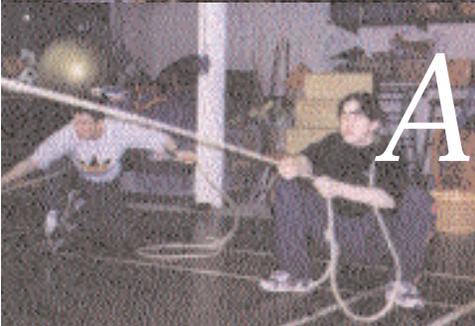




SOCIAL CAPITAL FOR HEALTH



Art for health



*A review of good practice
in community-based arts
projects and interventions
which impact on health
and well-being*

Summary
bulletin



Art for health: A review of good practice in community-based arts projects and interventions which impact on health and well-being

Introduction

The number of community-focused projects and initiatives which use the arts to impact health and well-being has risen rapidly during the last decade. An increasing number of agencies and initiatives, from the NHS to City Challenge, have deployed interventions in the arts to help achieve health or social objectives. However, to date there is no single sound and established set of principles and protocols for evaluating outcomes, assessing the processes by which outcomes are achieved and disseminating recommendations for good practice to workers in the field.

In October 1998, as groundwork to a process of establishing sound principles for evaluation, the HEA commissioned SHM Productions Ltd to carry out a review of arts projects and initiatives which impact on health and well-being in England. The research was intended to identify a framework for establishing good practice in the field. The inquiry took as its remit not only arts projects with a *health/health promotion* objective, but those arts projects which are aimed at *community participation, capacity-building and regeneration*.

This bulletin summarises the main findings of the review, and provides information on the current nature of arts for health initiatives and on recommendations for good practice. Its purpose is to provide a top-level guide to the findings contained in the larger review for use by arts for health practitioners, GPs, academics and researchers, and policy makers at both local and national level.

Understanding 'health'

Although the perceived link between art and health is at the very heart of this investigation, this research was based on an evaluation of arts projects not in terms of reported direct improvements to physical health, but in terms of the factors that precipitate or facilitate such improvements. (See Meyrick, J. & Sinkler, P. (1998) *A Guide to Evaluation for Healthy Living Centres*, London: HEA.) It is therefore important to clarify precisely what a phrase such as 'health benefits' means in this context.

This research took a broad view of how the relationship between art and health is articulated. It draws on an increasing body of evidence that focuses on the importance of such factors as increased well-being and self-esteem, and on the role of participation and social connectedness in the enhancement of people's health by building social capital (Arts and Sport, Department for Culture, Media and Sport, 1999). Indicators for such improvements include:

- Enhanced motivation (both within the course of a project and in participants' lives more generally).
- Greater connectedness to others.
- People's own perceptions about having a more positive outlook on life.
- Reduced sense of fear, isolation and anxiety.
- Increased confidence, sociability, and even self-esteem.

Approach

The research was based on determining:

- The scale and scope of nation-wide activity in this increasingly important but under-documented field.
- The general nature of projects in the field.
- An analysis of what constitutes consensus on good practice in this field.

In order to conduct this research, three levels of activity were undertaken:

- A mapping exercise which identified over 200 projects in the UK that deal with social or health related issues through intervention in the arts. This is a snapshot and does not include the many other projects which have recently completed their work or have yet to begin operating. What this revealed was an extremely active field of effective partnerships, dynamic enthusiasts and highly experienced experts.
- A database was created, recording the responses of 90 projects to an extensive questionnaire. To date, over a third of projects identified have responded, and the analysis of that data forms an important part of this review findings.

- Extensive interviews have been carried out with experts in the field, including an expert panel of representatives from funding bodies, the medical profession, arts practitioners and health promotion experts. In addition, 15 projects were identified by the panel and regional arts boards as representatives of good practice in the field. Site visits and case studies were carried out with these organisations.

Summary findings

Projects and their communities

- There were many projects in the UK that specifically responded to health, education or social needs in the community by deploying arts-based interventions.
- In just under half of all cases surveyed and in all the best practice case studies, projects' response to local need was clearly identified and articulated, though seldom through scientific or formal means.
- The great majority of projects were accountable to a project management board (73%) and/or to their funders (69%). However, accountability to local people was often articulated through other means such as local verdicts on performances or displays.

