

# Promoting Mental Health & Wellbeing through Community & Cultural Development:

A Review of Literature focussing on Community Arts  
Practice

**July 2002**



**PROMOTING MENTAL HEALTH & WELLBEING**



**Report prepared by:**

Douglas McQueen-Thomson, and Christopher Ziguras  
The Globalism Institute  
School of International and Community Studies  
RMIT University  
GPO Box 2476V, Melbourne, 3001

The authors would like to acknowledge the assistance and support of Paul James, Leanne Reinke and Christopher Scanlon in producing this literature review.

## Contents

Background.....	5
Executive Summary.....	7
Evidence of the Health Impacts of Community Arts	7
Recommendations for Further Research	8
Introduction .....	11
Methodological Issues in Research on the Health Impacts of Community Arts.....	13
Evidence for the Health Impacts of Community Arts Practice.....	24
Personal Health	24
Personal development	26
Social Support	32
Social Inclusion, Exclusion and Isolation	34
Social Capital	36
Urban renewal / neighbourhood regeneration	39
Tolerance and cross-cultural understanding	40
References.....	43



## Background

The Victorian Health Promotion Foundation, VicHealth, is an independent statutory body established in 1987. VicHealth works towards the development of innovative responses to the complex social, economic and environmental forces that influence the health of all Victorians. VicHealth has a particular focus on a flexible, responsive and evidence-informed approach to working with partners from across different sectors in the community to create environments which improve population health.

In 1999, VicHealth established a framework for the development of activity relevant to the promotion of mental health and wellbeing. Central to this framework is a focus on three determinants of mental health: social inclusion, valuing diversity and economic participation. As a component of work in this area, VicHealth supports community and cultural development activity through:

- **Community Arts Participation Scheme** designed to increase access to participation in creative activity for specific population groups:
- **Major Arts Partnerships Scheme** designed to increase audience access to arts activity through organisational development within large arts organisations.
- **Local Government Art and Environment Scheme** designed to build the capacity of local government to develop cultural activity through participatory community arts work that enhances the built environment:
- **Communities Together Scheme** designed to strengthen communities through support for the staging of community driven celebrations and festivals.
- **Evidence reviews** which update our knowledge regarding the link between cultural activity and health and inform on-going program development.
- **Research** into individual, organisational and community health impacts of creative and cultural activity.
- **Evaluation, documentation and dissemination** of learnings and models of good practice arising from our work.
- **Workforce and sector development** through support for networks, conferences and learning circles.

VicHealth provides resources for implementation, evaluation, documentation and dissemination of innovative models for using community arts, festivals and celebrations as mechanisms for promoting mental health and wellbeing at the individual and community levels. This work is informed by an emerging evidence base which indicates that communities with high rates of participation by individuals in community activities have better health outcomes than those with low levels of civic engagement. Evidence reviews to inform program development and progress the understanding of the links between community and cultural development and health are an essential component of VicHealth's work in this area.

RMIT University was contracted by VicHealth to review and assess the evidence base of the Arts for Health Program in the light of existing Australian and international studies on similar programs. VicHealth understood that such studies had suggested that the arts, and community arts in particular, play a role in enhancing social connection, social capital, community building, personal skills and social development. Underlying this review is the assumption that these social factors are important determinants of health, as indicated in much public health literature.

The authors were asked to:

- Undertake a literature review of the available studies on the links between arts and indicators of mental, social and physical health, including both published literature and ‘grey’ literature
- Assess the methodological rigour of these studies
- Assess the reliability of the outcomes and claims of the research
- Assess the strength of evidence for different links/associations between community arts and health, including the identification of areas where there is insufficient evidence at this time on which to base conclusions
- Focus on arts projects with a community-level health promotion orientation, rather than individual-therapeutic applications of arts in health care
- Provide advice as to fruitful areas of further research which would support VicHealth’s work in the arts area, and inform developments across the organisation

This research was coordinated through the newly established Globalism Institute, a research unit specialising in the ways in which local communities engage with broader global and cultural processes.

## Executive Summary

### ***Evidence of the Health Impacts of Community Arts***

This literature review has found that there is a substantial body of research pointing to the positive health impacts of community arts practice. This research has taken a range of forms, including individual physiological measures, assessments of personal wellbeing, and broader social and community indicators. This research has been welcomed by those involved in community arts because it supports widely held views about the value of community arts practice to the health and wellbeing of participants and the community more broadly. However, much of the evidence put forward in the literature is likely to be less convincing to those outside the field, due to a widespread over-reliance on selective case studies, anecdotal accounts, and small sample sizes. While these studies conclusively demonstrate the effects that community arts *can* have on participants, it is difficult to make generalised claims about community arts in general based on the literature surveyed. Further research is required to assess whether these findings are representative of community arts more broadly or are describing best practice in the field.

Many studies — especially those dealing with people on the social margins or groups at risk — describe a rise in self-confidence or self-esteem resulting from participation in community arts. The dominant means for determining this impact are through self-reporting via questionnaires or interviews, and observation by others involved in the project. These studies provide evidence of the positive impact on mental health of community arts practice in some cases but more research is needed to establish how widespread these effects are.

Much evidence for the physical benefits of community arts activities is only given in anecdotal form. While there is a wide range of anecdotes about the impact of the increase in physical activity involved in community arts projects, no systematic attempt has been made to pinpoint this impact. No studies exist which try to examine the actual level of physical activity involved in various types of community arts projects, or to consider how this impacts upon health. Further research into such outcomes would be fruitful.

Other shortcomings with research in this field include the lack of baseline data collection that could be used for comparative purposes, and the lack of long-term studies into durable impacts of community arts activity. Some research is also flawed by a lack of independence, in that it has relied on program evaluations that are also used for determining funding. Recipients of funds who are seeking future funding are likely to overstate the positive outcomes of their projects in order to please funding bodies. Nonetheless, this report provides an indication of the sorts of conclusions that might be reached if more detailed indicators and measurement of impact were developed and used to examine the health impacts of community arts practice.

There is an even wider body of evidence for the positive role of the arts in providing social support, building social capital and encouraging urban renewal. Much of the research utilised in this literature review has not concerned itself explicitly with health outcomes, but with these wider social issues. In order to build a full picture of the kinds of health impacts produced by arts practice, it has been necessary to read through the implications of a range of studies dealing with subjects as diverse as community development, education policy, urban planning, social psychology and gerontology. It would be highly desirable

for those interested in the health impacts of arts activity to help co-ordinate research internationally so that health impacts are integrated into social impact studies in a more organised and interlinked way than has previously been the case.

## ***Recommendations for Further Research***

### **1. Focus on known determinants of health rather than broad social indicators**

VicHealth's list of determinants of mental health provide a more useful basis for future research into the health effects of community arts programs than the broader social indicators that have been used in much of the existing literature. These determinants are:

- Social connectedness
- Supportive relationships and environments
- Social and physical activities
- Social network
- Freedom from discrimination and violence
- Physical security
- Self-determination and control of one's life
- Economic participation
- Work
- Education
- Housing
- Money

The effects of community arts programs on these dimensions of the lives of participants and audiences would provide a more meaningful assessment of these programs' health impacts than much of the previous research. These specific outcomes are able to be identified and considered more easily than abstract and diffuse outcomes such as building social capital. In line with VicHealth's stated policy of 'focusing on enhancing protective factors such as coping capacity, resilience and connectedness of individuals and communities in order to improve emotional and social wellbeing', these indicators provide an established framework for such research. Research should focus specifically on whether community arts programs contribute to these goals in various ways.

### **2. Focus on participants and audiences rather than organisers**

Much of the existing research is based on anecdotal accounts of success stories and the views of arts program organisers. The consensus that has emerged needs to be tested with more rigorous research into the views and experiences of participants and audiences.

### **3. Increase sample size**

Regardless of the form of data collection used, future research needs to analyse a representative sample of programs and participants. Much of the existing research relies on small sample sizes that over-represent the success stories and ignore the less effective programs. A large amount of data needs to be collected in order to assess which programs are more effective than others, which participants benefited more than others, which groups are better served by which programs, and so on. We must move on from asking whether the arts promote health, and consider which arts programs are most effective in promoting which determinants of health for which people? A considerable amount of information is required to answer these questions.



#### **4. Utilise longitudinal dimensions**

Most of the existing research focuses on short-term benefits. Follow-up studies are important in determining the lasting impact of such programs on people's lives months and years after their initial involvement. Broad-ranging, long-term studies of large populations are required to gather more specific information about the complex and diverse effects of arts practice upon individuals, with comparative reference to control group populations.



## Introduction

Health promotion agencies are increasingly interested in supporting those aspects of the social and cultural life of communities that enhance health. Since the mid-1990s a body of literature has emerged that claims community-based arts programs enhance the health of participants, and the local community more generally. Funding these programs, it is argued, is an effective way for health promotion agencies, local councils, charitable foundations and other funding bodies to promote wellbeing. Government bodies are increasingly endorsing this policy direction. For instance, UK Arts Minister Tessa Blackstone made a major policy statement in October 2001 announcing that: '[t]he arts can be equal and strong in partnerships which work to achieve joint goals dealing with issues such as inequality, poverty and social exclusion' (Blackstone 2001). UK Prime Minister Tony Blair has added further weight to these calls by announcing that '[c]o-operation between businesses and artists can only lead to the development of a stronger, healthier, more vibrant society' (Arts and Business 2002).

Many cultural organisations now see an important part of their role as being to facilitate community health. In addition to facilitating the creation of valuable cultural products, these groups are now often interested in their wider social impact. In the UK, the Health Development Agency's (1999) survey of arts organizations found that 42 per cent sought to tackle health inequalities and 41 per cent sought to tackle inequalities based on socioeconomic situation (p.17).

In this evidence review, we examine eight studies that claim a link between community arts programs and health outcomes, assessing the methodologies employed, and the weight of evidence for particular claims. We also draw on a larger number of articles, books and reports that, while not presenting any new findings themselves, claim such a link exists and propose that funding bodies support community arts on the grounds that the arts promote wellbeing.

This review focuses upon community arts practice, or projects with an orientation towards health promotion at a community level. We understand community as a very general descriptor that indicates arts practices that are located within a specific local environment and which engage with an interlinked, stable grouping of locally situated people. This involves an orientation towards amateur and voluntary arts practice, in addition to professional arts organizations. Community arts projects commonly includes activities such as theatre, choral performances, concerts, murals, film, photography, festivals and education programs. This focus on community arts is not exclusive of other professional arts activities that revolve around what is conventionally regarded as high culture, or have a primary orientation towards the aesthetic. This literature review will therefore be considering documented evidence of the health impact of the arts more broadly.

While some of the research being reviewed here focuses specifically on health outcomes, more commonly the literature treats health as part of a broader set of social benefits of community arts. We have not attempted to delineate between mental, social and physical health in this report, instead following the World Health Organization's understanding of health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. This broad understanding of health is the norm in this

literature, and social indicators (as opposed to medical or physiological indicators) are very commonly used to demonstrate the health benefits of community arts programs.

In the evidence section we examine three ways of understanding social wellbeing that are commonly used in the literature — social support, social inclusion and social capital. We assess both their utility as social indicators and the available evidence on how community arts programs build these forms of social wellbeing. This evidence review does not consider evidence supporting therapeutic applications of the arts, or uses of the arts for recovery from illness, or arts projects in healthcare settings. The benefits of the arts for those recovering from chronic illness have long been acknowledged.<sup>1</sup> Nor do we examine the economic impact of arts activity. During the 1980s, economic arguments became the dominant mode of justifying arts activities and funding within policy settings. Much evidence has been marshaled towards this economic goal, with sufficient figures provided to convince even the most hard-nosed economic rationalists of the monetary value of the arts. Many have argued that the dominance of narrowly economic analyses of the impact of the arts has impeded serious thinking about the broader range of social benefits produced by arts activity, and thus has allowed poorly conceived frameworks of funding support (Williams 1996, p.1; Matarasso 1997, p.2).

It is important to acknowledge that the research described in this report was largely intended to inform public policy, rather than to meet the information needs of artists. Several studies have commented on a cultural resistance to institutional forms of evaluation, quantification and assessment among arts workers (Coalter 2001; Jermyn 2001). Deidre Williams observed that her major study on the social benefits of community arts, *Creating Social Capital* (1996), ‘received little response from community arts practitioners’, despite demonstrating that community-based arts projects generate significant developmental outcomes (Williams 1997, p.4). She observes that while the social, educational and cultural findings were receiving little emphasis or acknowledgment, the economic arguments presented in her study were being taken seriously (p.4). Future research needs to acknowledge the arts community’s previous lack of interest in social impact research and evaluation, which is, after all, designed to meet the needs of policy-makers. We need to understand that participants in community arts projects have their own motivations, needs, and ways of evaluating their experience that are (and should be) different from the needs of policy evaluators.

