change is increased, through participation in the arts projects, an individual is then in a better 'place' or 'state' to look at cause and consider change from a more connected, and balanced perspective.

*“its about creativity, its about the mind, its about confidence, its about self esteem, in some cases its just simply about distraction and actually getting people through the day and being able to deal with treating people”*

*(arts co-ordinator)*

From delivering a range of single issue based programmes around the key prevention areas, the Health Challenge initiative has learned that people's behaviours are multiple and complex, and that negative behaviours are often linked to individual perceived confidence and self-esteem. The suggestion is that there is a need to focus on initiatives that give people confidence to do things differently. Within the ITS evaluation confidence and self-esteem were clear themes expressed by participants and practitioners alike, as was a perception that there was an increased desire and capacity to do things differently.

*“it can also soften some people who live in their own narrow way of engaging and it can bring them into looking at things differently” (NHS doctor)*

A key development in Health Challenge England was that of social marketing. This is described as a set of tools that can help people achieve change by understanding where they are in their own lives and to help them determine what strategies need to be implemented to

make positive changes. There is the potential, within the arts for health movement, for the promotion of social marketing. The belief is that to achieve lasting behavioural change, social marketing requires investment in understanding the audience at the beginning of any strategy. Within this strategy there is the opportunity for initiatives to come together at the outset to look at the overall vision of what they are trying to achieve and to involve those concerned in that stage and the planning of any initiatives, so it is relevant and meaningful and also to encourage ownership and perhaps the potential for innovation, creativity and enthusiasm around tackling the problem, thus moving towards a balance of designed structure and open creativity.

*“The challenge is to find a balance between the creativity of emergence and the stability of design”. (Capra, 2002)*

The arts activities are designed to be responsive and person-centred, which works well with this type of approach. The evaluation process has introduced in some cases, or consolidated in others, frameworks for learning and reflection, so there is critique of practice and greater attention to planning and setting of objectives. What has been learned from this process is that it is important that the whole of the system is engaging in this process and not just the participants, the projects where social marketing works best are those that overtly include all aspects of the system in planning and strategies.

*“its about embedding arts and health in to the ward environment and having it be seen as something that’s important to everyone”  
(Nurse manager)*

Health Challenge England, also celebrates the ‘Small change, Big difference’ initiative. This initiative involves individuals and multiple partners working together to make small but achievable changes in lifestyle and practice that can make a difference. Within the evaluation data it is clear that the desire to make a difference grows in response to engagement with the arts; however this motivation grows not only in participants, but also in practitioners and in professionals working with or commissioning the projects, and the growth is non-competitive and not solely about reaching outcomes. Approaching change in this way, the system itself begins to evolve and this is perhaps the unique approach along with the catalytic arts activity creates a dynamic environment for change and the opportunity to enter into heightened performance states from which real change can be triggered. The longer the projects are available to people, the more this benefit is consolidated and sustained. This is perhaps reflects the moves documented in the choosing health update which suggests that there has been a movement from ‘transmitting expert advice and relying on fear tactics’, towards empowering and motivating people to trigger sustainable behaviour change, to use positive approaches, that go beyond remote information provision to sources that are integral to the

spaces that people use (hospitals, schools health centres). This it is recognised means being prepared to support new ways of working and perhaps be responsive and adaptable. The arts projects at the heart of this evaluation each have a strong ethos of being responsive and adaptable, and to offer new ways of working, beyond the usual health care response.

