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## Invest to Save: Arts in Health—Reflections on a 3-year period of research and development in the North West of England

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## Abstract

*A reflective account of a three-year mixed-methodological research and development project in the North West of England, exploring the impact of creativity, culture and the arts on public health, taking national developments in the field into account. As a result of encouraging a wider critical discourse in the field, this project has contributed to the development of the language of arts and health practice. Art and science are frequently described as the twin pillars of civilisation, but rather than desperate attempts to wrap the arts in hard-edged objectification and pseudo-scientific language, we need to use a vocabulary that's appropriate for a wider audience and in particular remember that it's the creative practice, or experience, that is central. The arts have a profound affect on individuals and society, but while governments obsess with measurements of deficit and morbidity, culture and the arts offer us something more than a mechanism for target delivery, they illuminate our very essence and offer us a means of expressing what it is to be human.*

## Keywords

arts and health research; evaluation;

# 1. Introduction

Between 2004 and 2007 I managed a project at Manchester Metropolitan University called the *Invest to Save: Arts in Health* project (ISP); and what an awful name it was to be lumbered with, implying that the arts could save large amounts of money for the National Health System (NHS), and the arts were functionally serving the needs of the health service. But it's a name that stuck and, as I hope to explain, stuck for good reason.

In the autumn of 2007, when we started to share the research findings, the arts and social inclusion publication, *Mailout Magazine* ran a feature that described the work as coming out of the '*Ministry of the bleeding obvious*', specifically commenting that anyone practicing in the field *knows* that the arts have an impact on health and wellbeing (Mailout, 2007). This felt something of a slur on all our good work; after all there are constant calls for evidence as to the impact of culture and the arts on society.

Having witnessed transformation within individuals and the projects involved with us in the evaluation, this is abundantly clear, but the mechanisms as to *how* this happened and the ways that projects and artists *describe* this process, is something really exciting and new. What's more, the constant calls for evidence of the impact of the arts from funding and commissioning bodies place artists under all kinds of pressure; including pressure which has the potential to dilute the essence of their practice.

Those calls for a greater understanding of the impacts of creativity, culture and the arts are growing and our work, I hope, can add to this knowledge base and influence practice. Like our lumbering project title, the *Mailout* quote has become something of a mantra and ultimately I would relish the honour of representing the *Ministry* in the UK and further afield.

# 2. Background

The ISP developed as a partnership between the Department of Health Public Health Group, North West; Arts Council England, North West and Arts for Health at Manchester Metropolitan University, described here on in, as the partnership. The Invest to Save Budget (ISB) is a joint Treasury/Cabinet Office initiative with an aim to create sustainable improvements in the capacity to deliver public services. ISP received funding from this budget for a 3-year project between 2005-2007. In general, the funding was designed to;

'Encourage innovation and partnership throughout the public sector, in order to improve the quality and cost effectiveness of public services.'

Because the stakeholders within the partnership had potentially conflicting agendas, we were mindful of calls against measurement being seen as the only way of validating experiences, and wanted to support understanding of the creative industries, on their own terms through the introduction of participative ways of working (Pratt, 2001). The health partners in the alliance were looking for more innovative ways to deliver quality services and reach ambitious health targets with target-resistant or hard to reach groups (DOH, 2004). The arts partners were sympathetic to those objectives, but also wanted to explore the transformative power of the arts on people and places (ACE, 2004). All partners were interested in the potential reach of the arts and ways that they could further their understanding and advance the partnership.

The ISP set out to develop the capacity of the North West Region's arts and health communities, and research the impact of creativity, culture and the arts on health and economic outcomes. Although this project took place across the North West of England, the knowledge gained is relevant to a wider audience and this paper will focus primarily on the research and make references to developmental work as appropriate.

While the arts have a long shared history with science, and the two are frequently described as the twin pillars of society, claims that the arts have a value that goes beyond their intrinsic artistic merit, such as the potential to improve public health, are much more recent (Hamilton, Hinks & Petticrew, 2003). Arts and health initiatives are resented as a means of facilitating the change and transformation of individual and community health and of empowering people to rise to the challenges set by the government for health promotion (ACE, 2004).

There is no question that in the UK, health inequalities are great and promoting individual, community and societal health presents challenges, in part because the target populations may experience resistance and apathy, described by the then Culture Secretary, Tessa Jowell as a 'poverty of aspiration', where many people have little motivation, desire or opportunity to aspire to anything beyond current circumstances or health status (Jowell, 2004). There is a danger however, that in focusing on societal deficits, illness and morbidity, that the rich vein of artistic and cultural activity taking place in the UK remains out of focus. It is these assets perhaps, which offer new ways of looking at broader issues, not least giving voice to the more marginalised members of society.