---

<sup>1</sup> For a detailed list of studies on the therapeutic uses of the arts, see the King’s Fund’s King's Fund (2002). Arts for Health Information and Library Service. King's Fund. <http://www.kingsfund.org.uk/eLibrary/assets/applets/arts.pdf> Accessed: 10 May 2002. ‘Arts for Health’ bibliography or the NNAH NNAH (2000). Bibliography. NNAH. <http://www.nnah.org.uk/membership/bibliography/main.asp> Accessed: 10 May 2002. Bibliography of arts, health, arts in health and management books, brochures and articles.

## Methodological Issues in Research on the Health Impacts of Community Arts

There is a huge amount of empirical evidence which shows the difference the arts make to individuals and communities. And yet there has been little serious evaluation; precisely because these social impacts are often long term and difficult to quantify (Jermyn 2001, p.6).

Helen Jermyn points to a fundamental contradiction that afflicts the literature on health and community arts. The evidence for the health benefits of community arts is, according to researchers in this field, at the same time both overwhelming and difficult to pinpoint, undeniable and yet impossible to prove. In this section of the report, we examine the ways in which previous studies have attempted to gather evidence of the health benefits of community arts, in an effort to understand the paradoxical statements that have become accepted in this field. This section examines the methodologies utilised in a selection of the major studies into the impact of community arts practice. It is not an exhaustive investigation of methodologies used by all researchers. Instead, it serves as an indicative representation of the principal research approaches employed in this field, and functions as a springboard for considering the strengths and limits of existing research methods within this area.

### **1. Deidre Williams — *Creating Social Capital: A Study of the Long-Term Benefits of Community Based Arts Funding, 1996***

Deidre Williams' (1996) study of the long-term benefits of community-based arts funding noted that there was previously only anecdotal evidence of the social impact of community-based arts practice. Previous research, she observed, examined who participated, the quality of product and audience evaluations, but did not assess longer-term, wide-ranging impacts. The broader aim of this study was to try to establish useful, durable indicators of the outcomes of arts projects, and to identify the value of these projects.

Williams' study used a national survey, guided interviews and a community survey. The study chose nine case study projects from the 95 projects that had been funded through the Australia Council in 1991. These projects had been completed two years previous to Williams' investigation, so the outcomes recorded would be longer term than in many other similar investigations. The nine case study projects were selected on the basis of having made claims to successful fulfillment of long-term goals across a range of different kinds of projects. A group of 25 audience observers were selected for each project on the basis of representing a range of perspectives.

Williams' main aim was to measure forms of community cultural development. Williams describes this by using indicators of value that she divides into the following categories: artistic, economic, social and educational (Williams 1996, p.124). Within these groupings, Williams asked questions about specific indicators, which can be summarized as follows:

#### **Social Benefits**

- Established networks of ongoing value
- Developed community identity
- Raised public awareness of an issue

- Lessened social isolation in community
- Improved understanding of different cultures and lifestyles
- Inspired action on a social justice issue

**Educational**

- Communicating ideas and information
- Collecting, analyzing and organizing information

**Artistic**

- Improved attitudes towards the arts
- Increased appreciation of the arts
- Encouraged creativity and the development of works of artistic merit

**Economic**

- Encouraged sponsorship
- Created strategic funding partnerships
- Resulted in savings to the public purse
- Created new employment opportunities

*Creating Social Capital* does not directly utilize indicators of health outcomes. While it is reasonable to conclude that various forms of community development have positive health outcomes, it is difficult to specify the precise character of these impacts without using established indicators of specific health impacts. Consequently, the conclusions that can be drawn from this study about the health impact of community arts practice must remain of a general kind. The impacts described through this study using above indicators are then oriented towards social capital outcomes.

In a later publication reflecting on the impact of *Creating Social Capital*, Williams defines 'social capital' as: 'the capacity for mutual cooperation towards the collective well-being within a community or wider society' (Williams 1997, p.10). *Creating Social Capital* concludes that community arts practice has a major positive role in developing social capital. However, the precise relationship between social capital and the more specific indicators used in the questionnaires is not considered. Social capital is taken as an unproblematic summary term of all factors involved in community development. No acknowledgement is made of the wide range of critical literature that exists on social capital, nor of the difficulty of drawing conclusions around such a generalized category.

While Williams' research provides substantial evidence of what a range of participants and audience members thought about the impact of various community arts projects, these findings are somewhat limited by their lack of comparative perspective. In particular, the indicators used are not drawn from other comparable empirical work and set up so as to enable comparison of impact across a range of situations. Instead, they are set up to reflect broadly held views of areas of impact across social research disciplines, and phrased in ways that are self-evident and commonsensical to those filling out the questionnaires. The findings would be much more powerful if measurements were carried out using established indicators and methodologies that have been used previously and can be repeated in future evaluations.

## **2. François Matarasso — *Use or Ornament? The Social Impact of Participation in the Arts*, 1997**

François Matarasso's (1997) study of the social impact of participation in the arts, *Use or Ornament?*, aimed to provide 'an account of the evidence we have found of social impacts arising from participation in the arts', describing itself as 'the first large-scale attempt, in the UK at least' to address this issue (p.iii). The report deals with arts practice broadly, not only community arts, so Matarasso's conclusions may not always apply to community arts activities specifically. Its intended audience is primarily policy makers, though arts practitioners and academic researchers are also imagined to be potentially interested in the findings. Unlike Williams (1996), Matarasso is interested largely in direct arts involvement, rather than the impact of arts projects on a community more widely. The project was set up with two main aims:

- To identify evidence of the social impact of participation in the arts at amateur or community level
- To identify ways of assessing social impact which are helpful and workable for policy-makers and those working in the arts or social fields (p.vi)

The research was primarily conducted through a survey of participants and a series of descriptive case studies that are intended to demonstrate the ways in which such projects can foster social integration and provide a sense of worth to participants. Matarasso also drew on findings presented in a range of previously published working papers, which combined a wide range of research techniques, including 'questionnaires, interviews, formal and informal discussion groups, participant observation, agreed indicators, observer groups and other survey techniques' (p.vi). Observing that arts impacts are very complex and difficult to quantify, Matarasso argues that no single measure is adequate by itself, and instead combines these different techniques to build a multi-dimensional understanding of the different kinds of impacts of arts involvement.

Matarasso argues that objectivity is impossible to achieve in this form of research, and that it is not a desirable aim in social policy research. Instead, he emphasises the desirability of useful conclusions (p.5). This is used to justify an emphasis on qualitative research, especially the use of interviews and questionnaires. While this unwillingness to be reductive and simplistic is admirable, it occasionally tends towards a kind of artistic mysticism that suggests that cultural processes are somehow unspeakable, or unable to be described within rigorous comparative empirical research. This point is widely endorsed by many of those researching the impact of the arts, and is probably exaggerated by the resistance among arts practitioners to insensitive bureaucratic processes of evaluation and accountability. However, this literature review is interested in discussing available evidence for the impact of the arts, despite the various difficulties involved in representing such impacts.

Matarasso identifies six impact fields related to arts involvement. These are: personal development, social cohesion, community empowerment and self-determination, local image and identity, imagination and vision, and health and wellbeing. Within each of these fields, Matarasso employs a range of specific indicators as suggested by the individual questionnaire items. These include terms such as increasing confidence, skill development, increasing employability, developing creativity, building organisational capacity, facilitating empowerment, strengthening a sense of place, and encouraging positive risk-taking. The only indicators of individuals' health status used by Matarasso are self-assessment of happiness and wellbeing.

It is notable that Matarasso found that ‘it did not prove difficult to identify or use indicators of social impact’ (p.5). The broad fields of impact were settled upon ‘during the course of one meeting with the various partners involved’ (p.5), and were drawn out of indicators used for a previous project assessment. While these terms seem relevant to the impact of these different projects, there are several problems with this method of impact evaluation. Firstly, if indicators are drawn out of specific projects themselves, then they will constantly vary across different pieces of research. This will prevent direct comparison being made of findings. While more transferable, stable indicators are not without their own difficulties and levels of approximation, it is desirable at least to utilise *some* widely agreed and transferable indicators so as to facilitate comparative research and to allow decisions to be made about the relative impact of different projects as revealed by different investigations.

It is useful to acknowledge the complexity of cultural practices, and the impossibility of reducing artistic processes to quantifiable products, while it is not useful to prevent comparative research. Secondly, drawing indicators out of consensus in one meeting results in a series of commonsense indicators that are easily endorsed but lack specific content. By not being developed through rigorous empirical research methodologies, these indicators will serve to provide a general sense of the arts having a range of positive impacts, but will produce findings that are difficult to correlate with any other research findings. This is particularly true for health, where there is a wide range of established, experimentally useful indicators already in existence. Engaging with this existing body of research into health impacts would make research findings more broadly applicable.

### **3. Helen Chambers — ‘Arts in Health Promotion: A Comparative Overview of Two Health Alliances’, 1998**

Helen Chambers’ (1998) study set out to describe the ways in which arts projects can be used in community-based health promotion. She uses two case studies of what she sees as successful programs as illustration. Her method is to examine the categories of analysis conventionally used by those interested in therapeutic applications of the arts, and then to consider how this approach can be broadened and made more responsive to the facilitation of community-based health. Chambers reports on the success or failure of two projects according to this expanded understanding of the impact of the arts. However, she does not specify how information is gathered, or how success is judged.

The first project, called ‘Prime Time’, involved people over 60 years of age, and was aimed, in Chambers’ words, ‘at exploring the connection between creativity and well-being in enhancing quality of life’ (p.162). She concluded that the Prime Time program successfully used community arts to ‘empower older people to improve their overall well-being while contributing to personal health development and the production of educational resources’ (p.163). However, she notes that these health gains are difficult to quantify, since they impact upon forms of health ‘not readily accepted by statutory medical health funders’ (p.163). A second case study described a program called ‘It’s Happening’, which aimed to improve the sexual education of young people, though Chambers provides no indication of the success or otherwise of this program. While this publication does discuss the impact of arts practice upon health, it is limited in its attempt to present a methodology for conducting such assessment or examination. This study would have benefited greatly from an awareness of the research being conducted by Comedia (such as Matarasso 1997) in the preceding few years.



#### **4. Mark Stern — Social Impact of the Arts Project, 1999**

The Social Impact of the Arts Project (Stern 1999) focused on the effect of the arts on poor communities in Philadelphia. It examined the level of arts activity in particular communities and related these to changes in poverty levels. It found that ‘diverse neighbourhoods with many arts and cultural organizations were much more likely to reduce their poverty rates and retain their population than of other sections of the city’ (p.2). Stern concluded that the presence of arts leads to neighbourhood revitalization. He cites as an example, a region that had a 68 per cent poverty rate in 1980, and in which the New Freedom Theatre opened. By 1990 the poverty rate was down to 31 per cent and the number of professionals living in the region had risen. On the basis of these observations the report sees a link between cultural diversity, the arts and economic development, summarising that ‘diverse neighbourhoods with many cultural groups are more likely to revitalize’ (p.2). Stern concludes that ‘arts and cultural organizations build community capacity’ (p.2) and encourages people and organizations to invest in the arts as a way of bringing economic benefits to poor communities (p.4).

Such a methodology, correlating regional economic development with the level of arts activity, does not provide good evidence of the positive social impact of the arts. On the basis of the data, one could also reasonably conclude that these successful regions were going through a gentrification process, and that rather than the local community becoming wealthier, the demographic of the area was changing as professionals moved in and poor people moved out. Such demographic developments often go hand-in-hand with the growth of the arts, or take place in regions with a cosmopolitan and artistic character, such as has occurred in Fitzroy and St Kilda in Melbourne. What remains to be demonstrated in the Philadelphia study is the extent to which the ‘region’ benefited (from an improved status, wealthier inhabitants, higher property values, etc.) and the extent to which the original residents have benefited from these developments. It may well be the case that as the economic profile of the area has improved (partly due to the presence of the arts), and poorer residents have had to leave the area due to increases in housing costs. While the methodology of this study is rigorous in describing trends in urban demographics, it does not explore the way causation might operate.