*“We wanted to create a learning environment, a place where people have an equal say and contribute to how things work. So we had some idea, some vision of how the culture should be about learning, so its natural and quite subtle but people got involved and it did change attitudes and I think it is more about...because of the way that the artists work”*  
*(nurse/arts and health project lead)*

A main barrier to this approach is the limits to sustainability of arts for health projects. In particular, they are unable to offer projects long term, and to have strong supportive financial structures that enable them to test this approach. A common reason given for this is that funding is often short term and sporadic and long term funding is not awarded because of a lack of evidence. It is suggested however that it is important that the calls for evidence do not undermine progress and innovation “the need for action is too pressing for the lack of a comprehensive evidence base to be used as an excuse for inertia” (Wanless Report, 2001)

*“the whole concept of design is about well being and health, and that’s all, the other thing that’s emerged is initially we thought about art, art around the hospital...and now we are talking about a much longer lines of benefit for health, and not art just as a piece of something, but art as part of the environment, and children’s outlook... and now everything feels much more connected” (NHS estates manager)*

**Image 18 – Blue SCI environment**

## **Conclusion**

This evaluation has shown that it is through combining a holistic and person centred approach with a positive and supportive Enviro-culture that the potential for transformative change is enhanced. Arts acting as a catalyst within the 'considered' environment offer the opportunity to enter into 'flow' states where there is a perceived relief from negative thinking and unhealthy patterns of behaviour. This alongside enhanced relationships and new skill development can raise expectations and open new possibilities, encouraging perceived well being from which transformative change can arise. This research suggests that these changes can be small or great, and can occur within short or longer periods of engagement. What is clear however is that it is only possible to sustain the combined cycles of the catalytic and transformative effects of the arts if the infrastructure of the project is sound. Security of infrastructure includes long term funding, good organisation and the ability to follow objectives, towards an agreed goal or vision, whilst still being responsive to learning. The findings in this respect reflect those of similar studies that focus on the impact of arts as a means of promoting change which reported demonstrable benefits in the arts ability to engage the whole of the person which was seen to elicit a deeper investment in learning, and the capacity to experience what was described as 'flow', self-regulation, identity and resilience (Fiske, 2002).

It is proposed therefore that similarly engaging the whole of the person in arts activity, building potential for flow, personal growth and capacity for change, will facilitate a 'deeper investment' in moving towards health and well being from the individual and the whole of the system alike.

This emphasis on learning for change, as well as on the gathering of evidence, has drawn attention to the value of investing in a cultural shift, from bureaucracy and risk aversion, towards one of greater risk taking, challenge and innovation, where new ways of working can be explored within a supportive system and change can happen more organically and for all parts of that system in the name of enhancing health and wellbeing.

## **Appendices**

### **Appendix One - Questionnaire Profiles**

The following questionnaires were used in the study. All were selected for their ease of use, reliability and the fact they are all widely used validated measures. Each questionnaires subscales are explained below.

### **Ryff's Scale of Psychological Wellbeing (84 item scale)**

- **Self Acceptance:** Central feature of mental health, self actualisation, optimal functioning and maturity
- **Positive Relations with Others:** The importance of warm trusting relationships, being able to love is seen as a key component of mental health
- **Autonomy:** Self determination, independence, don't look to others for approval but evaluate oneself through personal standards
- **Environmental Mastery:** Ability to advance in the world and change it through physical or mental activities
- **Purpose in Life:** Belief that one has a purpose and meaning to their life. Direction and intentionality
- **Personal Growth:** Continue to develop our potential, to grow and expand as a person. Continually develop and become.

### **General Health Questionnaire (28 Item Scale)**

- **Somatic Symptoms** – This subscale refers to health symptoms associated with the body.
- **Anxiety and Insomnia** – This subscale asks about sleeping patterns and feelings of anxiety.
- **Social Dysfunction** – This looks at whether the participant has been able to continue and enjoy their day to day activities.
- **Severe Depression** – This subscale explores feelings of severe depression

The GHQ measures how much a subject feels their present state (over the past few weeks) is unlike their usual state. It is not intended to make clinical diagnoses.

### **Hospital Anxiety and Depression Scale**

- **Anxiety:** Generalised anxiety, not necessarily focused on one situation. Anxious mood, restlessness, anxious thoughts. Somatic symptoms of anxiety are not covered by the HADS A scale
- **Depression:** HADS D scale largely covers the loss of interest and diminished pleasure response. This lowering of hedonic tone has been recognised as a reliable guide to a mood disorder of biological origin (and therefore the depressed state most likely to respond to antidepressant medication).