### 3. Programme approach and methodology

To underpin our research, at the outset of the project, we undertook a literature review to explore what had already happened in the field and help the partners to understand how our work might add to this agenda. This helped to identify themes and lines of inquiry that would be useful to further develop. These included:

What is the value of investing creatively in people and places? Following this investment, do the arts act as a catalyst for cultural and environmental change? (ACE, 2004; HEA, 1999)

Is wellbeing a useful aspect to measure? (ACE, 2004, Angus, 2002)

The arts have been described as having a transformative effect; what is the nature and process of this effect? (ACE, 2004)

How might an improved individual and collective 'sense of health' impact on health priorities such as improving capacity, choice and empowerment? (Matarasso, 2000)

What is the nature of arts and health processes, how can they be better understood? What is the best way for arts and health projects to be evaluated, and how might evidence generated improve sustainability of projects? (Matarasso, 1996; Coulter, 1991)

Once we had a consensus of what it was we aspired to explore based on questions in the literature and agreed that we wanted to develop a mixed methodology that utilised both quantitative and qualitative data, we developed a choice matrix that took into account four criteria: geographical location, health context/issue, art form and sustainability.

Using this and our knowledge of activity taking place in the region, (developed through a project mapping exercise we had previously undertaken) we circulated expressions of interest flyers, to over 1000 organisations and individuals. Using the choice matrix, the partnership reduced the initial expressions of interest down to a long-list of 65 projects. Following interviews, 6 projects were selected for the study. These were clustered into 3 groups; Older People, Mental Health and Impact of the Built Environment.

The 6 research projects were:

#### **Older People 1**

The *Wear Purple* project offers a range of arts activities to older people to promote positive ageing, health and prevent illness. It's important for people as they get older,

to meet other people and have something different to talk about to prevent isolation.  
[www.wearpurple.co.uk](http://www.wearpurple.co.uk)

### **Older People 2**

The *Stockport Arts and Health* project; *Arthur and Martha* offered visual arts and creative writing activities to older people in rehabilitation care. The aim is to document peoples' lives and engage them in activity that might lift their spirits.  
[www.arthur-and-martha.co.uk](http://www.arthur-and-martha.co.uk)

### **Mental Health 1**

*Start in Salford* is a project, which offers a range of arts activities to people suffering from mild to moderate depression. Inner cities create social isolation, this project uses the arts to support and develop people that get involved.  
[www.startinsalford.co.uk](http://www.startinsalford.co.uk)

### **Mental Health 2**

*Pendle Leisure Trust* offers referral options for health professionals in the form of three art forms to people who were suffering symptoms of depression as a result of personal, social or environmental issues. It provides a creative learning environment for people in rural isolation, to learn and socialise as a means of combating symptoms of depression.  
[www.pendlelife.co.uk](http://www.pendlelife.co.uk)

### **Impact of the Built Environment 1**

The *BlueSCI* project is a partnership project based on the collaboration between an artist and a health professional. Its' aim is to develop a combined arts/health/cultural approach to promote health and well-being within an environment that is designed to stimulate learning and well being and addresses mental health issues.  
[www.bluesci.org.uk](http://www.bluesci.org.uk)

### **Impact of the Built Environment 2**

The *Royal Liverpool Children's Hospital, Alder Hey* is an arts initiative that has brought together a range of high quality cultural champions to improve the environment and culture of health facilities and improve the health and wellbeing of staff and patients alike.  
[www.alderhey.com](http://www.alderhey.com)

Throughout the life of the ISP, professional artists were involved in communicating the aims of the project, researching and interpreting data. The relevance of this will be explored further towards the end of this paper.

## 4. Developing a mixed methodology

With six very different, individual and strong projects on board, we set about developing a realistic evaluation that would not only fulfil the ISP needs, but crucially that worked with the projects in a participatory way that looked to share consensus about the most useful aspects to measure (Pawson & Tilly, 1997). This meant exploring practice, and building capacity within the projects for evaluation and future evidence gathering; and significantly, enabling more generative data collection methods.

From the outset of the project we were keen to capture shared experiences and worked with artists, project participants and stakeholders undertaking interviews and Appreciative Inquiry days (AI) (Cooperrider, 2001), where all those involved in the projects worked together to understand mutual aspirations and develop a sense of shared vision. This process helped unpick some of the fundamental questions raised in the literature review. We worked with all levels of people involved with the projects to get balanced and meaningful input.

<b>Evaluation Method</b>	<b>Number</b>
→ Stakeholder interviews	(25)
→ Project team interviews	(30)
→ Participant interviews	(40)
→ Appreciative Inquiries Days	(12)

The questionnaires that we utilised for data collection were widely regarded as the best mechanisms for addressing the areas we hoped to understand and prior to undertaking any of the research, we obtained ethical approval through NHS COREC (now the National Research Ethics Services, NRES).