In a later report produced out of the Social Impact of the Arts Project by Stern and Susan Seifert (2002), it is demonstrated that there is a link between strength of community and levels of cultural activity. This report argues for an ‘ecological model’ of community culture, meaning that the cultural sector should be viewed not as a discrete set of static projects and institutions, but as a deeply interlinked and active system, where all parts connect and influence each other (Stern and Seifert 2002, p.5). The report identifies the significance of its research as lying in provision of ‘the first empirical documentation of the role of networks of relationships in sustaining the community cultural sector’ (p.ii).

It sets out to evaluate a series of funding projects under the ‘Culture Builds Community’ program, and also to develop a more detailed understanding of how the community cultural sector operates and forms connections. This evaluation took place by asking how effective the program was in facilitating the organisational goals of the grantees, encouraging the realisation of artistic goals, and bringing community goals to fruition. Information was gathered using a range of techniques. Participation databases were developed using listings of registrants and attendees as well as organisational databases. This information was mapped geographically. Fiscal data was gathered from each organisation involved. Community participation surveys were sent out to gain information on household

activities. A sample of artists was selected to fill out surveys on their activities. Information was also drawn from the government census. All this information was combined to present graphical illustrations of networks of cultural activity, providing a very complex and full picture of community cultural activity in Philadelphia (p.4).

It concluded that its program of support helped the 'Culture Builds Community' program to enable greater community cultural participation, and increase both the intensity and extensity of community networks and linkages, thus strengthening the community, increasing diversity and tolerance, and decreasing social isolation. It is a short move from here to suggesting that these activities had positive health outcomes, though the Social Impact of the Arts Project does not describe or document such outcomes.

### **5. Department of Culture, Media and Sport, Policy Action Team 10 — Report on Social Exclusion, 1999**

Introducing the final report of this British study, which set out to identify the relationship between art, sport and social exclusion, UK Secretary of State for Culture, Media and Sport, Chris Smith, made some grand claims:

The report shows that art and sport can not only make a valuable contribution to delivering key outcomes of lower long-term unemployment, less crime, better health and better qualifications, but can also help to develop the individual pride, community spirit and capacity for responsibility that enables communities to run regeneration programmes themselves (Department of Culture Media and Sport 1999, p.2).

Likewise, the report's authors claim that their findings show that 'arts, sport, cultural and recreational activity, can contribute to neighbourhood renewal and make a real difference to health, crime, employment and education in deprived communities' (p.8). The report investigates the impact of arts and sports by looking at four specific areas of impact: health, crime, employment and education (p.22).

The authors reached these conclusions after collecting examples of programs that seemed to be benefiting the community and individuals who seemed to have benefit from their involvement in the arts or sports. 'The focus of this report' the authors explain, 'is on the benefits of participation' (p.21). As a result, the report is a highly selective account, providing a series of anecdotal reports that are celebratory of success stories rather than trying to be representative of the broad spread of such programs and experiences. While this study does not provide convincing evidence for the claims made, it has been highly successful at a rhetorical level, and is often cited in subsequent literature discussing the health benefits of community arts.

The authors of the report acknowledge this methodological problem in other studies. They observe the preponderance of anecdotal evidence in the field, and state that 'there is at present relatively little hard evidence about the costs and benefits of arts and sports in community development or about what sorts of projects provide best value for money' (p.37). They recommend a range of forms of deeper research into the impact of the arts and sport, especially longitudinal studies with a timeframe of at least five to seven years (p.38).

The aim of this report seems more to be the presentation of policy direction than the rigorous determination of the impact of arts and sports activities. While the report claims to demonstrate that this impact exists, and presents evidence to demonstrate this case, the bulk of the report is devoted to presenting policy recommendations. These are directed to

specific arts and sports institutions in the United Kingdom, and also to funding bodies such as the lottery fund. It also presents a range of broad principles that could be followed in order that good practice be established in the arts and sport sectors. These principles include ideas such as ‘valuing diversity’, ‘embedding local control’, ‘supporting local commitment’, ‘promoting equitable partnerships’, ‘securing sustainability’ and ‘connecting with the mainstream’ (pp.41–47). Again, these assertions operate more at the level of a political platform for reform rather than rigorous research findings. They are not tested, interrogated, supported or defended in any substantial way, and instead are successful only as articulate policy statements. This major government report certainly does not present a model methodology for examining the relationship between community arts practice and health outcomes, despite the strong conclusions it draws on this subject.

## **6. Evelyn Carpenter — *The Arts and Inclusion: Evaluation of London Arts Board’s 1998/99 Regional Challenge Programme, 1999***

Evelyn Carpenter’s (1999) study sets out to evaluate the London Arts Board’s 1998–99 Regional Challenge Programme, a funding programme that supports the arts in marginalized communities. The major focus of the evaluation is on ‘social inclusion objectives’, pointing out that the British government is setting out to remedy the causes of social exclusion. However, the meaning of the term ‘social exclusion’ is not elaborated or explored in any detail, and health outcomes are not mentioned. The report presents a series of case studies of community arts projects in London, and each project is assessed in three ways:

1. Target audience identification. (Reaching new audiences is presented as a social inclusion aim.)
2. Quality of participative processes.
3. Artistic quality. (Carpenter argues that quality is a key way of enhancing audience involvement. Very few other researchers in this field draw this sort of conclusion, and a more defensible approach may be to use audience evaluations to measure such effects.)

According to Carpenter’s own description, this evaluation was carried out using the following processes:

Initial meetings with staff from each of the six projects to explore ways in which participants would be involved, and the extent of collaboration with other agencies

Observation of key stages in each project’s development, and observation of the final artistic outcomes

Interviews with individuals or groups from the participating new audience, where possible at the beginning and end of the artistic process, and with staff from collaborating agencies (p.8)

On the basis of these case studies, the report makes conclusions about approaches that can enhance inclusiveness in community arts practice, including specific issues related to marketing and democratic decision-making. The discussion in each case study tends to center around publicity and promotion and also audience involvement. These are seen as good indicators of levels of social inclusion. While these areas are discussed, evidence remains at the level of general description rather than any more substantial measures. The author does not point to any evidence drawn from the case studies to illustrate how these conclusions were reached, or why they should be compelling. The report does not explain the significance of the anecdotes or case studies used, and there seems to be little rigorous connection between the data collection and the resulting list of recommendations for arts practitioners. This study presents some useful anecdotes on how the arts can operate within

underprivileged or socially marginalised audiences, though the extent to which it provides detailed information about the link between these activities and health outcomes is limited. Its real orientation is towards arts practitioners wanting to create more successful projects according to some very broad criteria of social involvement.

### **7. Health Development Agency — *Art for Health: A Review of Good Practice in Community-Based Arts Projects and Interventions which Impact on Health and Wellbeing, 1999***

This study surveyed 246 arts organizations, of which 90 (37 per cent) responded. The questionnaire sent to these asked arts organizations to identify the health benefits that they believed derived from participation in their programs. The authors summarise that ‘an overwhelming number of projects’ identified health-related benefits from participation, including ‘increased sociability (through friendships), self-esteem, personal development, confidence and the improvement of mental health’. In addition, many projects also identified the ‘educational value of their work to both participants and in some cases the local community, particularly in raising awareness of health issues’ (Health Development Agency 1999, p.17). This information is combined with an interpretative framework drawn from a review and colation of literature. This involved a ‘worldwide literature review and online search of arts-based health promotion projects’, which was used to establish ‘criteria for success and good practice’ (p.11). The authors note that health promotion organizations tend to favour ‘composite methodologies’, or qualitative and quantitative approaches that utilise multiple forms of evaluation and assessment. The difficulty with this approach is that it does not test existing assumptions and tentative conclusions; it merely repeats them. This replicates the problem noted by Matarasso (1997) of arriving at a consensus based on shared interests and experiences rather than rigorous testing of assumptions.

The second phase of this Health Development Agency project was a ‘detailed qualitative investigation of a small number of projects considered by experts to be noteworthy and successful’ (p.11). The fifteen projects investigated in depth are examined according to the following areas:

- Project origins
- Project designs
- Ways in which projects target need
- Key benefits and outcomes: health; education; wellbeing; self-esteem; improved physical/social environment
- Extent to which projects encourage community participation
- Evaluation methods
- Profile and impact of artwork (value to participants and wider community)
- Accountability structures
- Partnerships
- Funding and sustainability (p.13)

The difficulty with this approach is that the opinions of ‘experts’ are not scrutinised. It also means that detailed qualitative information consists largely of anecdotes produced without reference to established social or health indicators. The second phase of research was then followed by a third phase consisting of questionnaires sent out to arts organizations asking about health impacts, as outlined above.

The report presents a wide range of statistical information in support of the hypothesis that community-based arts projects have a beneficial impact upon health in a wide range of different ways. However, the status of these strong conclusions deserves to be considered

closely. Firstly, as the researchers note, ‘evidence for these benefits was predominantly anecdotal and no projects had designed rigorous instruments of measurement’ (p.17). What this research reveals is actually the arts organisers’ perceptions of the benefits of their own programs, rather than participants’ or audiences’ experiences of these programs. Secondly, the purpose of the study (to demonstrate the health benefits of community arts) would be readily apparent to respondents, both due to the identity of the researching body, and the nature of the questions included. The respondents are less likely to be representative, since one could reasonably assume that those organizations that took the time to respond are those that would like to use the opportunity to boast about their health benefits, while those who do not see any health benefits would be less likely to respond

In addition, this Health Development Agency study aims to present a model of good practice for community-based arts projects with an orientation towards health outcomes. In practice, though, it presents a model of how individual organizations can orient themselves towards the aims of the Health Development Agency. The study is not principally intended to show how community arts practice produces health outcomes. However, along the way it makes a number of significant assertions about the connection between arts practice and health outcomes. It does this without actually having set out to test this connection. It assumes this connection exists, then asks other like-minded people if the connection exists. This methodology is intended to reproduce a preconceived conclusion, and is presented as an original research finding when really it is just incidental information along the way towards a series of recommendations on best practice. This study would benefit from being divided firmly into separate elements: firstly an evaluation of health impacts according to established indicators; then secondly a set of recommendations of best practice based upon these rigorously established principles.

### **8. Phyllida Shaw — *Creative Connections: Business and Arts Working Together to Create a More Inclusive Society*, 2001**

Phyllida Shaw’s (2001) study of business and arts partnerships consists of a series of case studies. This report was published by the organisation Arts and Business, which exists in order to facilitate positive relations between the arts and business sectors. Its underlying objective is to persuade business of the value and importance of the arts, and to convince corporate sources to donate money to arts projects. Each of the case studies in *Creative Connections* describes a project and claims in a rather anecdotal fashion that the project had a positive impact upon the people involved. It reads very much like an advertising campaign to procure sponsorship, and there is no indication of rigorous research or evaluation. While it makes claims about social and health benefits, this report is primarily designed to procure arts funding from businesses and offers no real evidence about health benefits of the programs described.

This is an example of a methodology that has some prominence within publications about the relationship between the arts and social impacts. Many of those writing about this subject are doing so in order to gain support, sponsorship or funding from government or private sources. This aim results in many unfounded, unverified or unreferenced claims being made about the status of arts impacts. Such publications probably have a detrimental effect, as they contribute little more than hype and encourage suspicion over the status of their claims by their own lack of evidence, and thus cast doubt over other more credible studies in the same field.

## Conclusion

Much further research remains to be done on the impact of the arts in general, and on health impacts in particular. This requires coordination between research organisations in order to build on the work that has been done in the past. A major meeting of American arts experts in 1997 addressed the question of 'The Arts and the Public Purpose', and concluded that:

[c]urrently, research, information and evaluation efforts in the arts sector are fragmented and uncoordinated. Arts professionals and policy analysts seldom interact; universities and public policy institutes seldom concern themselves with arts policy; and not-for-profit arts institutions often lack the skills required to take more than rudimentary marketing studies (American Assembly 1997, p.1).

Jermyn (2001) concludes that while much of the existing research can be criticised on the basis of its methodology, 'the themes emerging from existing research have been consistent and are supported by a large body of more anecdotal evidence which should not be dismissed' (p.29). This approach is taken by many writers in the field, who are in our view too quick to draw desirable conclusions from insufficient evidence. As Coalter (2001) observed, 'despite the emergence of an "arts impact" literature, much evidence remains indicative rather than definitive' (p.4). Jermyn points out that the consistency of these themes 'might suggest there is evidence from different sources that corroborates the conclusions or alternatively that researchers and arts practitioners have been too eager to draw the same conclusions' (p.29, in footnote).