### **Warr, Cook & Wall Work and Life Attitudes Survey**

- **Work Involvement:** Refers to work as a whole, jobs in general. Includes general work ethic. Includes how much a person wants to be involved in their work.
- **Intrinsic Job Motivation:** A persons motivation for their current job. The extent to which a persons work performance affects their self esteem. Refers to intrinsic motivation – their personal achievement and task success (rather than pay or working conditions).
- **Higher Order Need Strength:** Employees need for satisfaction and achievement through skilled work. Opportunities for personal growth and development, i.e. 'job allows me to be creative and innovative'. This concept is similar to intrinsic job motivation but higher order need strength refers across jobs rather than current job only.
- **Perceived Intrinsic Job Characteristics:** The extent to which certain work motivating factors are involved in a job – job variety, autonomy, task identity, task significance and feedback to the worker.
- **Job Satisfaction:** General job satisfaction focusing on both extrinsic and intrinsic factors.
- **Life Satisfaction:** Peoples satisfaction with their environment and everyday life.
- **Happiness:** General happiness.
- **Self Rated Anxiety:** Anxiety, neuroticism etc.

## **Appendix Two - Project Profiles**

### **Project One**

New and well funded arts on prescription project based in an urban location. Situated within a well established arts project and based in a purpose built community centre. Works with people with mild to moderate depression using a range of art forms.

The questionnaires used were Ryffs Psychological Scale of Wellbeing, the General Health Questionnaire and the Hospital Anxiety and Depression Scale. 20 participants took part overall of which 15 completed all questionnaires.

<b>Age Group</b>	18-34	3
	35-54	9
	55+	3
<b>Ethnicity</b>	White	15
	Other	0
<b>Employment</b>	Employed	4
	Unemployed	5
	Retired	3
	Other	3
<b>Art Form</b>	More than one art form	15
<b>How you found out about project</b>	GP Referral	10
	Advertising	0
	Friend told you about it	1
	Support Group	1
	Cont from prev. project	0
	Other	3

### **Project One Demographics**

	<b>Project One</b>	
<b>Gender</b>	Male	5
	Female	10

### **Project Two**

A 3 month pilot scheme of an arts on prescription project developed from an exercise on prescription scheme, based in a rural location and aimed at people with mild to moderate depression. This project recruited participants who were offered 10 week courses in creative writing, drumming and silk painting.

The questionnaires used were Ryffs Psychological Scale of Wellbeing, and the General Health Questionnaire. 27 participants took part overall of which 15 completed all questionnaires.

### **Project Two Demographics**

	<b>Project Two</b>	
<b>Gender</b>	Male	0
	Female	15
<b>Age Group</b>	18-34	5
	35-54	1
	55+	9
<b>Ethnicity</b>	White	14
	Other	1
<b>Employment</b>	Employed	6
	Unemployed	0
	Retired	6
	Other	3
<b>Art Form</b>	Creative Writing	5
	Drumming	7
	Silk Painting	2
	Multiple art form	1
<b>How you found out about project</b>	GP Referral	0
	Advertising	1
	Friend told	6
	Support Group	4
	Cont prev. proj	2
	Other	2

### **Project Three**

This project is rurally located and is aimed at older people over the age of 55. It is a community based project and has been running since 2001. The project offers a range of art

forms, including photography, visual art and dance, with an aim to tackle isolation and raise aspirations for health and wellbeing in this priority older age group.

The questionnaires used were Ryffs Psychological Scale of Wellbeing, and the General Health Questionnaire. 48 participants took part overall of which 37 completed all questionnaires.

### **Project Three Demographics**

	<b>Project Three</b>	
<b>Gender</b>	Male	9
	Female	28
<b>Age Group</b>	18-34	n/a
	35-54	n/a
	55+	37
<b>Ethnicity</b>	White	37
	Other	0
<b>Employment</b>	Employed	1
	Unemployed	0
	Retired	34
	Other	2
<b>Art Form</b>	Arts and Crafts	5
	Creative Writing	1
	Poetry	3
	Photography	5
	Dance/Movement	6
	Music	5
<b>How you found out about project</b>	Multiple art form	9
	GP Referral	1
	Advertising	7
	Friend told you	10
	Support Group	2
	Cont from prev. project	6
Other	11	

### **Project Four**

This project works mainly with older people in several hospitals as well as some work in sheltered accommodation. Over the years, a selection of artists have been employed using a wide range of arts forms including poetry, textiles and ceramics.