## 5. Measuring Impact

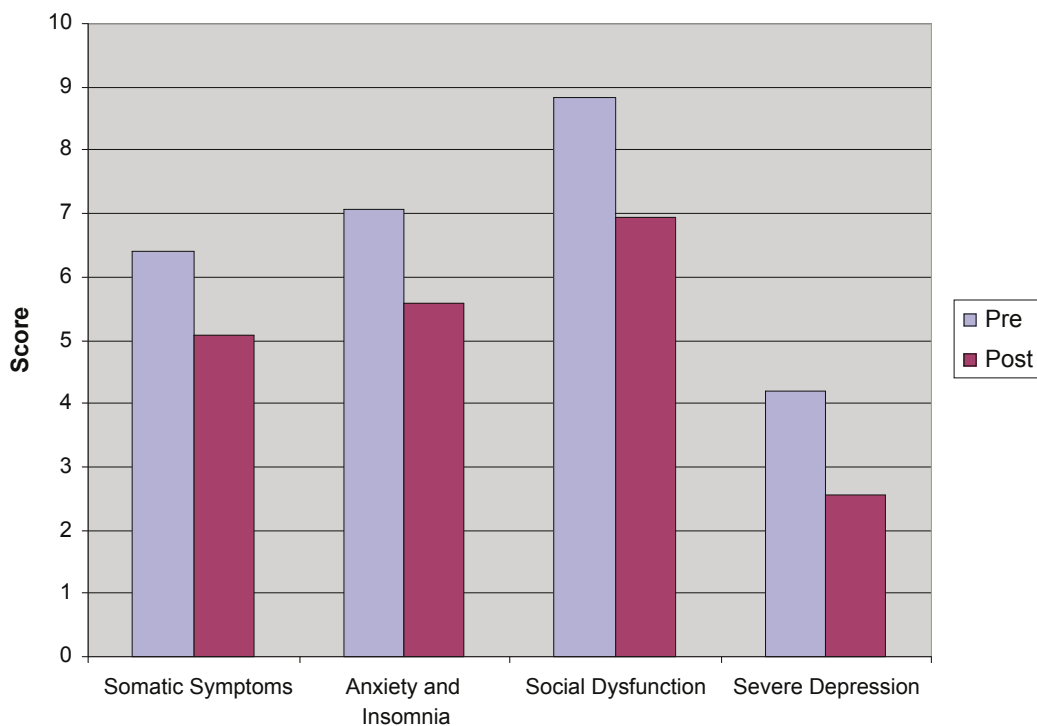
The questionnaires measured four aspects of health and wellbeing as follows:

1. General health (General Health Questionnaire - GHQ)
2. Anxiety and depression (Hospital Anxiety and Depression Scale - HAD)
3. Job satisfaction in health workers (Warr, Cook & Wall, 1979)
4. Psychological wellbeing (Ryffs' Scale of Psychological Well-being, 1989)