Therefore, while the health and social benefits of community arts are widely agreed upon by those who support community arts programs, and who are satisfied with the research that has been conducted so far, this research is unlikely to be persuasive to those outside the field who require more convincing reasons to support such programs over other forms of health promotion and community development for which the evidence is more substantial. Those who have carried out the existing research are quick to concede that there is a pressing need for rigorous research. François Matarasso (2000), for example, concedes that there are 'still many areas where research is needed into the arts generally, and community-based arts work specifically. There is a serious need for more rigorous, methodical and ambitious approaches to evaluation by the sector as a whole' (p.17).

Many of these studies did not adequately specify the people who benefited from community arts projects, often claiming that a neighbourhood, community or society benefited. In most cases, a claim is made that the whole of the social group benefited from the arts programs. These findings do not provide enough detail about the distribution of benefits within these communities, for example between participants and non-participants, groups targeted by the programs on the basis of need as compared with the rest of the community, young people and old people, etc. In order to usefully inform policy development in this area, future studies need to specify such distributions in order to provide evidence for the arts as an effective means for the state to respond to the needs of specific parts of the community whose needs are not being met already through other channels.

Jermyn (2001) notes the problems of overly vague categories, stating that such generality 'reduces the ability to identify best practice, understand processes and the type of provision best suited to achieve particular outcomes'. As a result of this, she states, 'there is a lack of rigorous analysis of what works' (p.26). Much of the literature is characterized by a lack of clarity in the ways in which outcomes are understood and measured. (The term 'outcomes'

here refers to changes that occur as a result of the program, as distinct from ‘outputs’, which are the activities or services provided.)

While health and social outcomes are closely related, in this literature health benefits are often treated as *inevitably* following from the social benefits of community arts. Social benefits of community arts are often presented in terms of overly generalized concepts that are inadequately conceptualized. Terms that describe a broad range of complex social phenomena are often used simplistically in the literature. These include social inclusion, social capital, neighbourhood revitalization — concepts that are the subject of much discussion and debate, but which are treated simplistically in most studies. This issue will be discussed in more detail in the Evidence section. Coalter (2001) notes the problems associated with measuring ‘often abstract and diffuse, outcomes’ (p.2). These broad social categories are often only tenuously related to the data collection methods being employed. This results in superficial statements about broad social benefits that are unable to be supported by empirical evidence, as the relationship between specific measures and broad social outcomes are not clearly established. We agree with Coalter that there is a need for future research ‘to define more precisely and measure the strategic health-related outcomes of arts projects’ (p.24). While it is clear that some of the social benefits resulting from the arts *can* benefit health, future studies should examine this link more directly, to establish which social outcomes are most beneficial to health and which are less important.

As Jermyn (2001) notes, research literature on the social impact of the arts has only emerged in the late 1990s and significant methodological issues remain. While these methodological difficulties are profound, this does not mean there are not tangible effects, only that the effects have been difficult to identify convincingly.

## Evidence for the Health Impacts of Community Arts Practice

This section of the literature review will examine the evidence for the impact of community arts practice upon health. It is structured in three approximate levels, beginning with individual impacts, moving out to immediate audience and observer impacts, and then considering impacts upon the wider community as a whole. While much evidence has been gathered to demonstrate that arts practice does indeed have a positive impact upon health, this review of evidence will suggest that much of the information presented to support this claim is less rigorous than would be desirable for the claim to be entirely convincing. It should also be noted that much of the research cited has not concerned itself explicitly with health outcomes. In order to build a full picture of the kinds of health impacts produced by arts practice, it has been necessary to read through the implications of a range of studies dealing with subjects as diverse as community development, education policy, urban planning, social psychology and gerontology. It would be highly desirable for those interested in the health impacts of arts activity to help co-ordinate research internationally so that health impacts are integrated into social impact studies in a more co-ordinated and interlinked way than has previously been the case.

### ***Personal Health***

#### **Biological impacts**

Some research has been conducted in the medical and biological processes involved in arts practice. This is not a major field of research, and there are only a handful of studies interested in this process. The studies that do exist have attempted to measure health impacts according to established medical indicators of health in order to investigate whether or not there is a correlation between arts practice (either as a participant or an audience member) and positive health outcomes. This is then used as a foundation for considering what physiological processes are involved in any impact that might be observed.

One Swedish study investigated the influence of attending cultural events upon life expectancy (Bygren *et al.* 1996). It traced 12,675 adults over eight to nine years, and discovered that attendance at cultural events correlated with greater rates of survival. From this evidence, they consider what mechanisms might produce this effect. This study suggested that positive emotional states associated with enjoyment of cultural events can produce physical effects that enhance health. They suggest a possible neurological and immunoregulatory origin for this impact, or even a psychoneuroimmunological one, according to one of their sources. As they state it:

The mechanisms may be immunoregulatory. One route linking the brain to the immune system is the innervation of lymphoid organs, another is the outflow of pituitary hormones. The nerve fibres form junctions with lymphatic organs and release neurotransmitters that lymphocytes, macrophages, and granulocytes have receptors for. Growth hormones and prolactin enhance immunity; glucocorticoids may protect from autoimmune disease. The interaction may provide the means by which emotional states influence infections and autoimmune and neoplastic disease. There might be other routes of influence. The number of glucocorticoid receptors in the hippocampus is increased by environmental enrichment, and this could be important in depressive diseases. But how the physical matter in the brain causes subjective states is still a mystery (Bygren *et al.* 1996).



It should be emphasised that they state that the precise character of personality and wellbeing cannot be directly correlated with a specific material brain states. Therefore, statements about the connection between brain state and cultural practice are necessarily somewhat tenuous. This is a new field of research, and it is reasonable to expect that no firm link between brain matter, arts practice and health will be found in the foreseeable future. However, there have been attempts to link broader social processes to neuroendocrinal function (House, J S 1981). This research has not provided conclusive evidence of the biological processes whereby social relationships can influence brain function.

These studies into physiological indicators of arts impact are necessarily simplistic, as they are attempting to isolate single indicators of health out of the multitude of complex interactions involved in arts activities. These findings would be inadequate by themselves to indicate the degree and kind of impact produced by community arts practice. However, they do provide some solid empirical evidence that can contribute, along with a range of other forms of quantitative and qualitative evidence, to a full picture of the ways that arts practice influences health.

While this literature review is not considering mental illness in any detail, it should be noted that there is a range of anecdotal evidence to suggest that being involved in arts projects can alleviate depression and assist people who have been experiencing other mental illnesses. It is usually speculated that arts practice provides a medium for the creation of personal meaning, and that this process is especially valuable for those who have been experiencing mental health problems. For instance, Matarasso (1997) cites a case of a man suffering from depression who gained greatly from involvement in a community arts project.

### **Physical Activity**

Several studies have suggested that involvement in community arts activities results in increased levels of physical activity and thus has positive health outcomes. The positive role of physical activity in promoting health has been well established, especially in literature on the impact of sports involvement (see for instance Department of Culture Media and Sport 1999). Research has also been conducted to demonstrate the health benefits of sporting activity, not just on obvious levels of fitness but on mental wellbeing (King 1989).

In an arts setting, an increase in physical activity can occur in several ways. Firstly, individuals involved in a group project are likely to be involved in networks of reciprocity and mutual assistance. This leads to an increase in the amount of activity being carried out within their daily routines, as they hold greater obligation to carry out tasks for others. Secondly, greater skills and creativity lead to greater employment chances, and this results in an increase in physical activity for those who were previously experiencing social exclusion.

Matarasso (1997) provides an anecdote about the physical benefits of becoming actively involved in a local arts project. He cites the example of a man from Portsmouth who was unable to work due to mental illness. This man become involved in a local project and stated: 'I loved it, I lost a stone running around' (p.68).

While there is a range of such anecdotes about the impact of the increase in physical activity involved in community arts projects, no systematic attempt has been made to pinpoint this impact. No studies exist which try to examine the actual level of physical activity involved in community arts projects, or to consider how this impacts upon health. Further research into such outcomes would be fruitful.

### ***Personal development***

One major area of evidence for the health impacts of community arts practice is upon individual personal development. There are a range of established indicators and forms of evidence that show that individuals experience various forms of transformation and benefit that impact upon health. The principal categories of impact upon the individual can be grouped into the following subdivisions: self-confidence and self-esteem, education and skills acquisition (general), employability, and learning about health.

### **Self-confidence and self-esteem**

Many reports on the impact of community arts projects — especially those dealing with people on the social margins or groups at risk — describe a positive rise in self-confidence or self-esteem. The primary means for determining this impact are through self-reporting via questionnaires or interviews, and observation by others involved in the project. Little detailed investigation has been done of the degree of alteration in these indicators, as might be done in thorough psychological profiling or mental health assessment. However, this evidence, derived through a range of methods, provides substantial evidence of the positive personal impact of community arts practice.

The Health Development Agency report *Art for Health* (1999) gathered information on self-esteem impacts through arts involvement through its questionnaires completed by 90 arts organizations. It reported that, of the returned questionnaires:

- 91 per cent ‘stated that their work contributed to health improvement in the local area by developing people’s self-esteem’
- 82 per cent ‘stated that participants’ confidence increased as a result of participation’ (p.17)

These findings indicate a strongly held belief among arts organizations. However, this is a highly subjective and anecdotal measure of changes in self-confidence, and can only really be accepted as an indication of the belief of arts organizations reporting to a government agency rather than an independent evaluation of tangible, demonstrated impacts upon individuals. The Health Development Agency also notes that, on the basis of self-assessment of projects, those who responded ‘unanimously reported that enhanced self-esteem is a common outcome in community-based arts projects, with project participants spontaneously articulating the benefits of an improved sense of self-worth on a regular basis’ (p.26).

In *Creating Social Capital*, Williams (1996) reports on a women ex-offender’s theatre project as having positive self-esteem outcomes. This project had a range of aims that would help women ex-prisoners to rebuild their lives and find a creative outlet for self-expression. It resulted in the successful performance of the play *Tell Her That I Love Her*. Many of the women had experienced a range of forms of trauma, including drug and family problems. This project allowed these socially marginalized people to build their confidence. According to Williams, this project was important for helping the participants in ‘developing self-esteem, coming to terms with unacknowledged trauma, gaining public

acceptance of who they are, and for some overcoming heroin addiction' (p.63). Williams also reports that the Police and Youth Theatre Project helped in building confidence and self-esteem among participants. Williams cites a police officer describing the self-esteem building produced by this collaborative project. Likewise, Williams reports self-esteem and confidence gains among Indigenous children involved in the Aboriginal School Project in Alice Springs. While Williams presents case studies that seem to provide clear evidence of improvements in self-esteem, her evidence is based largely on observation of the projects and testimony from those who observed self-esteem improvements in others. Her questionnaires did not ask about self-esteem.

In *Use or Ornament?*, Matarasso (1997) reports that arts participation does enhance personal confidence. Matarasso observes that 80 per cent of questionnaire respondents 'said that they felt more confident as a result of their involvement in the arts' (p.14). This finding was strongest for adults (84 per cent). He observes a 'widespread recognition that confidence came through a sense of achievement, of having done something worthwhile', and that this could be collective achievement, not just individual creative work (p.15). In other words, confidence comes as much through the processes of involvement and social interaction as through the creation of an end artistic or cultural product. Drawing from his earlier work, Matarasso (2000) reiterates the potential for arts practice to enhance self-confidence and self-esteem (p.15).

These outcomes are mentioned in a number of small-scale case studies. Gerri Moriarty (1998) found that '[s]uccessful participation in quality arts projects can contribute to a sense of achievement and the enhancement of self-confidence'. She observed these effects among all those who were involved in the projects she studied, not only those who were involved in the creative process, suggesting that the act of being involved in a creative project in some way may lead to self-esteem gains. Charles Landry *et al.* (1996) describe drama training projects that successfully used arts methods to enhance self-confidence for employment purposes (p.38).

While evidence has certainly been presented by the abovementioned studies, this evidence remains somewhat underdeveloped—anecdotes and self-reporting remain the dominant methods for observing such trends. Detailed methods of measurement are not employed, and Helen Jermyn notes this difficulty by calling for the 'development of more rigorous methods for assessing the acquisition of skills, self-confidence, self-esteem and other impacts' (Jermyn 2001, p.2).