The questionnaires used were Ryffs Psychological Scale of Wellbeing, and the General Health Questionnaire. 13 participants took part overall of which 8 completed all questionnaires.

#### **Project Four Demographics**

	<b>Project Four</b>	
<b>Gender</b>	Male	1
	Female	7
<b>Age Group</b>	18-34	n/a
	35-54	n/a
	55+	8
<b>Ethnicity</b>	White	8
	Other	0
<b>Employment</b>	Employed	0
	Unemployed	0
	Retired	8
	Other	0
<b>Art Form</b>	Poetry	1
	More than one art form	7
<b>How you found out about project</b>	GP Referral	0
	Advertising	0
	Friend told you about it	0
	Support Group	7
	Cont from prev. project	0
	Other	1

#### **Project Five**

This project is based in a large children's hospital which is using the arts as part of an ongoing cultural change initiative. The aim was to explore how the art have impacted on NHS staff, the environment and culture change

The questionnaires used to measure impact on wellbeing and job satisfaction were Ryffs Scale of Psychological Wellbeing, and the Warr,

Cook and Wall Work and Life Attitudes Survey. Questionnaires were completed by play specialists who had experience of engaging in creative activity in an arts setting and other members of the staff team who had no arts in health experience. 15 play specialists took part of which 8 completed all questionnaires and 14 staff of which 5 completed all questionnaires.

#### **Project Five Demographics**

		<b>Play Spec</b>	<b>Staff Mem</b>
<b>Gender</b>	Male	0	2
	Female	7	3
<b>Age Group</b>	18-34	2	0
	35-54	4	5
	55+	1	0
<b>Ethnicity</b>	White	7	5
	Other	0	0
<b>Education</b>	High Degree	0	1
	1st Degree	1	0
	A Lev/NVQ	4	2
	GCSE	0	0
	No formal quals	0	0
	Other	1	1
<b>Art Form</b>	Arts and Craft	3	n/a
	Dance/Movement	0	n/a
	Poetry	1	n/a
	Other	0	n/a
	More than one art form	3	n/a

#### **Project Six**

This project is a partnership between an arts and health organisation and Social Services and is jointly led by an NHS Modern Matron and an artist on secondment. The project is based in a purpose designed centre in an urban community setting. The aim is to help people manage and address mental health problems through engagement with creative activities.

The questionnaires used with user participants were Ryffs Psychological Scale of Wellbeing, the General Health Questionnaire and the Hospital Anxiety and Depression Scale. 9

participants took part, all of whom completed all questionnaires.

The questionnaires used with staff participants were Ryffs Psychological Scale of Wellbeing and the Warr, Cook and Wall Work and Life Attitudes Survey. 8 staff members took part and all 8 completed all questionnaires.

	Allotment	1
	Computing	1
	More than one art form	5
<b>How you found out about project</b>	GP Referral	4
	Advertising	0
	Friend told you about it	1
	Support Group	1
	Cont from prev. project	2
	Other	1

### Project Six Staff Demographics

<b>Project Six Staff</b>		
<b>Gender</b>	Male	1
	Female	7
<b>Age Group</b>	18-34	1
	35-54	7
	55+	0
<b>Ethnicity</b>	White	7
	Other	1
<b>Education</b>	Higher Degree	1
	First Degree	3
	A Levels/NVQ	0
	GCSE	0
	No formal qualifications	2
	Other	1
<b>Art Form</b>	Arts and Craft	2
	Dance/Movement	1
	Poetry	0
	Other	1
	More than one art form	2

### Project Six Participant Demographics

<b>Project Six Participants</b>		
<b>Gender</b>	Male	5
	Female	4
<b>Age Group</b>	18-34	2
	35-54	4
	55+	3
<b>Ethnicity</b>	White	9
	Other	0
<b>Employment</b>	Employed	0
	Unemployed	1
	Retired	5
	Other	3
<b>Art Form</b>	Arts and Crafts	1

**Appendix Three –**  
**Data from Wellbeing Questionnaire, GHQ, HADS and Job Satisfaction**  
**Scale**

The following tables show results from the correlation test and the paired sample t test.