### 1. General Health Questionnaire - GHQ

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

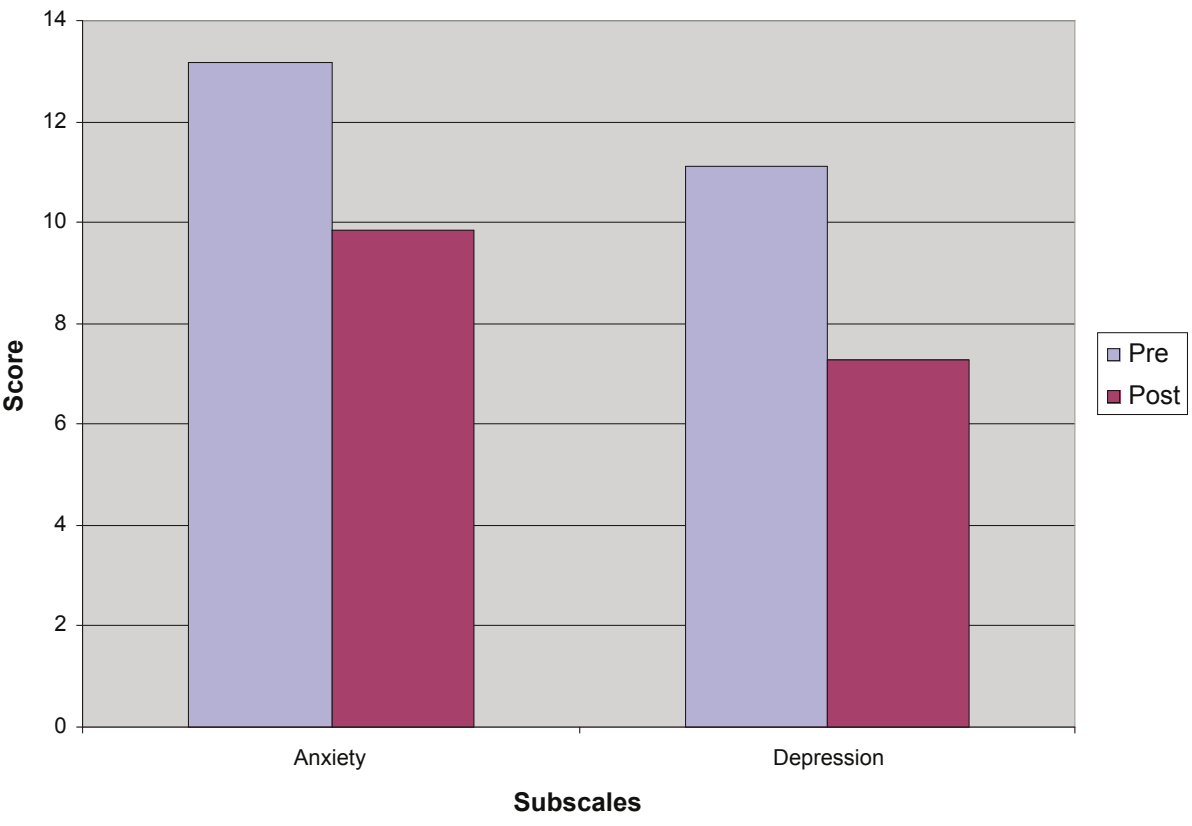
**GHQ Subscales Pre and Post Scores**



## 2. Measured impact on anxiety and depression (Hospital Anxiety and Depression Scale - HADS).

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

**HADS Subscales Pre and Post**

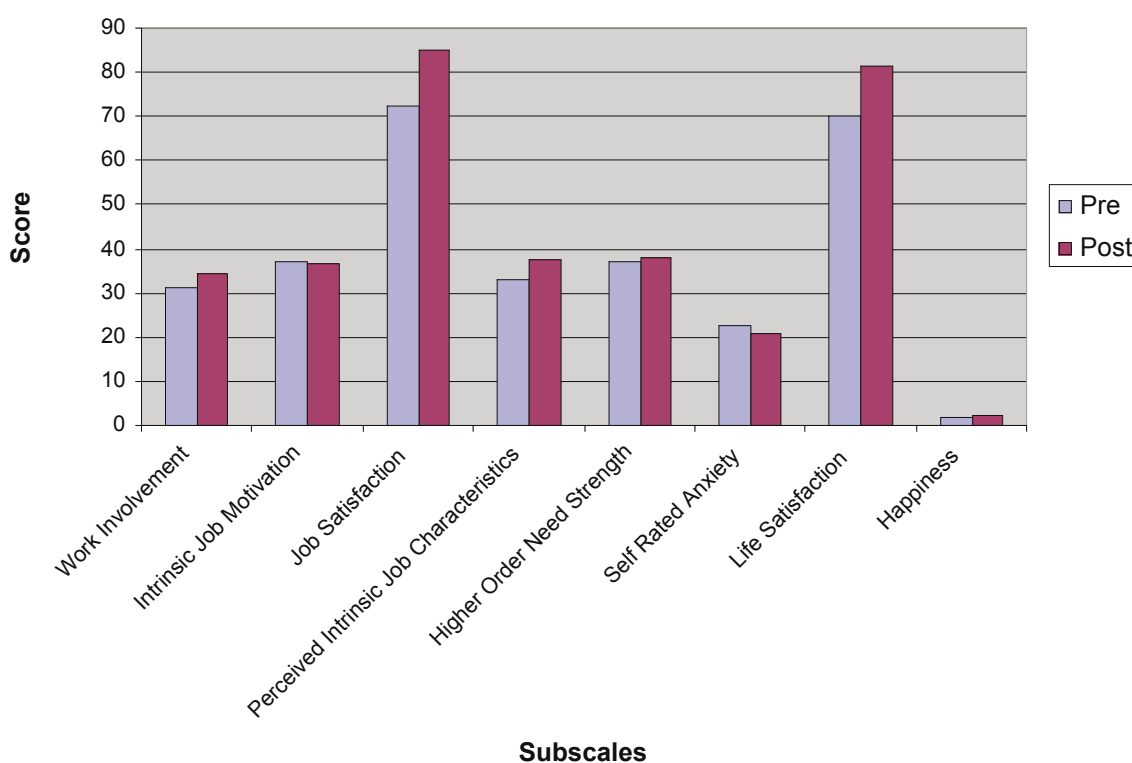


### 3. The impact of arts engagement on perceived job satisfaction (Warr, Cook & Wall, 1979).

Two projects utilised the scale as a measure of impact on job satisfaction, resulting in the collection of 13 full sets of data. An increase in scores over time in response to arts engagement would indicate an increase in perceived job satisfaction. The results indicated that there was a statistically significant increase in overall job satisfaction in those workers engaging in arts activities.