## **Health education / learning about health**

One widely recognized use of the arts is in health education. There is a long tradition of using popular art forms, especially comics, cartoons and superhero-based children's theatre, to inform young people about health practices and self-care techniques. This area of impact is so well recognized that it is not mentioned by studies explicitly interested in the health impacts of the arts. However, it is clear that the arts do provide an important medium for the transfer of a range of forms of information, and facilitate a variety of forms of social exchange, that can produce positive health outcomes.

One such area of health-educational impact is in providing information about drug abuse. Williams in *Creating Social Capital* (1996) describes the women ex-offenders' theatre company as assisting drug education. This group created a play about their own life

experiences, and which included information about the place of drugs in their lives. Representing issues of drug abuse on stage, and grounded in direct experience, provided a powerful mode of communication and sharing. For instance, Williams retells the story of a woman whose daughter was drug dependent attending a performance. Williams reports someone from the theatre group saying 'it was really good for people who are connected with addicts in some way to have a look at what really goes on' (p.63). This performance served the role of educating the audience about drug addiction, and also helped those involved to confront their own drug issues.

Other studies have reported on the previous success of using arts events for health promotion and education purposes. Genevieve Stone (2000) describes health promotional outcomes over a twelve-month period in Bunbury, and found that the deep linkages present in community arts projects provide an ideal means for connecting with people. She concludes that '[g]ood intersectoral networks and cooperation are essential to initiate and sustain community health promotion projects'. Stanley describes an arts project in the west Midlands that was set up in order to provide information about men's health. This program combined comedy and health promotion to convey its message (Stanley 2001).

### **Education and skills acquisition**

Another broad impact of community arts participation involves gaining skills, knowledge or education. Many arts projects involve the communication of complex techniques from skilled practitioners to new participants. This process has a range of impacts upon health. One is that it involves personal satisfaction with work completed well. Another is new skills acquisitions has been correlated with better health status. A third is that education helps to convey local knowledge and strengthen community bonds. More broadly, involvement in arts projects requires commitment, organisation, communication and creativity. Each of these skills helps an individual to operate successfully, and are thus related to wellbeing. A number of studies of such connections and impacts are discussed below.

Most researchers into the impact of community arts observe that participants gain new skills, and that this is a positive outcome. For instance, the Health Development Agency records that 70 per cent of projects they investigated felt that their activity had 'increased the likelihood of participants' seeking to develop new skills' (Health Development Agency 1999, p.17). Fred Coalter (2001) summarises a range of studies looking at educational impacts of arts involvement, and concludes that '[r]esearch evidence points to the positive educational value of including arts in the processes of education and play' (p.16).

Matarasso (1997) reports that 80 per cent of arts project participants learnt a new skill while involved (p.vi). Of more specific impact, Matarasso also reports that 37 per cent of these participants chose to undertake further education or training as a consequence of their involvement (p.22). He also repeats the findings of another study that shows the arts activities at school resulted in significant increases in language skills, physical co-ordination, observation skills, creativity and imagination, and social skills development (p.20). Matarasso (1998) provides some examples of teachers observing the positive learning changes experienced by students as a result of their arts involvement. Matarasso records a range of impacts that have health implications, such as developing creativity and imagination, improving observation, improving physical co-ordination, developing language skills and developing social skills. While these observations are useful, it should

be noted that they are produced through the subjective viewpoint of teachers who would most likely be interested in seeing their own work have positive impacts.

A program in place at the Dog Kennel Hill School (in Southwark, London) aimed to address learning challenges faced by a diverse school with many children from families whose second language was English, many children from poor families, and a quarter of children with special educational needs. This school structured its curriculum around art drama and music. According to the Policy Action Team 10 report, this school ‘succeeded in creating a school ethos promoting confidence, moral development, enthusiasm and pride’ (Department of Culture Media and Sport 1999, p.26). Outcomes have included involvement with the London Philharmonic Orchestra. This is certainly evidence of a positive educational outcome, though it remains a single report on one project without specific evidence of health impacts. Harland *et al.* also list a group of significant impacts of arts programs on school students:

Measured outcomes for school students include: the development of creativity and thinking skills; the enrichment of communication and expressive skills; advances in personal and social development; and effects that transfer to other contexts such as learning in other subjects, the world of work and cultural activities outside and beyond school (Harland *et al.* 2000, p.10).

A much larger study of the impact of arts on learning was published in 1999 as *Champions of Change* (Fiske 1999). This US study compiled results from seven teams of researchers over a five-year period. This study demonstrates that students involved in arts activities outperform other students on almost all indicators, especially those students who have come from impoverished backgrounds. It concluded that the arts are capable of encouraging learning in situations that are intractable. While this study does not explicitly address health, and is oriented towards indicators of learning rather than those of social inclusion or community development, it certainly shows that arts activities have a range of complex benefits. In the area of education, these benefits are perhaps easier to measure than in other less outcome-focused fields. Therefore, this report could be regarded as providing an indication of the sorts of conclusions that might be reached if more detailed indicators and measurement of impact were developed and utilised in examining social processes.

Further substantial evidence of health impact is provided by a large study conducted by Heath and Soep (1998). Their survey covered 30,000 young people. The authors reported that young people who participated in arts activities outside of school hours experienced a wide range of positive effects that can be linked to health outcomes. Among these effects were that the students involved in extra-curricular arts activities felt more motivated and satisfied, and were more likely to continue to higher education.

More broadly, there is substantial evidence to show that involvement in creative activities, such as music, assists cognitive development and thus assists other forms of learning. In a major study entitled *Critical Links: Learning in the Arts and Student Academic and Social Development*, Richard Deasy states that ‘the interrelationships between learning in certain forms of music instruction and the development of cognitive skills such as spatial reasoning appear incontrovertible’ (Deasy 2002, p.iv). This study presents an enormous collection of reports on experiments conducted into the learning outcomes produced by a range of forms of arts practice. Most of these studies are thoroughly conceived around established educational indicators (such as measures of reading and cognitive development), using rigorous methodologies and control-group comparisons. While the

health outcomes of these studies are not direct, the studies certainly add a substantial amount of supportive material for the positive impacts of arts activities, which lead indirectly to health improvements. They also provide a useful reference point for modeling future studies into the immediate health impacts of arts activity.

While there is a range of evidence for positive development outcomes from arts involvement, another study found no significant relationship between the arts and academic attainment (Harland *et al.* 2000). They note that in their large sample: ‘there was no sound evidence to support the claim that the arts boost general academic performance at GCSE.’ While it seems, from available evidence, that arts activity does have an educational impact, the precise character and extent of that impact is still being investigated.

## **Employment and job skills**

A consequence of the acquisition of new skills, training and education is greater employability. A significant number of investigations into the impact of community arts practice observe that increased employment prospects, and sometimes even increased levels of employment, are outcomes from community arts projects.

The Policy Action Team 10 report provides evidence of a number of community arts programs that set out to reduce unemployment and to provide job skills, and were successful in carrying out these aims (Department of Culture Media and Sport 1999). The programs described include examples in Trafalgar Square, London, in South East Wales, and in the Merseyside region. The last example also successfully used job creation as a strategy for assisting community development and urban regeneration. While these provide further evidence towards the general trend of art involvement providing skills and personal development that assist employability, the evidence presented is largely anecdotal.

Ann Bridgwood (Bridgwood 2002, p.11) refers to Hill and Moriarty (2001) as providing evidence of the vocational benefits of arts practice, or as she put it: ‘progression to vocational training or employment’. Landry *et al.* (1996) discuss the Nerve Centre in Derry. This centre uses arts training to generate self-confidence and job skills. Landry *et al.* describe its success, and say it is a ‘vital training and education resource for North West Ireland’ (p.38). Williams (1996) observes that community arts projects help create jobs for those who take part, and that this includes both local community members and the professional artists and support staff who are often involved (p.40). Matarasso (1996) also notes the job creation impact of arts projects, along with giving skills to people who participate in the projects. He cites the case of an arts project in Helsinki set up for heavy drinkers. This project was successful in improving the lives of many of the participants: ‘The healthier lifestyle was sustained by most men, some of whom were able to get jobs as a result’ (p.69). The Health Development Agency (1999) describes projects as producing ‘arts skills’, through which people become more employable (p.27).

While there are many stories of individual success, or anecdotes illustrating successful employment outcomes, Coalter (2001) describes a study which found that intermediate personal goals does not necessarily lead to long-term outcomes, and does not necessarily result in stable employment (p.26). It should be possible to do wide-ranging longitudinal studies correlating rates of employment with involvement in arts activities, or to trace a number of arts project participants over an extended period to measure their employment

situation, and to compare this with a randomly selected control group. If such studies were conducted, more substantial information would be available demonstrating the long-term employment impacts of community arts involvement.

## **Enjoyment, Creative Expression and Wellbeing**

One area of benefit from community arts practice that is commented on by many authors is the level of sheer enjoyment and pleasure. These seem, almost by definition, to be good for health and wellbeing. Matarasso's (1997) survey examining the self-reported health status of participants in arts projects found that about half (48 per cent) reported 'feeling better or healthier since becoming involved' (p.68)<sup>2</sup>. Involvement in and attendance at arts projects often produces intense experiences of personal meaning and value. These experiences are durable and definitive, often functioning as a key memory for years to follow. They are also often accompanied by great physical sensations — a shiver down the spine, a feeling of elevation, a brief moment of selflessness. These processes undoubtedly have an impact on health, and authors writing about the benefits of arts practice have tried to indicate as much. Matarasso (1997) states strongly that there are intangible benefits to the arts, and that these are related to the very qualities that make the arts distinct from other fields of endeavour such as sport. However, all authors in this field agree that such outcomes are very difficult to specify, much less to measure and analyse.

The creative process is often presented as valuable in itself. The process of producing a new idea or plan, then implementing it, is seen as being a source of satisfaction independent from any other social processes. Matarasso reports that many of those involved in arts projects feel that this is an important element of their activity. In his study, 81 per cent of participants said that 'being creative was important to them' (Matarasso 1997, p.viii).

Sometimes these general forms of pleasure are described by researchers in terms of levels of 'happiness' produced. Significant research projects have attempted to come up with indices of happiness that can be used internationally across a range of research contexts (such as Veenhoven 1997). Matarasso employs happiness as an indicator. He reports that 73 per cent of adults and 80 per cent of children said that involvement in arts projects made them happier. Of all participants, 85 per cent gained sufficient satisfaction to want to be involved again (Matarasso 1997, p.71). Matarasso also cites a far more questionable statistic about enrolments in evening classes in London in 1996. He shows that creative courses were more popular than courses such as business studies and information technology. However, it would be dangerously simplistic to suggest that this can be explained by the arts being more fun. There are too many factors and complex social processes at play in people's educational choices for such figures to be reduced to a monodimensional explanation.

The Health Development Agency provides some figures on the happiness increases produced by arts projects. They report that 66 per cent of projects stated that they felt their work 'had resulted in increased happiness among project participants, and 53 per cent said that they believed that their work resulted in stress reduction for project participants'

---

<sup>2</sup> This figure is not the same as the figure given in 'Summary' chapter of 52% (p. viii). This may be a figure for adults only – on page three of Matarasso's 'The Arts as a Force for Change in the Health and Social Sectors', he notes that 52% of adults felt healthier for arts participation, while this figure for children was 45%, thus producing an average of 48%.

(Health Development Agency 1999, p.17). They also report a 66 per cent agreement on increased quality of life resulting from the project. Many studies testify that arts projects enhanced creativity. The Health Development Agency report that 78 per cent of projects felt that their participants become more creative and confident, and gained life control (Health Development Agency 1999, p.17). Again, while there is great consensus over arts projects being valuable and producing wellbeing in many ways, research into these impacts has been rather vague and imprecise. Consequently, it is difficult to say with much specificity what kinds of health impacts are associated with the pleasure and satisfaction of community arts practice.

### **Social Support**

There is now considerable evidence of the beneficial health impacts of social networks, social activities and participation in organisations (Berkman and Syme 1979; Cohen and Syme 1985; Rogers 1996; Cattell 2001). Social support first emerged as a significant issue in health research during the 1970s, initially in mental health research and then in research into infectious diseases where researchers examined the role of stress in the onset of disease. During this period a consensus emerged that social supports act to 'buffer' individuals from a range of health risks. Through relationships with friends, family, neighbours and colleagues, people give and receive care and support on an informal basis. The World Health Organization defines social support as 'that assistance available to individuals and groups from within communities which can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing the quality of life' (Nutbeam 1998). Perhaps now more than ever, responsibility for caring for those members of the community who lack social support has fallen on the state. The experience of loneliness and the feeling of not being cared for becomes more widespread with the erosion of traditional sources of enduring supportive contact which has occurred with the trend towards smaller households, the break-up of close-knit local communities, and the increasing marginalization of the poor (Pilisuk and Parks 1986, p.5).