**Wellbeing**

With the wellbeing scale an increase in wellbeing is shown by an increase in scores. As the following information shows, overall results demonstrate an increase in wellbeing from pre to post testing.

	Pre	Post	Diff	Corr Score	Corr Sig.	t	Sig. Val
<b>Autonomy</b>	58.74	60.79	2.05	0.790	<b>0.000</b>	-2.476	<b>0.015</b>
<b>Enviro Mastery</b>	56.28	60.19	3.91	0.738	<b>0.000</b>	-3.520	<b>0.001</b>
<b>Personal Growth</b>	63.57	64.19	0.63	0.490	<b>0.000</b>	-0.554	<b>0.581</b>
<b>Pos. Relations</b>	62.09	64.09	2.00	0.605	<b>0.000</b>	-1.642	<b>0.104</b>
<b>Purpose in Life</b>	56.18	59.14	2.96	0.605	<b>0.000</b>	-2.439	<b>0.017</b>
<b>Self Acceptance</b>	55.61	58.66	3.05	0.774	<b>0.000</b>	-2.695	<b>0.008</b>
<b>Wellbeing Overall</b>	352.46	367.06	14.60	0.681	<b>0.000</b>	-2.561	<b>0.012</b>

**General Health Questionnaire**

With the GHQ, a decrease in scores represents a reduction in symptoms of illness. As the following information shows in all subscales symptoms of illness were found to decrease showing an improvement in health.

	Pre	Post	Diff	Corr Score	Corr Sig.	t	Sig. Val
<b>Som Sym</b>	6.40	5.08	1.32	0.664	<b>0.000</b>	3.038	<b>0.003</b>
<b>Anx &amp; Ins</b>	7.06	5.59	1.47	0.677	<b>0.000</b>	2.658	<b>0.010</b>
<b>Soc Dys</b>	8.82	6.94	1.88	0.250	<b>0.027</b>	3.388	<b>0.001</b>
<b>Sev Dep</b>	4.18	2.54	1.64	0.702	<b>0.000</b>	3.401	<b>0.001</b>
<b>Overall GHQ</b>	26.46	20.14	6.32	0.657	<b>0.000</b>	3.787	<b>0.000</b>

**Hospital Anxiety and Depression Scale**

With the HADS, a reduction in scores represents a reduction in symptoms of anxiety and depression. As the following information shows, scores reduced from pre to post testing in both subscales indicating a decrease in anxiety and depression symptoms.

	Pre	Post	Diff	Corr Score	Corr Sig.	t	Sig. Val
<b>Anx</b>	13.17	9.86	3.30	0.817	<b>0.000</b>	4.602	<b>0.000</b>
<b>Dep</b>	11.13	7.26	3.87	0.661	<b>0.001</b>	4.596	<b>0.000</b>
<b>Overall HADS</b>	24.30	17.13	7.17	0.706	<b>0.000</b>	5.079	<b>0.000</b>