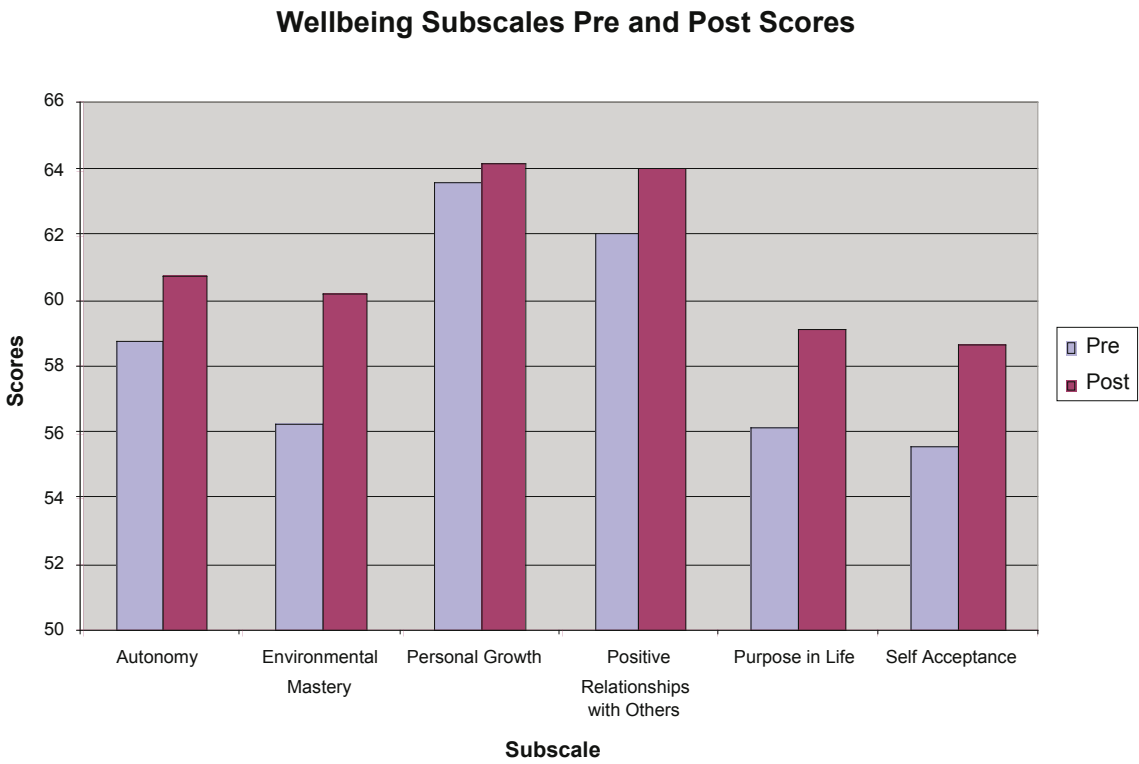
Further exploration indicated that change in post-work involvement (defined as the degree to which a person wants to be engaged in work), was highly significant.