The connection between a lack of social support and poor health has been especially noted in studies comparing the health of people in long-term relationships with that of single people. These studies have repeatedly shown that the social support received from a partner is a major factor in ensuring health (Lillard and Waite 1995). This relationship is multidimensional. As well as providing instrumental support, strong supportive networks assist on an emotional level, firstly by helping to interpret significant events and hence increasing the person's ability to cope with stress, and more generally by facilitating a self-perception of being cared for, needed and worthy of love (Pilisuk and Parks 1986, p.17, 40). Social marginality, or 'a state of weak and impermanent ties with one's community', has been shown to have serious detrimental effects on health (Pilisuk and Parks 1986, p.32). As well as being caused by poverty and inequality, social marginality can be a short-term disruption, caused by a personal trauma, relocation, or some other temporary isolating condition. Extreme cases of long-term marginality are also sometimes caused by physical, mental or intellectual disability, and by the breakdown of significant relationships.

There is extensive evidence available for links between various forms of social support and direct improvements in health status. One much-cited study in this mould is Berkman *et al.* (1992), which demonstrated that there was a significant correlation between the lack of emotional support and post-myocardial infarction morbidity. The study concluded strongly that individuals with greater emotional supports have better chances of survival in the period immediately following a heart attack. A study by Stansfeld *et al.* (1997)



demonstrates that social support at work and in the home contributes significantly to reducing levels of psychiatric sickness absence, or the number of sick days taken off work due to stress factors or mental illness. Another study has demonstrated that widowed, divorced and separated employees have higher levels of absence from work, and concludes that this is due to their generally lower levels of immediate social support in the home than employees who are in relationships (Leigh 1991).

Substantial research has been done into the relationship between marital status and health, with evidence showing that across a range of studies unmarried people have a consistently higher rate of mortality than married people. House *et al.* (1988) also note evidence demonstrating that unmarried people have higher rates of tuberculosis, accidents and schizophrenia. Isolated individuals suffer two to four times the risk of mortality, independent of all other known risk factors (House, J S *et al.* 1988). While much work has been done on establishing such links in recent decades, there is also an older body of scholarship investigating connections between social integration and health outcomes. Over a century ago, Emile Durkheim established that environmental factors were significant health determinants. More specifically, he showed that social integration reduced the level of suicide risk among individuals (Durkheim 1955).

However, this whole body of research has not provided conclusive evidence of the biological processes whereby social relationships can influence brain function. While a range of studies have considered the mechanisms by which broad forms of social support and social inclusion facilitate positive health outcomes, Stansfeld *et al.* (1997) note that there is a lack of specificity to the understanding of these processes. Positive correlations between social support and health outcomes have been demonstrated in a range of studies, though the precise practices that produce good health (and that should be encouraged) are not widely known. Teresa Seeman (1998) notes there is insufficient evidence to conclude that social support directly affects the rate of occurrence of major illnesses or medical conditions, however there is considerable evidence pointing to better rates of recovery from heart attack and stroke for those with more emotional support, and evidence suggests that emotional support is protective with respect to physical function (p.3).

As many researchers in this field have noted, the sheer complexity of the social interactions involved in producing indicators such as social capital, social support or social inclusion, along with the length of time across which such interactions are significant, make it difficult for research to pinpoint precise outcomes on specific measures of health, such as rates of disease and longevity. At present, it seems that researchers are less interested in demonstrating specific biological outcomes of community arts practice, and instead are more concerned about complex, multifactorial impacts on accepted social indicators. These will be discussed below.

It is reasonable to hypothesise that the relationships and interactions involved in community arts practice often constitute a form of social support. Ongoing arts projects involve a continuing process of local social engagement, and require the development of meaningful, durable social bonds. Many studies of community arts claim that these programs enhance the social support available to participants in various ways, thereby delivering health benefits. Fran Baum *et al.* (2000), for example, observed that 'both the quality and extent of social interactions and relationships within a city or community are important indicators of its health' (p.250). While this study is not primarily interested in

community arts practice, it does discuss forms of participation and social involvement that enhance social support, and which certainly would include arts activities.

Studies into the impact of community arts abound with anecdotes about the kinds of social networks that developed, and the forms of assistance shared between individuals across a community. For instance, Matarasso (1997) cites an instance where a number of women become involved in a public art project in Leicester. In order to help them complete the project, the level of support provided by the husbands of these women increased, and some 'offered to baby-sit so their wives could finish their work' (p.17). This evidence shows the kind of support that must surround many community arts projects. However, the extent and form of this research is generally not documented by those examining the impact of community arts practice.

While social support has been demonstrated to be a useful indicator related to health, it has not been very widely employed by those examining the impact of community arts practice. Instead, researchers have inclined more towards community-oriented indicators that see support less in terms of what helps the individual to manage risk, and more in terms of the relationship between an individual and a community or society. These more socially oriented indicators will be discussed below.

### ***Social Inclusion, Exclusion and Isolation***

There is substantial evidence for the health benefits of reducing social isolation and increasing the level of inclusion in social groups. According to Sir Donald Acheson, Chairman of the International Centre for Health and Society at University College, London, in the *Independent Inquiry into Inequalities in Health Report*:

people with good social networks live longer, are at reduced risk of coronary heart disease, are less likely to report being depressed, or to suffer a recurrence of cancer and are less susceptible to infectious illness than those with poor networks (Acheson 1998).

Social inclusion is a complex indicator because it does not pin-point one single process, but instead is a summary term for a range of effects brought about through multiple means. A useful definition is cited by Helen Jermyn (1999). In this account, social exclusion is: a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown (p.2).

There is a substantial body of research investigating the health impacts of social exclusion. House *et al.* (1988) established that quantity and quality of social relationships have an impact upon rates of mortality. This trend has been observed in populations of humans and animals. The authors of this article conclude that 'social relationships, or the lack thereof, constitute a major risk factor for health— rivaling the well-established health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity and physical activity.' (p.541) This conclusion has acted as a foundation for extensive subsequent research into the role of social processes and relationships in health.

Berkman and Syme (1979) developed a 'social network' index to examine the quality of social relationships and the measure correlations with mortality. A subsequent study by House, Robins and Metzger (1982) discovered that individuals who scored poorly on this index were two- or three-times more likely to die over a ten- to twelve-year follow up period than more socially networked individuals.

While researchers generally conclude that social exclusion is a significant health indicator, many also observe the difficulties of coming up with precise measures of social exclusion. In part, the problem is that those who are the most socially excluded are difficult to reach and to gather information on. Jermyn notes this by stating that there is ‘no one single measure of poverty or of social exclusion which can capture the complex problems which need to be overcome’ (Jermyn 1999, p.3). Social exclusion is thus understood as a complex and multidimensional phenomenon, affecting individuals, groups or areas. While it is related to poverty, it is more a description of the level of ‘membership’ in society. Such complex indicators provide a sensitive account of actual social processes, though they make it more difficult for direct causation between single elements to be demonstrated and acted upon. Thus, arts activities alone are unlikely to be an adequate solution to broad problems of social exclusion and poverty.

Jermyn’s report reflects the interest in social exclusion among British government bodies’, and on the part of the Arts Council of England in particular, which has named ‘diversity and inclusion’ as strategic priorities (p.5). More recently, policy initiatives have been implemented that reflect these research findings. Social inclusion is now a stated aim of many arts projects and planning programs. Ann Bridgwood (2002) notes the formation of a Social Exclusion Unit by Prime Minister Blair in the UK in 1997. According to Bridgwood, ‘[n]eighbourhood renewal was seen as a key element in the drive to tackle social exclusion.’ (p.1) Likewise, the Policy Action Team 10 report states that the arts can lessen social exclusion, and that this fact should direct arts and health policy (Department of Culture Media and Sport 1999).

Another methodological difficulty in measuring and describing social exclusion, especially how arts practice can impact upon health, is differentiating between short-term and long-term outcomes. Many research projects describe short-term forms of social involvement without looking at the durability of such connections. Bridgwood has called for broad, wide-ranging longitudinal research into these impacts. One longer-term project is the research done by Peaker and Vincent (1990): ‘who reported that prisoners taking part in arts projects found it easier to approach others, felt they knew each other better, experienced greater trust in others and were more likely to share problems, compared with a control group.’ (Bridgwood 2002, p.11)

Community arts practice has also been shown to be able to assist in the alleviation of poverty. The use of arts for this purpose was adopted by the Irish Combat Poverty Agency. They concluded that the socially excluded or marginalized can gain special benefits from involvement in the arts, and can result in decreased isolation. This occurs especially through the establishment of stronger local bonds and networks, or the strengthening of community (Frazer 1996). Further information can be found on the Combat Poverty Agency’s website at <http://www.cpa.ie/>.

In creating Social Capital (1996), Williams presents a wide range of evidence showing how social isolation can be decreased by community arts projects. The Spanish Writers’ Project in Sydney involved a group of Spanish-speaking women writers collaborating on creative work. This process built strong bonds within the group, and improved English-language skills so that connections could be established more easily outside the group. One of the participants reported that after sharing her experience with others, ‘I didn’t feel alone [any more]’ (Williams 1996, p.90). According to Moriarty (1998), 30 per cent of those who were involved in community arts workshops saw them as a way of increasing

social connectedness. Many participants in community arts projects describe their experience as an important way of making new friends. The Health Development Agency report that 59 per cent of the projects they investigated resulted in people making new friends (Health Development Agency 1999, p.17). Matarasso (1997) states that of adult participants in arts projects, 91 per cent made new friends (p.vii).

Matarasso also concludes that arts involvement is a major way of facilitating social cohesion. This process involves the development of meaningful community networks and connections, and strengthening the local community. Matarasso observes that these effects are especially pronounced for those living in isolated communities, such as an example he describes in North West Scotland.

The evidence provided for the role of community arts projects in enhancing social inclusion and cohesion is generally strong. This evidence suffers from unavoidable problems, such as the fuzziness of indicators of such complex processes. However, the combination of different forms of research provide a picture of valuable social connections, with their subsequent health benefits, emerging from community arts practice.

### **Social Capital**

Since the mid-1990s, the term ‘social capital’ has come to be used in social health literature almost synonymously with ‘community’, ‘social support’ and ‘social networks’ (for example, see Bullen and Onyx 1997; Cattell 2001). The notion of social capital has had particular influence in social policy reform in Britain, where it underpins much of the Blair government’s social policy agenda<sup>3</sup>. Social capital has recently risen rapidly in the estimation of governments, arts funding organizations and health organizations. To take a recent local example, a policy statement by Arts Victoria released in May 2002 asserts that the arts play a vital role in building communities and enhancing health. Under the subheading ‘Engaging communities and creating social capital’, this document makes the following assertion: ‘connecting the arts with social development objectives can reduce social inequality and disadvantage and can consequently build more cohesive communities’ (Arts Victoria 2002, p.9).

Government policy is increasingly being structured around the idea of social capital. However, it is concerning that these policy commitments are being made on the basis of research that often does not engage at all with the substantial body of critical perspectives on the meaning of social capital. This term is still being contested, and should be used with care and precision, rather than as a universally accepted and fully proven indicator of value.

In Australia, Fran Baum (2000) has been a proponent of the links between social capital and health. She argues that the notion of social capital ‘has provided an opportunity to look beyond the funding demands of community structures to consider the contribution they make to the building of healthy communities, and the benefits these offer to all aspects of society’ (Baum *et al.* 2000 p.252). While not addressing community arts directly, Baum reaches the conclusion that the state should support participatory activities in small communities (p.270). In the United Kingdom, social capital is being used to direct major health initiatives. For example, the Health Development Agency has recently been running

---

<sup>3</sup> This section draws on the work of Christopher Scanlon (2002) to whom we are greatly indebted.

a 'Social Capital for Health' program, culminating with a conference of the same name on 20-21 June 2002 and featuring Robert Putnam as the guest keynote speaker.<sup>4</sup>

The idea of social capital was put forward by James Coleman (1988), and later developed and popularised by Francis Fukuyama (1995) and Robert Putnam (1993; 2000). These writers used the term to describe the networks of informal relationships that bind people together, particularly in voluntary associations. They emphasise the interpersonal preconditions for social life, as distinct from the material conditions of social existence (physical capital) and the attributes of individual social actors (human capital). In Coleman's words:

If physical capital is wholly tangible, being embodied in observable material form, and human capital is less tangible, being embodied in the skills and knowledge acquired by an individual, social capital is less tangible yet, for it exists in the relations between people (1988, p.100).