Space

- In the majority of projects surveyed (59%), space was used not only for the purposes of making art, but also as a 'drop-in' for people.
- The spaces in which projects were run were seen as playing a crucial role in facilitating interaction and social connectedness.
- The general consensus was that having space specifically dedicated to providing services for groups that take part in projects, where art work can be displayed or performed and where social interaction of an informal kind can take place, was one of the keys to ensuring high levels of participation and to enhancing social capital.

Artwork

- The survey showed that there was a great range of different sorts of art intervention being deployed in a community context: from sculpture to digital arts; from creative writing to dance.
- Case studies revealed that the quality of the artwork produced cannot be ignored in understanding the ways in which successful projects operate. The degree to which participants take activity seriously, take pride in their group, and feel they can use the medium of art to express themselves emerged as heavily dependent on the quality of the finished product or performance as well as the engagement of the process.
- Insistence on rigorous forms of learning (including being taught skills prescriptively or being corrected) was not reported as being antithetical to participation or building networks. On the contrary, rigour was often perceived as an integral part of the specific benefits brought by an art-related project rather than some other form of participatory activity.

Participation

- Participation was often seen as the key to providing a link between health and arts activity.
- Many projects surveyed highlighted the development of interpersonal skills (72%), opportunities for making new friends (64%), and increased involvement (57%), among the most important contributions to health that a project can make.
- The best practice case studies indicated that, while participation is greatly to be encouraged, where art is concerned, the attitude that 'anything goes' can be detrimental to the success of a project. Participants in the best projects placed great emphasis on the importance of the quality of outcomes as well as the benefits of the process of involvement.
- Accordingly, not all models of participation were seen to work well, and there are certain key models that emerged as successful, many of them strikingly similar to ancient traditions of collaborative art activity, such as workshops, master-classes, *studios*, *scuolas* and tapestry-making guilds.

Funding

- Although funding can come from many different sources, the picture for most arts-related projects was fairly uniform, with dominant funders being a mixture of local authorities (53%), charitable trusts (50%), and regional arts boards (43%).

- Case studies revealed that projects need sufficient time for planning, for building successful participatory methodologies and creating robust models for partnership working.
- However, many project co-ordinators suggested that the optimum financial package that supports this strategic work would be a three-year funding programme. Funding for longer periods was often seen as less advantageous as it places too great a burden on speculative predictions of what the future may hold, and does not allow for renewal and revision of aims and objectives.

Sustainability

- The majority of projects were run by people from the local area (80%).
- Although many projects stressed the importance of long-term planning, most projects were not built on a principle of indefinite expansion: many were only able to provide finite investment in the local area through artist support (49%), job creation (46%), and training (43%).
- The most successful examples of art-based intervention were often based on the intuition of an individual who acts as impetus for the project's conception, development and deployment. In this respect, dependence on key players has strong implications when considering sustainability.

Partnerships and cross-sectoral working

- Over two thirds (69%) of UK arts projects surveyed were partnered with local authorities, and over half (54%) had partnerships with charities and voluntary groups. These partnerships were often based on community consultation (35%) and joint planning and management (47%).
- To date there exist no clear and obviously replicable models of successful cross-sectoral working. Furthermore, arts projects are about creativity and vision, and their co-ordinators are often reluctant to engage in partnerships which they feel might compromise their aims.
- It emerged that the most effective partnership outcomes occur not through increased formality or rigidity of structure but instead through the establishment of a clear understanding of the project's objectives. This understanding has enabled a range of agencies, institutions and individuals to provide carefully tailored support, either tangibly (in terms of funds) or intangibly (in terms of taking up the project at local level).

Evaluation

- For the most part, UK projects surveyed have carried out some form of evaluation, whether formal (46%) or informal (54%).
- Best practice case studies indicate that evaluation does not occur according to a single method and is rarely carried out formally as projects seldom have the money, time or inclination to do so.
- Evaluation according to health criteria was infrequent.
- Furthermore, there was a fear of evaluation, in that respondents feel it might be reductionist, and might set uncomfortable precedents in justifying art in terms of social usefulness. Inevitably, respondents also suspected that evaluation would be linked to funding.

Recommendations

Our evidence suggests that arts projects and initiatives make a unique contribution to building social capital and enhancing well-being and self-esteem, but do so only where they are unique in what they have to offer and the way they deliver services.

There is growing recognition of the need to make arts projects a mainstream part of larger initiatives, such as Health Action Zones or Healthy Living Centres.