**Work and Life Attitudes Survey Pre and Post Scores**



### 4. Measured impact on wellbeing (Ryffs' Scale of Psychological Well-being).

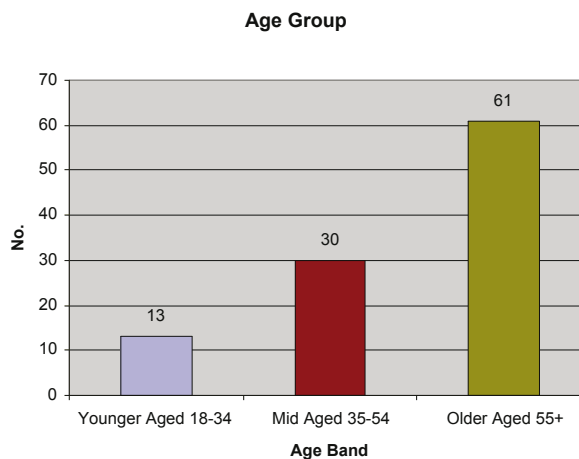
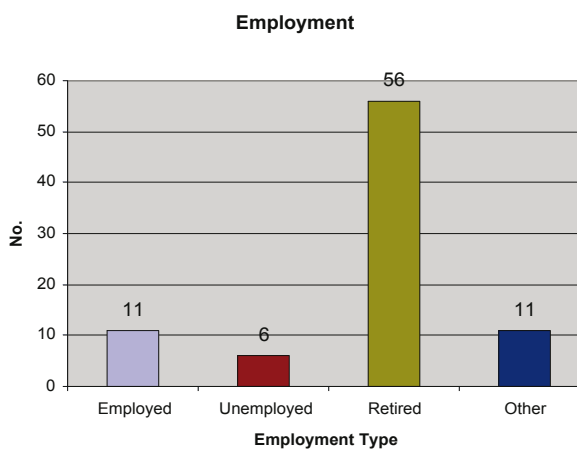
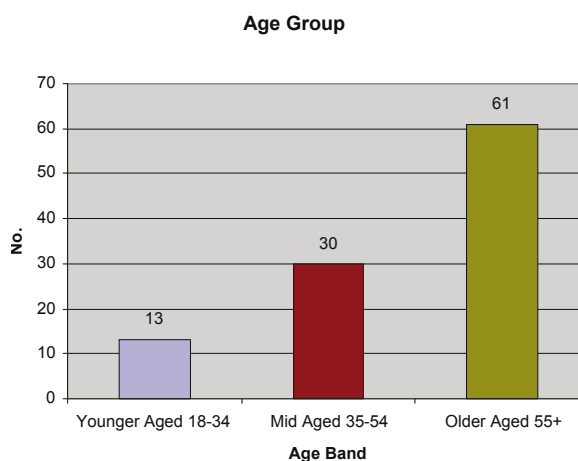
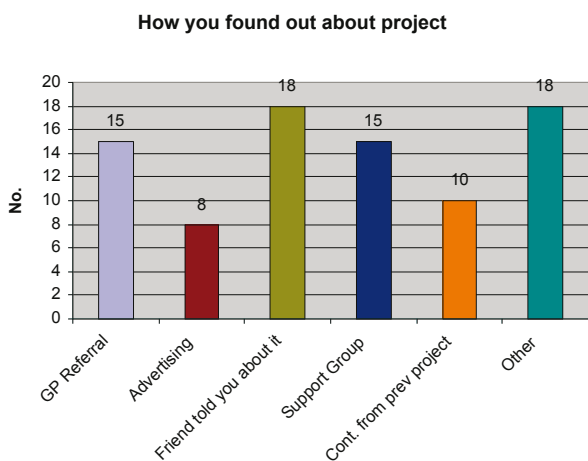
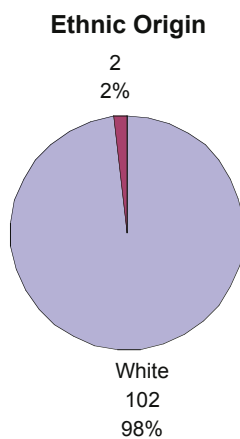
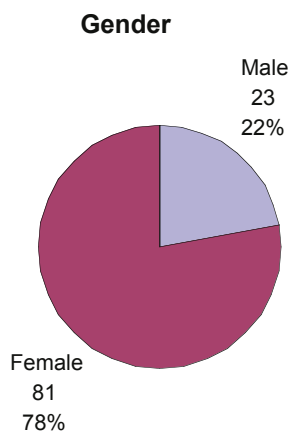
All projects measured impact on wellbeing in response to arts engagement. There were 104 complete sets of data pre and post arts workshops. An increase in the well being score over time would indicate an increase in perceived well being. It was predicted that projects would contribute to increased wellbeing. The results of the questionnaire indicate that overall there was a statistically significant difference between pre and post scores, meaning that well being overall had increased for the sample as a result of engaging with arts activities.



While 104 sets of data for this project represents a significant quantity of material, analysis of the data reveals a largely older, white and female demographic, (See below) highlighting the need for targeted work with younger, male participants from ethnic minorities in future research.

# Research Demographics

104 participants



## 6. Understanding Transformation

The transformative changes observed within the study came in response to certain conditions; namely where the artist or art form connected through engagement with a participant. During this period of connection and activity there arose a possibility of entry into a 'creative flow state' where people typically experienced absorption, deep concentration or engagement in what they were doing. This in turn opened up time and space which provided a means of 'forgetting' about pain, illness or concern beyond 'distraction'. This experience was seen to stimulate a pattern of response typically described as follows.

There is a lift in mood and expectation, which opens up perceived possibilities for change; people begin to see things differently and from this arises a greater sense of wellbeing. In response to this change in state, comes the possibility of a shift or transformation of existing thinking or patterns of behaviour, which are changes which are consolidated by becoming more embedded into personal development and changes in behaviour. This is achieved within a supportive environment/culture, often in response to repeated cycles of activity where the person can *practice being well*.

The mixed methodology enabled broad data generation that included both measurements of change around the key identified areas, and exploration of the meaning inherent within those experiences from differing perspectives. In addition to the completion of the questionnaires, project participants, project teams and project stakeholders were interviewed to explore their views and experiences around arts activities and engagement. The project teams also engaged in cycles of appreciative inquiry workshops, which generated rich data. The qualitative results provide detailed descriptions of reported aspects of wellbeing across each of the sub groups and reflect many of the wellbeing themes.

The findings from this process encompassed both measurement of changes and perceptions of value and, while they go some way towards demonstrating the benefits of arts engagement, they also highlight areas for further research and development.

## 7. Interpretation of Data

The statistical information gathered from the six projects has been useful in unpicking the relationship between the arts and health, but it is unclear yet as to whether terms like *autonomy*, *self-acceptance* and *environmental mastery* will be useful in the dissemination of this work outside the confines of academia. Any research in this growing field faces the challenge of producing evidence that is robust enough to be deemed credible to the health community and that does not reduce the arts practice to prescriptive tools. This research has not produced the evidence that some health practitioners feel that they need: evidence of direct financial benefit. It has however increased the knowledge base of those developing the field of practice and through its robust methodology, strong management and high-profile advocacy, introduced the notion of evaluation to a wider constituency. Through being self-critical and encouraging a wider critical discourse in the field, this work is doing something new; it is contributing to the development of the language of arts and health practice.