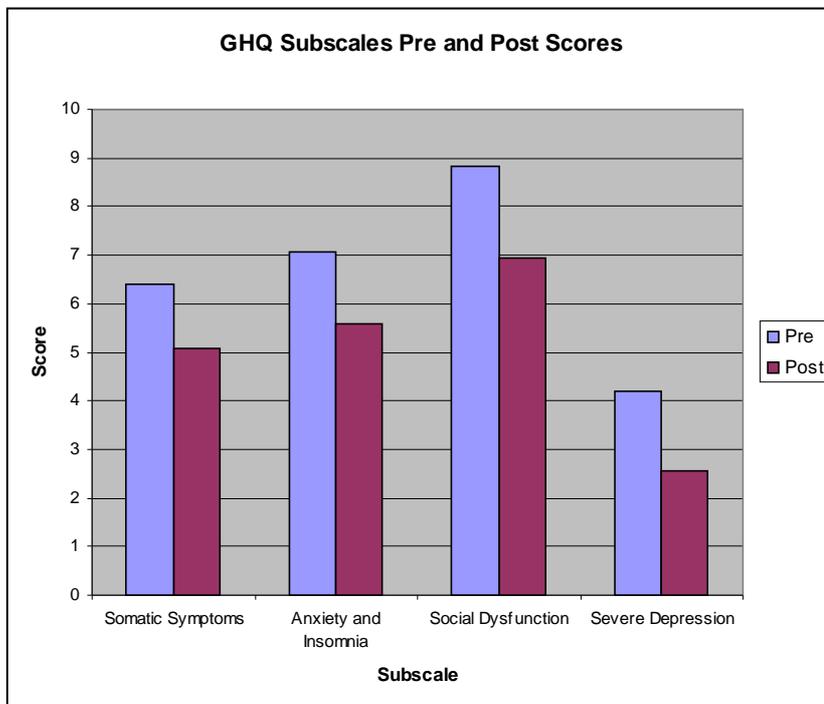
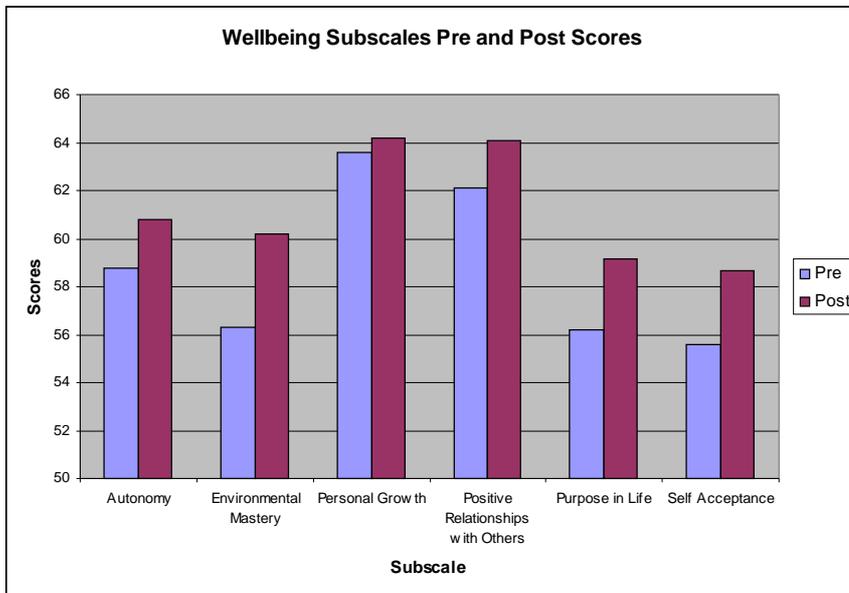
### **Warr, Cook and Wall Work and Life Attitudes Survey**