However, there is a danger of looking for a 'prescriptive' solution which will work for projects, as well as a current inclination to 'bolt' arts projects on to health initiatives. To do so would be completely at odds with the nature and value of best practice in arts projects which impact health and well-being, which are by nature:

- specific, in that, there is no one single 'winning formula'
- local, in that they tend to be defined and determined by local conditions and outcomes
- generated by personal and passionate impetus, in that personalities play a key part in making projects successful – a part that cannot be ignored given the importance of personal expression in arts projects and the subjective nature of both process and outcomes.

It is therefore more appropriate to make the following recommendations.

Projects and their communities

- The role of catalytic individuals cannot be ignored or dismissed as an inconvenience: success depends on them. They must be supported.
- It would seem inappropriate for the field to become over-professionalised, given that many of the best projects are based on intuition, opportunism and personal drive.

Space

- Projects should insist on having access to good quality space to maximise the potential for informal as well as formal interaction.
- It may also be useful for policy-makers to consider making available larger spaces which can be used for arts projects, so that spaces can operate as drop-in centres, creating opportunities for community-building.

Artwork

- Quality of artwork should be a primary focus of projects' aims.
- The type of art used in a project should grow organically from local conditions, including the talents of people that are prepared to work in this way: again this suggests that the main issue here is not creating precisely replicable success models but looking to replicate the spirit of success within conditions that are right for the local community and its art resources.

Participation

- What emerges from the research is that those participatory models that worked best were well-structured, well-organised and specifically related to the acquisition of skills or of resources for self-expression.

Funding

- There should be support for individuals and projects via three-year funding packages.
- There should be increased awareness and dissemination of types of funding available.

Sustainability

- Projects should be encouraged to articulate structures whereby after three years' funding they will find ways of being self-sustaining or else find private sector sponsorship for their activities.

Partnerships and cross-sectoral working

- Projects should have cross-sectoral support without necessarily creating cross-sectoral structures. For example, local hospitals or GPs should be aware of projects' activities and liaise with them where appropriate; however, other activities should not be inserted into projects' remit, as inter-disciplinarity is costly, time-consuming, and logistically difficult.

Evaluation

- A mechanism for evaluating the health benefits of an arts project that provides a platform for meaningful and rigorous analysis, and for projects to have freedom in setting their own evaluation frameworks with regard to aims and objectives, local targets and need, has yet to emerge. Such a model will, it is hoped, emerge in future research interventions in this field. Based on our research, we believe that the following might represent a useful set of evaluative criteria:
 - Congenial atmosphere
 - 'Organic' connection with participants
 - Cross-sectoral working; 'listening/learning organisations'
 - Improved physical/social environment
 - 'Valued' rather than 'value for money' projects

- Sustainability beyond 'catalytic individuals'
- High profile and high impact artwork
- Healthy economic infrastructure
- Clear mission statement
- Improved education (fostering 'emotional literacy')
- Self-evaluation and 'Reflective practice'
- Communication of ongoing aims and aspirations
- 'Distinctive contribution'.

These indicators for good practice could be fitted into the framework for evaluation set out in Meyrick, J. & Sinkler, P. (1998) *A Guide to Evaluation for Healthy Living Centres*, London: HEA.

This review was designed to compliment ongoing work around the arts in healthcare such as that of The Nuffield Trusts (Windsor Declaration, 1998), the King's Fund and Arts for Health (World Symposium, 1999).

In her preface to the full report that accompanies this bulletin, Professor Pamela Gillies, Director of Research at the HEA says:

The arts clearly have the potential to make a major contribution to our health, well-being and life-skills. It is important, however, to capture the evidence of the impact of the arts on health to ensure proper recognition of their effect and the availability of appropriate levels of investment to sustain any positive influences. This report represents a very welcome first step in documenting the evidence on best practice in 'arts for health' in England.



This bulletin summarises the main findings of one of a series of reports on social capital for health commissioned and produced by the HEA.

Other reports in the Social Capital for Health series include:

- **Promoting community health: developing the role of local government**
- **Social capital and health: Executive summary**
- **The influence of social support and social capital on health: A review and analysis of British data**

The full report will be available from HEA Customer Services at:

Marston Book Services
 PO Box 269
 Abingdon
 Oxon OX14 4YN
 Tel: 01235 465565
 Fax: 01235 465556
 Ordering information: 0171 413 2624.

Further information about this report or the database of project questionnaires which will be searchable via the web is available from Jane Meyrick or Antony Morgan at the address below:



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