The Invest to Save: Arts in Health project has engaged deeply with its project partners and it's a significant legacy of this partnership, that the Department of Health, Public Health, North West and Arts Council England, North West are continuing this strategic alliance beyond the ISP for a further 3 years.

So, what did we find in real terms and did what we find, in any way answer some of those questions posed by our literature review?

Our data sets clearly illustrate that people engaging in the arts had significant reductions in symptoms of stress, depression and anxiety; moreover those meaningfully engaged in the arts had increased feelings of wellbeing. Through analysis of the data and material gathered during the inquiry process, we can now begin to unpick what this sense of wellbeing actually might be.

A significant element of this work involved the commissioning of artists as researchers and interpreters of findings. This included filmmakers, graphic artists, animators, performers and writers. It is the work of writer David Gaffney and artist David Bailey that perhaps most eloquently describe the true value of the arts on wellbeing. Responding to transcriptions from stakeholder interviews in one of the mental health settings we worked with, Gaffney and Bailey capture the essence of impact, with a surreal immediacy.



Lighthouse Head by David Bailey

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**An extract from *Play Near Power Lines* by David Gaffney**

The bloke from Salford has a lighthouse on a long stalk that dangles in front of his face. The rotating lamp is stuck, so it shines into his eyes continually. He looks like an angler-fish at the bottom of the sea.

Salford has no coast, but the ship canal can take you.

He asks us what he should do about his lighthouse. It really does get in the way, particularly when he's brewing up.

His draft motto is

LIGHTHOUSES ARE FOR WARNING SAILORS NOT WEARING ON LONG STALKS  
THAT DANGLE IN FRONT OF YOUR FACE

The artist will help him develop this motto. To you it might sound easy to stop wearing a lighthouse, but sometimes you need an artist.

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This (rather youthful) image of man who has experienced chronic depression for the best part of 40 years, with a lighthouse strapped to his head, alongside what appears at first to be an oblique text, illustrates one mans' struggle with depression and his self-prescribed antidote.



In the data that the artists have used as stimuli, Stan (not his real name) describes his depression with insight and some lyricism. Over the years that he has been affected by it, he has had a variety of interventions ranging from medication and counselling to periods of time in hospital. It is however, his engagement with an ‘Arts on Referral’ project, which has made an impact on his well-being. He feels and understands this viscerally and describes the experience of being in depression, as like having a lighthouse strapped to his head, only a lighthouse whose beam is fixed into his eyes, blinding him to the wider experiences of life, forcing him to focus on his illness and all that depression brings.

Stan goes on to describe the experience of being deeply engaged with his art and finding that when he’s actively involved, he experiences what Mihaly Csikszentmihalyi refers to as a ‘flow state’. That feeling of being solely focused on the all-absorbing work in hand, of being deeply immersed in this practice, he finds that the beam of the lighthouse shifts, shedding light on the wider world, illuminating the potential that life offers him. This shift from self-absorption to self-realisation and ultimately personal fulfilment clearly opens up a myriad of life opportunities and alongside clinical support, this creative opportunity provides more than distraction, but a means of personal development and transformation (Csikszentmihalyi, 1990).

Perhaps Stan’s story helps us make real those elements described earlier within the sub-scales of Riffs’ Scale of Psychological Well-Being; autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life and self-acceptance.

That the Gaffney/Bailey collaborative piece is called *play near power lines* further indicates the role that artists play in challenging convention and taking risks.

## 8. A Roundabout Conclusion, Taking in some Parallel UK Developments

During the period that we were undertaking the ISP, a raft of strategic publications were produced. In 2007, and building on their *Report of the Review of Arts and Health Working Group*, the Department of Health published a comprehensive *Prospectus for Arts and Health* alongside Arts Council England’s national framework for arts and health; *The Arts, Health and Wellbeing*.

These reports were welcomed by artists and health professionals alike, but were launched with little publicity and no fanfare. A non-related tabloid furore over spending on public art in hospitals may have persuaded the risk-averse NHS to keep its head well below the parapet!

It was Lord Howarth of Newport, one-time Secretary of State for Culture, Media and Sport who, in a broad ranging debate on arts and health at the House of Lords on 6<sup>th</sup> March 2008, asked Her Majesty's Government how they intend to develop their policies to link the arts with healthcare; specifically commenting that, '*...what is needed is political leadership....The (Prospectus) was signed by two junior Ministers when it could have had the explicit backing of the two Secretaries of State. Its launch was so low-profile as to be invisible. It was not a serious effort to induce culture change in the NHS.*' (Hansard, 2008)

It seems that while the government had the opportunity to widen the debate around arts and health, the launch of these publications wasn't embraced, either politically, or by those of us working in the field that could have used this window to counter some of the misconceptions around arts and health. Misconceptions that have been widely publicised elsewhere, particularly in the tabloid press, where accusations of overspending and diverting finance from patient care, have been widely peddled in a sensationalist manner.