These writers have placed particular emphasis on participation in civic groups and communal organisations as a means of increasing social capital. Societies that have dense and extensive networks of informal and voluntary relationships of trust, mutual obligation and civic engagement are said to be rich in social capital. These writers prefer these relatively weak forms of social capital fostered by loose, mobile forms of association rather than the stronger forms of social capital characteristic of more deeply embedded relationships found in traditional societies (Szreter 2001).

Coleman, Fukuyama and Putnam argue that stronger social relationships lead to benefits such as increased economic efficiency, the rejuvenation of the democratic process, reductions in crime and poverty, improvements in educational performance, and better public health (Davis 2001; Scanlon 2002). Some studies have attempted to study the relationship between health and various components of social capital (such as frequency of socialisation, civic participation, participation in clubs and associations). Veenstra (2000), for example, found in a Saskatchewan (Canada) survey that frequency of socialisation with workmates and attendance at religious services had a strong positive relationship with self-rated health status, while most other aspects of social capital tested were not significantly related to health. Such findings point to the limitations of such a broad concept in research on the health effects of social practices.

This literature review argues that social capital is less useful than established approaches to understanding the health impacts of social relations. We agree with the conclusion reached by Hawe and Shiell (2000) that 'the concept of social capital may add little and may perhaps even act to dilute social health initiatives already in place' (p.880). While established health promotion approaches such as community health promotion, community development, empowerment and capacity building have a long history of conceptual development and empirical evidence supporting their practice, the social support literature is imprecise and difficult to test empirically. As Hawe and Shiell (2000) observed, the lack of a strong conceptual base has led to 'a tendency to define social capital as whatever "social health" indicator predicts health status best' (p.880). Such circular definitions are common in the research on social capital and health, including the research on community arts programs.

---

<sup>4</sup> See <http://www.hda-online.org.uk/html/resources/conferences.html> for more information.

Many of the evaluations of community arts programs use the notion of social capital as a catch-all phrase to describe what are seen as beneficial dimensions of social life. Deidre Williams' (1996) study, for example, presents a 'snapshot of the arts at work in Australian communities' that aims to demonstrate how 'community-based arts practice is developing considerable social capital' (p.1). Williams defines social capital as:

- The degree of social cohesion which exists in communities
- The levels of cooperation between people in communities
- The clear expression of the things valued by communities
- The level of ability and motivation to share responsibility for their collective wellbeing (p.1)

Rather than describing a discrete, measurable quality, social capital in this usage functions as a summary term, or as an indicator of a whole combination of qualities that are good or desirable for communities. Thus, it acts as an idealisation of all possible positive outcomes mixed together.

According to her own summary of *Creating Social Capital*, Williams report that it found: that two years after the project end, over 90 per cent of respondents reported that the projects delivered significant ongoing community development outcomes. These included the establishment of valuable networks, the development of community pride, the raising of public awareness of a community issue, and over 80 per cent reported that the project led to a decrease in social isolation (Williams 2001, p.2).

Williams again reiterates the importance of social capital in this field by presenting the following account of her findings:

There is a large body of evidence showing that the major residual benefits from community based arts programs come from developing social and human capital, that is, in how these experiences can develop new insights, connections, skills and knowledge which influence changes to people's attitudes and behaviour (p.2).

In her own description, Williams (1998) adopted the concept of 'social capital' to help account for the 'long-term value of community-based arts projects' (p.1). Williams describes coming across the work of Robert Putnam and Eva Cox, and finding that their notion of social capital filled a conceptual gap in her own work, enabling her to incorporate all the different kinds of value and impact that she had previously been considering in the field of community arts. Social capital almost comes to be used as a catch-all concept to describe the social preconditions for good health.

The Health Development Agency use social capital in a similar manner. They say that is 'serves as one coherent construct which will allow us to progress the debate and discussion about the general importance of social approaches to public health' (Health Development Agency 1999, p.4). Again, this application suggests that this one category can resolve many tensions across the different research that has been conducted, and present one simple indicator that will be useful for communicating with government, private funding sources and other general audiences.

This overly vague application can be observed also in the World Bank's use of social capital, as cited by Jermyn, which refers to it as being 'not just the sum of the institutions which underpin society but the "glue that holds them together"' (Jermyn 2001, p.24). Coalter (2001) refers to much of the research into the health impacts of community arts practice as utilising an 'implicit' notion of social capital, through an emphasis on the collective impact of categories such as '*community networks, local identity* and a sense of

solidarity and equality with other community members and norms or *trust and reciprocal help and support*' (Coalter 2001, p.22, italics in original). Likewise, Campbell *et al.* (1999) look at social capital as a summation of a range of community benefits. However, they use social capital in a more critically reflective way, and recognise various constraints. They also acknowledge research that remains to be done on the efficacy of social capital.

Some researchers into the impact of community arts have noted problems with the way that social capital is utilised. Jermyn argues that social capital is widely, though inconsistently used (Jermyn 2001, p.10) Consequently, this literature review discusses evidence for the impacts that are sometimes grouped as 'social capital' under other subsections, such as social inclusion, social cohesion, community development and tolerance.

### ***Urban renewal / neighbourhood regeneration***

Another area that has been widely discussed as a positive impact of community arts activity has been neighbourhood revitalization or urban renewal. A dynamic and vital local environment is often cited as facilitating the development of a range of social supports, which in turn lead to positive health outcomes. Assessed according to the most crude criteria, arts activity has been shown to provide economic benefits for communities by a wide range of studies (see for example Williams 1996; Bales and Pinnavaia 2001; NGA Center for Best Practices 2001). These economic benefits result in improved local infrastructure and a better quality of life, which in turn leads to better health.

However, community regeneration occurs around more complex and significant developments than a rise in average per capita income. A range of studies has looked at the connection between urban regeneration, community development and positive health status (such as Bristow 1999; Adams and Goldbard 2000; Blake Stephenson Ltd 2000; Evans 2001). However, no study exists that explicitly sets out to demonstrate that arts practice leads to urban revitalization, which in turn leads to improved health status for individuals involved in or affected by the arts project. It would be desirable for research to be conducted into a potentially direct line of causation between arts practice, neighbourhood renewal and health outcomes. Despite the absence of this conclusive link, it is reasonable to regard much existing research on the revitalizing local role of the arts, and to infer health consequences from this.

One such project has been a major demographic investigation conducted by the Social Impact of the Arts Project in the University of Pennsylvania School of Social Work (Stern 1999). This project was founded in 1994 in order to investigate what sorts of connections exist between arts or cultural activities and the life of cities in general, in this case focusing on Philadelphia. This project was motivated by a perceived lack of evidence for a connection between arts activity and the quality of life in urban areas. The main areas of investigation by this project were developing a record of cultural institutions, and determining levels of participation in these and also in community-based arts activities. This information was supplemented by a range of case studies designed to examine the specific details of impacts. Together this information was combined to provide a detailed picture of how arts and cultural activity relates to quality of life in Philadelphia.

The principal findings of this study were that the arts are connected to diversity and to wealth. The study suggests that arts activity can actually contribute to a range of factors — such as reduction in poverty — that are vital for quality of life in urban areas. For instance, Mark Stern notes, in a summary of the project's findings, the example of a region that had

a 68 per cent poverty rate in 1980, and then in 1990 a poverty rate of 31 per cent. In the meantime, the New Freedom Theatre operated there, and the number of professionals rose. This is regarded as evidence of the positive role of the arts in local communities. In the studies own words: '[d]iverse neighbourhoods with many arts and cultural organizations were much more likely to reduce their poverty rates and retain their population than other sections of the city' (Stern 1999, p.2). It is reasonable to see many of these indicators as connected to health outcomes.

While this evidence is broad in scope, it suffers from one serious methodological flaw. This is that the study is oriented towards discovering correlations rather than identifying causation. This study is flawed by its initial objective, which is to provide evidence to encourage business, foundations and government to invest in the arts, since there is a range of tangible benefits. Rather than setting out to test a hypothesis, this study aims to support an already-established conclusion. While the study clearly demonstrates that the presence of arts activities is connected to a range of positive social indicators, it does not clarify whether or not the arts activities are the cause or the effect.

Another substantial research enterprise has approached this problem from the opposite direction. Rather than looking at a connection between renewal and the presence of arts activities, Richard Florida (2002) argues that there is a 'creative class' which is the driver of renewal in a host of ways. His new book *The Rise of the Creative Class: And How It's Transforming Work, Leisure, Community and Everyday Life* is a popular polemic grounded in empirical research into the factors that make a city dynamic and successful. His book presents advice that he provides to urban planners and city authorities on how to create the sort of wealth and success of areas like Silicon Valley. His definition of 'creative' is extremely broad — including artists along with virtually any professional, since he regards law, finance and health as creative fields — and means his findings are not directly concerned with what are usually seen as the arts or community arts practice. While Florida is not explicitly interested in health, there are certainly health consequences for the revitalization he describes.

Community arts practice can contribute directly to urban renewal in a number of ways. Williams (1996) presents the example of the Collingwood Children's Farm in Melbourne, which used landscape architects as part of an arts project with the explicit intention of contributing to urban renewal. Williams (1997) also describes a Queensland Neighbourhood Centre as having the result of improving public facilities for the whole community (p.22). Landry et al. (1996) describe a very wide range of arts projects that assisted community renewal and urban revitalization.

### ***Tolerance and cross-cultural understanding***

Another broad benefit of community arts practice that is less tangible is its capacity to strengthen values, broaden perspectives and increase levels of cross-cultural understanding and tolerance. Few attempts have been made to substantiate these impacts in detail, though a number of studies have described them as being significant.

It is widely accepted that arts and cultural expression are vital processes for the formation and embodiment of meaning, value and identity. This is especially evident when communities experience pressure or trauma. Artistic responses to the formation of nations, or the horror of war, or acts of the oppression by the state have been prominent and widely described. Examples might include the music performance upon the liberation of



concentration camps in Central Europe at the end of World War Two, or the outpourings nationalist art and performance that accompany the emergence of any new nation-state. Such practices can be regarded as performing a public or community healing function, allowing people to share values and become a cohesive social grouping. However, these kinds of impacts have not been examined in detail in any research into the impact of community arts practice.

More specific cultural effects have been observed, particularly on the ability of arts practice to increase levels of tolerance within a diverse community. Williams in *How the Arts Measure Up*, describes a police and young people theatre project as improving understanding, tolerance. In her words, 'the experience proved to be a catalyst for moving from a confrontational to a co-operative relationship between young people and the police.' (Williams 1997, p.13). Matarasso discusses several projects as encouraging social co-operation skills, and enabling people to widen their social spheres and learn to get along with people they otherwise might not meet. He also cites details from a puppet theatre project in Rwanda designed to assist with conflict resolution, involving a show about hatred between cats and dogs as a way of representing ethnic opposition (Matarasso 1997, p.29). Stern (1999) also observes that the presence of arts activities makes diverse communities more likely to flourish than those without arts activities.

While these effects are difficult to target, there are certainly a range of ways that values are shared and transformed through community arts activities, and through some of the processes outlined earlier in the evidence section these can be seen to have a positive impact upon health, though further research into these effects would be desirable. This research would need to be very broad, combining thorough historical investigation of uses of community arts together with a range of rigorous quantitative and qualitative surveys investigating contemporary impacts, based upon well-established social indicators.