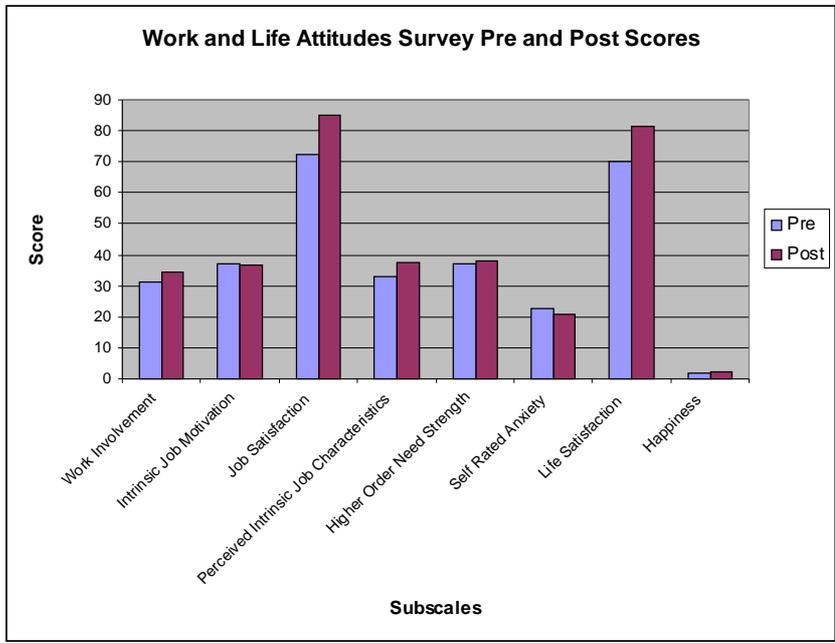
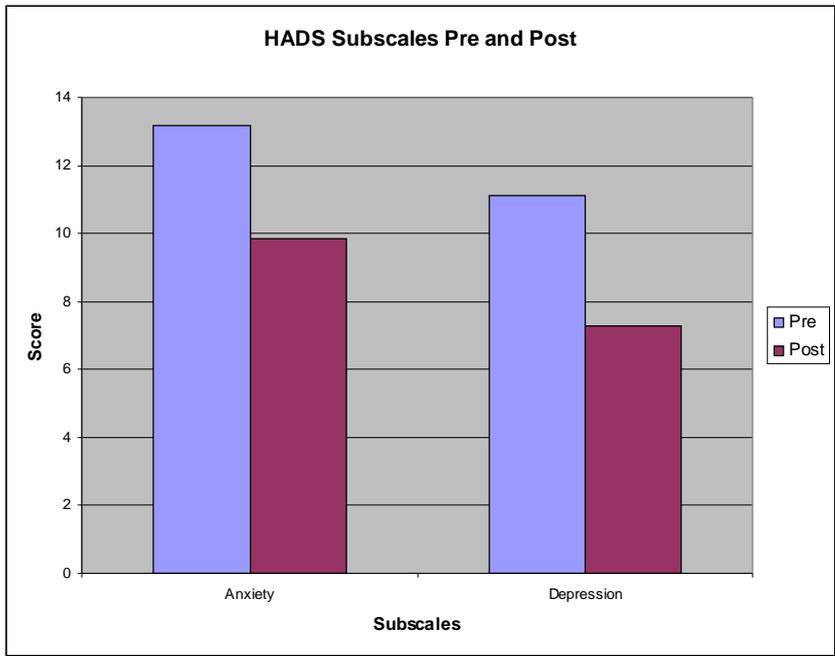
With the work and life attitudes survey, an increase in scores indicates an increase in job satisfaction. As the following data shows, the majority of subscales found an increase in scores from pre to post testing, therefore showing an improvement in job satisfaction in most areas.

	Pre	Post	Diff	Corr Score	Corr Sig.	t	Sig. Val
<b>Work Involvement</b>	31.38	34.46	-3.08	0.571	<b>0.042</b>	-3.171	<b>0.008</b>
<b>Intrinsic Job Motivation</b>	37.08	36.85	0.23	0.625	<b>0.022</b>	0.240	<b>0.814</b>
<b>Job Satisfaction</b>	72.54	84.85	-12.31	-0.090	<b>0.769</b>	-1.812	<b>0.095</b>
<b>Perceived Intrinsic Job Characteristics</b>	33.08	37.46	-4.38	0.437	<b>0.135</b>	-2.170	<b>0.051</b>
<b>Higher Order Need Strength</b>	37.31	37.77	-0.46	0.888	<b>0.000</b>	-0.703	<b>0.495</b>
<b>Self Rated Anxiety</b>	22.75	20.75	2.00	0.628	<b>0.029</b>	1.111	<b>0.290</b>
<b>Life Satisfaction</b>	70.00	81.62	-11.62	-0.039	<b>0.900</b>	-1.753	<b>0.105</b>
<b>Happiness</b>	2.00	2.38	-0.38	0.444	<b>0.129</b>	-2.132	<b>0.054</b>
<b>Work and Life Attitudes Overall</b>	304.08	337.58	-33.50	0.128	<b>0.693</b>	-2.235	<b>0.047</b>

### **Graphs**

The following graphs show pre and post mean scores for each of the four questionnaires subscales.