Lord Howarth's efforts to encourage debate around the agenda were not in vain and in July 08, the current Secretary of State for Health, Alan Johnson MP, met a small contingent from the field with Lord Howarth, to raise the agenda once again. True to his word, Alan Johnson subsequently delivered a speech supporting the arts and health agenda, commenting that,

*'...I would like to see the benefits of participation in the arts recognised more widely by health and social care professionals, particularly those involved in commissioning... This is not some kind of eccentric add-on — it should be part of the mainstream in both health and social care.'*(Johnson, 08)

It's worth noting that the current Secretary of State for Culture, Media and Sport, Andy Burnham MP, was the junior health minister whose name was on the forward of the *Prospectus for Arts and Health*.

The cultural change needed within the NHS as described by Lord Darzi in the 2008 *NHS Next Stage Review*, will require innovation, a development of vibrant community services and a move towards social enterprise; in short, a cultural change where the arts can play a key role in evolving towards '*an NHS that helps people to stay healthy.*' (Darzi, 08)

Following the closure of the National Network for Arts and Health, the London Arts and Health Forum is leading a drive to pull together regional arts and health organisations to form a 'network of networks' across England. Journals of arts and health are being developed to disseminate arts and health research and practice and perhaps, in contributing to publications that are open to peer review, we are answering the global communities' calls for examples of evidence and best practice and this considered approach to the arts and health agenda, may in fact, be a unifying process, opening practice up to scrutiny, but giving voice to the broad range of expertise that this work embraces.

But, there is a danger, if we report our work exclusively in academic papers, without the critical exchange of those sceptical of investment in the arts, that we'll be seen as a closed shop. So what about risking our necks getting the conversation into the broader public arena, not wrapped up in a coded and exclusive dialect, but in an accessible language, that's useful to a broader community of interest.

Working with the third sector certainly opens up this debate to a far wider group of people than academic papers alone can reach. And with government agendas increasingly shifting the public service remit to community groups without understanding the mechanisms 'out there' and the potential of the arts as transformative agent.

Art and science are frequently described as the twin pillars of civilisation, but rather than desperate attempts to wrap the arts in hard-edged objectification and pseudo-scientific language, we need to use vocabulary that's appropriate for a wider audience and in particular remember that it's the creative practice, or experience, that really communicates this agenda.

Whilst the ISP has indeed used some well regarded tools for measurement, the strength of the research for those six projects involved and our learning, has been grounded in its responsiveness to shared agendas and the reflection of very real partnerships and experience.

## 9. Final Thoughts

To inform our work and its dissemination, we held an event in September 2008. *Critical Friends* brought together 200 people and organisations with interests in this agenda and gave us the opportunity to hear responses to our process and share our initial findings. One of the overwhelming responses was that having the university support the projects to develop their capacity to evaluate their own practice, was greatly beneficial. Indeed the notion of investment, in people and resources, was felt to be a significant bonus to all the projects, challenging as though it often was. The critical discourse, being developed further though this journal, has been fundamental to our learning and significantly, it's what we do with that knowledge now. Some of the key responses to our process informed both our summary report and notably, the current direction of Arts for Health at Manchester Metropolitan University.

This critical debate however, didn't solely focus on our research findings, but held some of the national developments discussed earlier up to scrutiny, in particular the need for inter-university collaboration in establishing research and evaluation methodologies that allow diversity of practice; and the need for intelligent, joint-up action, lobby the competing government departments to invest further in this agenda. This approach has clearly, paid dividends.

Consultation around our research prompted some specific recommendations, which included a focus on increased support and training for practitioners in both the arts and health fields, with a specific focus on setting clear, informed and relevant aims in relation to strategic objectives. Arts for Health at MMU has committed to developing a bespoke package of responsive continuing professional development to both health and creative practitioners.

It is the very strength of this project; its evaluation and its developmental work, which has enabled the establishment of a strategic alliance between the Department of Health, Public Health, North West, Arts for Health at Manchester Metropolitan University and Arts Council England, North West. This relationship represents more than a partnership and offers a robust pro-active regional response to the chain of events kick-started with the release of the strategic publications discussed above.

Reflecting from the inside of a project on its initial direction, methodology and findings is fraught with conflicts and an inevitable bias; after all I'm proud of the work that we've delivered, so for the purpose of this article, I really wanted to start from a simple platform. This work is challenging, it's achieved different things to the things I expected at the outset, but it's largely expanded the field of enquiry.

The Invest to Save project might not have demonstrated explicit financial savings, but it has provided our alliance with something we couldn't have envisaged at the outset of the project. It's illuminated our understanding of the transformative impact of the arts, which builds on the capacity of the university and further invests in the communities of need, regionally and further afield.

And the *Bleeding Obvious*? - yes it is; the arts have a profound affect on individuals and society, but while governments obsess with measurements of deficit and morbidity, culture and the arts offer us something more than a mechanism for target delivery, they illuminate our very essence and offer us a means of expressing what it is to be human.

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