## References

- Acheson, Donald (1998). Independent Inquiry into Inequalities in Health Report. UK Department of Health. <http://www.doh.gov.uk/ih/ih.htm> Accessed: 13 June 2002.
- Adams, Don and Arlene Goldbard (2000). *Creative Community: The Art of Cultural Development*. New York: The Rockefeller Foundation.
- American Assembly (1997). *The Arts and the Public Purpose: 92nd American Assembly Final Report*. New York: The American Assembly and Columbia University.  
[http://www.columbia.edu/cu/amassembly/programs/theartPP\\_report.htm](http://www.columbia.edu/cu/amassembly/programs/theartPP_report.htm)
- Arts and Business (2002). Quotes. Arts and Business.  
[http://www.aandb.org.uk/content/3/page\\_91.shtml](http://www.aandb.org.uk/content/3/page_91.shtml) Accessed: 11 June 2002.
- Arts Victoria (2002). A New Arts Policy for Victoria: Progress Report May 2002. Arts Victoria. <http://www.arts.vic.gov.au/downloads/066.pdf> Accessed: 20 June 2002.
- Bales, Carter and Sandra Pinnavaia (2001). Art for More than Art's Sake. *McKinsey Quarterly*: 59-67.
- Baum, Fran, Catherine Palmer, Carolyn Modra, Charlie Murray and Robert Bush (2000). Families, Social Capital and Health. *Social Capital and Public Policy in Australia*. Ian Winter. Melbourne: Australian Institute for Family Studies: 250-75.
- Berkman, Lisa, L Leo-Summers and R I Horwitz (1992). Emotional support and survival after myocardial infarction: a prospective, population-based study of the elderly. *Annals of Internal Medicine* 117(12): 1003-09.
- Berkman, Lisa and Leonard Syme (1979). Social networks, host resistance and mortality: a nine-year follow-up study of Alameda County residents. *American Journal of Epidemiology* 109(2): 186-204.
- Blackstone, Tessa (2001). The arts have a key role in making our society a better place to live says Arts Minister Tessa Blackstone: press release 273/01. UK Department of Culture, Media and Sport.  
<http://www.culture.gov.uk/creative/search.asp?Name=/pressreleases/creative/2001/dcms273> Accessed: 24 May 2002.
- Blake Stephenson Ltd (2000). *The Role of the Arts in Regeneration*. Edinburgh: Scottish Executive Central Research Unit.
- Bridgwood, Ann (2002). The Arts and Social Inclusion. ?  
<http://www.artscouncil.org.uk/publications/pdfs/socialinclusion.pdf>  
Accessed: 27 March 2002.
- Bristow, Helen (1999). Putting Culture Into Regeneration. *Urban Environment Today*.
- Bullen, Paul and Jenny Onyx (1997). Measuring Social Capital in Five Communities in NSW. Management Alternatives Pty Ltd.  
<http://www.mapl.com.au/A2.htm> Accessed: 14 June 2002.
- Bygren, Lars Olov, Boinkum Benson Konlaan and Sven-Erik Johansson (1996). Unequal in Death. *British Medical Journal* 313(7072): 1577-80.
- Campbell, C, R Wood and M Kelly (1999). Social Capital and Health. London: Health Education Authority. <http://www.hda->

- [online.org.uk/downloads/pdfs/socialcapital\\_health.pdf](http://www.artsonline.org.uk/downloads/pdfs/socialcapital_health.pdf) Accessed: 18 June 2002.
- Carpenter, Evelyn (1999). The Arts and Inclusion: Evaluation of the London Arts Board's 1998/99 Regional Challenge Programme. London Arts Board.  
[http://www.arts.org.uk/directory/regions/london/info\\_point/publications/arts\\_inclusion.pdf](http://www.arts.org.uk/directory/regions/london/info_point/publications/arts_inclusion.pdf) Accessed: 27 March 2002.
- Cattell, Vicky (2001). Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science and Medicine* 52: 1501-16.
- Chambers, Helen (1998). Arts in Health Promotion: A Comparative Overview of Two Health Alliances. *Alliances in Health Promotion: Theory and Practice*. Angela Scriven. Houndmills: Macmillan: 160-67.
- Coalter, Fred (2001). Realising the Potential: The Case for Cultural Services - The Arts. London: Local Government Association.  
<http://62.172.48.178/lga/lga/culture/ARTS.pdf> Accessed: 27 March 2002.
- Cohen, S and S L Syme, Eds. (1985). *Social Support and Health*. Orlando: Academic Press.
- Coleman, James S (1988). Social Capital in the Creation of Human Capital. *American Journal of Sociology* 94(Supplement).
- Davis, Glyn (2001). Government by Discussion. *The Enabling State: People Before Democracy*. Mark Latham. Annandale: Pluto.
- Deasy, Richard J (2002). Critical Links: Learning in the Arts and Student Academic and Social Development. Washington: Arts Education Partnership.  
<http://www.aep-arts.org/PDF%20Files/CriticalLinks.pdf> Accessed: 14 June 2002.
- Department of Culture Media and Sport (1999). *Policy Action Team 10 Report on Social Exclusion*. London: UK Department of Culture, Media and Sport.  
<http://www.culture.gov.uk/sport/pat10.html>
- Evans, Graeme, Ed. (2001). *Cultural Planning: An Urban Renaissance?* London: Taylor & Francis.
- Fiske, Edward, Ed. (1999). *Champions of Change: The Impact of the Arts on Learning*. Washington: The GE Fund and the John D. and Catherine T. Macarthur Foundation.
- Florida, Richard (2002). *The Rise of the Creative Class: And How It's Transforming Work, Leisure, Community and Everyday Life*. New York: Basic Books.
- Frazer, Hugh (1996). *Poverty: Access to and Participation in the Arts and Culture - The Relevance of the Arts and Culture to Combating Poverty: An Irish Perspective. (Unpublished conference paper)*
- Fukuyama, Francis (1995). *Trust: The Social Virtues and the Creation of Prosperity*. New York: The Free Press.
- Harland, J, K Kinder, P Lord, A Slott, I Schagen and J Haynes (2000). *Arts Education in Secondary Schools: Effects and Effectiveness*. Slough: NFER.
- Hawe, Penelope and Alan Shiell (2000). Social capital and health promotion: a review. *Social Science and Medicine* 51: 871-85.
- Health Development Agency (1999). *Art for Health: A Review of Good Practice in Community-Based Arts Projects and Interventions which Impact on Health and Well-Being*. London: Health Development Agency.  
[http://www.artworksmentalhealth.co.uk/docs/HDA\\_Arts\\_projects.pdf](http://www.artworksmentalhealth.co.uk/docs/HDA_Arts_projects.pdf)
- Heath, Shirley Brice and Elisabeth Soep (1998). Youth Development and the Arts in Nonschool Hours. *Grantmakers in the Arts* 9(1).
- House, J S (1981). *Work, Stress and Social Support*. Reading, MA: Addison-Wesley.

- House, J S , K R Landis and D Umberson (1988). Social Relationships and Health. *Science* 241(4865): 540-5.
- House, J S, C Robins and H M Metzger (1982). The association of social relationships and activities with mortality: Prospective evidence from the Tecumseh community health study. *American Journal of Epidemiology* 116: 123-40.
- Jermyn, Helen (2001). The Arts and Social Exclusion: A Review Prepared for the Arts Council of England. Arts Council of England.  
<http://www.artscouncil.org.uk/publications/docs/socialexclusionreview.doc> Accessed: 27 March 2002.
- King, A C (1989). The Influence of Regular Aerobic Exercise on Psychological Health. *Health Psychology* 8: 305-42.
- King's Fund (2002). Arts for Health Information and Library Service. King's Fund.  
<http://www.kingsfund.org.uk/eLibrary/assets/applets/arts.pdf> Accessed: 10 May 2002.
- Landry, Charles, Lesley Greene, François Matarasso and Franco Bianchini (1996). *The Art of Urban Regeneration: Urban Renewal Through Cultural Activity*. London, Comedia.
- Leigh, J P (1991). Employee and Job Attributes as Predictors of Absenteeism in a National Sample of Workers: The Importance of Health and Dangerous Working Conditions. *Social Science and Medicine* 33: 127-37.
- Lillard, Lee and Linda Waite (1995). Til death do us part: marital disruption and mortality. *American Journal of Sociology* 100(5): 1131-56.
- Matarasso, François (1997). *Use or Ornament? The Social Impact of Participation in the Arts*. Stroud, UK: Comedia.
- Matarasso, François (1998). *Poverty and Oysters: The Social Impact of Local Arts Development in Portsmouth*. Stroud: Comedia.
- Matarasso, François (2000). *Did it Make a Difference? Evaluating Community-Based Arts and Business Partnerships*. London: Arts and Business.
- NGA Center for Best Practices (2001). The Role of the Arts in Economic Development. NGA Center for Best Practices.  
[http://www.nga.org/center/divisions/1,1188,C\\_ISSUE\\_BRIEF%5ED\\_22\\_25,00.html](http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF%5ED_22_25,00.html) Accessed: 20 June 2002.
- NNAH (2000). Bibliography. NNAH.  
<http://www.nnah.org.uk/membership/bibliography/main.asp> Accessed: 10 May 2002.
- Nutbeam, Don (1998). *Health Promotion Glossary*. Geneva: World Health Organization.
- Pilisuk, Marc and Susan Parks (1986). *The Healing Web: Social Networks and Human Survival*. Hanover, NH: University Press of New England.
- Platforms, Distance Education and Open Learning Committee Working Party on Software (1998). *Interim Report 2 - Computer Mediated Communication and Online Document Delivery Systems*. Clayton VIC: Monash University.
- Putnam, Robert D (2000). *Bowling Alone: The Collapse And Revival Of American Community*. New York: Simon & Schuster.
- Putnam, Robert D, Robert Leonardi and Raffaella Nanetti (1993). *Making Democracy Work: Civic Traditions In Modern Italy*. Princeton, NJ: Princeton University Press.
- Rogers, R (1996). The effects of family composition, health, and social support linkages on mortality. *Journal of Health and Social Behaviour* 37(4): 326-38.

- Scanlon, Christopher (2002). *The Third Way. School of Social and Political Inquiry*. Clayton, Monash University.
- Seeman, Teresa (1998). Social Support and Social Conflict. Macarthur Network on Socioeconomic Status and Health.  
<http://www.macses.ucsf.edu/Research/Psychosocial/notebook/socsupp.html> Accessed: 13 June 2002.
- Shaw, Phyllida (2001). *Creative Connections: Business and Arts Working Together to Create a More Inclusive Society*. London: Arts and Business.
- Stanley, A (2001). Pint and a check-up. *Community Practitioner* 74(2): 45-46.
- Stansfeld, S A, E G S Rael, J Head, M Shipley and M Marmot (1997). Social Support and Psychiatric Sickness Absence: A Prospective Study of British Public Servants. *Psychological Medicine* 27: 25-48.
- Stern, Mark (1999). *Philadelphia Federal Funds Forum on Arts and Culture*. Philadelphia: University of Pennsylvania School of Social Work.  
<http://www.ssw.upenn.edu/SIAP/fedfund.pdf>
- Stern, Mark and Susan Seifert (2002). Culture Builds Community Evaluation: Summary Report. Social Impact of the Arts Project, University of Pennsylvania. <http://www.ssw.upenn.edu/SIAP/wholerep.pdf> Accessed: 17 June 2002.
- Stone, G (2000). A diverse, intersectoral approach to community health promotion: "Be active in Bunbury". *Health Promotion Journal of Australia* 10(1): 34-37.
- Szreter, Simon (2001). A New Political Economy: The Importance of Social Capital. *The Global Third Way Debate*. Anthony Giddens. Cambridge: Polity.
- Veenhoven, Ruut (1997). Advances in Understanding Happiness. (originally published in French in *Revue Québécoise de Psychologie* 18, 1997, pp.29-74).  
<http://www.eur.nl/fsw/personeel/soc/veenhoven/Pub1990s/97c-txte.rtf>  
Accessed: 24 May 2002.
- Veenstra, Gerry (2000). Social capital, SES and health: an individual-level analysis. *Social Science and Medicine* 50: 619-29.
- Williams, Deidre (1996). *Creating Social Capital: A Study of the Long-Term Benefits from Community-Based Arts Funding*. Adelaide: Community Arts Network of South Australia.
- Williams, Deidre (1997). *How the Arts Measure Up: Australian Research into Social Impact, The Social Impact of Arts Programs (Working Paper 8)*. London: Comedia.
- Williams, Deidre (1998). Building Community and Social Capital through the Arts. *Visions of Reality. Art in the Community and the Future*. City of Melbourne. Melbourne: City of Melbourne: 11-13.
- Williams, Deidre (2001). Defining the Domain - Valuing Arts and Culture', Keynote Address to the NSW Regional Arts Conference - 'culture@com.unity: the arts and cultural domain in New South Wales'. NSW Regional Arts Board.  
<http://www.regionalartsnsw.com.au/docs/s-conf/deidre-williams.pdf>  
Accessed: 18 June 2002.