**Interview Questions for Project Teams**

1. Can you remember the first time you got involved with arts and health work,

- a) what attracted you to it?
- b) Has it been what you expected?
- 2. Can you tell me something about the work you do within arts and health.
  - a) what inspires you about it?
  - b) what do you believe is its potential?
- 3. Can you tell me a story of a time when you witnessed someone achieve a real change or benefit to their health or wellbeing as a result of engaging with some form of the arts?
- 4. What does health and wellbeing mean to you? And in what ways do you think about health and wellbeing within your practice?
- 5. This research process as you know is looking to measure or evidence the changes or benefits your project has on participants. Some people feel aspects of arts and health can be immeasurable (Matarasso 1996). I wonder what your views are?
- 6. What would you say are your challenges both personally and professionally and as a team?
- 7. What do you see as being your key strengths, values or qualities that allow you to achieve what you do? (personally, professionally and as a team)
- 8. In an ideal world what would your project look like in the future? Where do you hope to get to and what do you hope to achieve?

### **Interview Questions for Project Participants**

- 1. Tell me something about yourself and how you came to participate in the arts project?
- 2. What would you say you value most with regards to each of the following:
  - a) your involvement in the arts
  - b) The lead artist that you work with
  - c) Being in a group

- 3.** What about your involvement with the arts, is that something you have experienced prior to this project? Do you see yourself as an artist?
- 4.** How long have you been involved with the project? What would you say you are getting out of it? (personally/in life/with the arts)
- 5.** What would you say has been challenging for you about participating in the project?
- 6.** What we are looking at in the project is how working with the arts might affect your health and wellbeing. We would like to ask you a bit about your own views on that.
  - a) When I say health and wellbeing, what does that mean to you? Do you think there's any difference between them?
  - b) What kind of things do you do to feel healthier?
  - c) Do you think your health and wellbeing has changed in any way during the project?
- 7.** Have you noticed any changes in the way that you feel in yourself? (mentally or emotionally) Can you tell me something about that.
- 8.** Are you doing any artwork outside of attending the project? Do you think this is something that you would like to continue with? If yes, then how and why?
- 9.** Are there any other types of activities that you would like to try?
- 10.** What do you think will happen at the end of the programme? Do you have any thoughts about what will come next?
- 11.** What would you ideally like to achieve?

### **Interview Questions for Project Stakeholders**

- 1.** Can I ask you what your knowledge of arts and health is?  
Do you have any direct experience of arts and health work?
- 2.** What are your own views on the role of arts in health?  
And does the arts project you are connected to have direct health benefits in your view?
- 3.** What do you believe are the main challenges for arts projects working in the health arena at this time?
- 4.** What kinds of information do you believe it would be most useful for arts projects to generate to demonstrate benefit and why?  
What type of information about this work do you believe would impact most positively on commissioning or funding of arts projects?

5. The arts are presented as a means of raising people's spirit, confidence and self esteem, and this in turn motivates people towards making healthier choices in line with government strategy. What is your view of this as a benefit and do you believe this statement to be true?
6. The arts it is suggested have a transformative effect on people and places, and are therefore seen as a means of bringing inspiration and creativity within health and care environments and to health care professionals, enabling each to contribute positively to changing the health culture from one of tackling illness to promoting health. Do you have any experience personally of this 'effect' and what are your views on the potential of arts activities in investing in staff and health environments?
7. There has been some media coverage around the use of arts for health that has suggested this work is a waste of resources... Can you tell me what your own view is on this? And how this perception might best be tackled?
8. How would you like to see arts and health develop in the future?

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