

In a creative healthy place?  
Situating Arts and Health within the  
discourse of 'the devolution revolution'

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## **Abstract**

This thesis explores the problematic relationship forged between the field of practice known as Arts and Health and discourse of the 'devolution revolution' (2016-2019). This was a period when key policy areas - pertaining to health, creativity and place - were 'aligned' by local government in an ongoing age of austerity. It examines the human geographies of Arts and Health through four case studies sited across Greater Manchester and North Wales, a region co-joined through the spatial imaginary of 'The Northern Powerhouse'.

The research begins by considering the impetus for devolution in the 1990s, before focussing attention on the English context of the first ever city and regional devolution deal struck between Manchester City leaders and HM Treasury in 2016. This was made conditional on budget reductions. The 'pre-histories' of the emergent category of Arts and Health are then examined across the post-war decades. The category of Arts and Health is navigated across its varied (re)imaginings, including those made recently which deny the field can be seen as the 'natural cousin' of austerity.

The ways in which these diverse, often contradictory agendas, have come together is examined through grounded accounts of neoliberal policy as it is (re)produced in everyday situations. Reflexive, first person ethnographic accounts of four local contexts, in Llandudno, Prestatyn, Wigan and Central Manchester are presented to show how the field of Arts and Health is being interpreted and produced through certain affective ambiances and 'atmospheres'.

The research reveals that across this territory, similar values and common cultures are taking hold. These include the belief that local communities offer forums for collective action and decision-making (over and above those of national institutions) and that additional resources are not needed, merely a new mindset. The conclusion is drawn that, as much as the field of Arts and Health aims to enact forms of progressive social change, it is a field of practice that is also being shaped by forces exerted by a regressive political economy.

Keywords: arts and health, devolution, social movements, atmospheres, austerity, inequality.

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## List of Figures

All photographs by the author unless otherwise stated.

1. 'MHS', illustrated online in The Manchester Evening News. February 2015.
2. 'Your Britain Fight For It Now'. Abram Games. Imperial War Museum. 1943.
3. 'Culture is BAE systems Britain'. Courtesy of Stephen Pritchard. 2018.
4. 'Women Beware of Man-Made Medicine', Lorraine Leeson. East London Health Project, 1980. A2 poster, offset litho. Produced and distributed in conjunction with East London Trades Councils, health workers' unions and the Women's Health Information Collective.
5. 'Recovery begins with non-compliance' badge. Anti-Psychiatry movement.
6. 'Silence = Death. Fight Aids, Act-Up.' Keith Haring Foundation. 1989.
7. 'Health Cuts Can Kill'. Peter Dunn and Loraine Leeson, Bethnal Green Hospital Campaign, 1978. A2 poster, offset litho.
8. Image by Tomo. 'Mad Love' project workshop. Courtesy of James Leadbitter.
9. Corridor in Royal Liverpool Hospital. Brigit Riley. 1983.
10. 'Transfer'. Artist Becky Shaw. Castlefield Gallery Manchester. 2004.
11. Illustration from Creative Health report, by artist David Shrigley. 2017.
12. The nine English regions of the Culture Health and Well-being Alliance.
13. Map of projects. Designed by Joanna Brinton.
14. Venn Diagram of projects. Designed by Joanna Brinton.
15. Ailie Rutherford and her iceberg. Photograph by Alan Whitfield.
16. Writing on the wall of Tedder House.
17. Llandudno in the fading light.
18. The goat as military mascot & the figure of 'Poor Taff'
19. Inside Tedder House, The Centre for Creative Activism.

20. Window showing information about The Veteran's Shed
21. The Quaker Meeting house at Colwyn Bay
22. Photo of the stage at Theatre Clywd at the '2025' conference.
23. The Old Library, Prestatyn.
24. The Pioneer Health Centre, Peckham, 1937.
25. Doorway sign in the Old Library.
26. Pie chart of the seven goals for Well-being of Future Generations.
27. The badge of 2025.
28. Post-it notes replying to the question: 'who is missing from the conversation'
29. The three localities of Wigan Borough
30. The Northern Powerhouse brand and image of the future railway station
31. The Turnpike Gallery in Leigh, Wigan.
32. 'Social movements are what you believe them to be' slide from powerpoint.
33. George Formby on a public health advert, a Wigan bus.
34. Wigan Pier. Theodore Major. (1960s) Wigan Arts.
35. A page from Carl Peploe's Diary, 1992. Courtesy of The Whitworth Gallery.
36. The former Cornerhouse Gallery, squatted by GM's homeless.
37. Sign in the window of the Righton Building at MMU.
38. Simon's drawing on a post-it note. By permission of Simon.
39. The UK branding used at the Global Healthcare Conference in GM.
40. Smack man game logo and design. Courtesy of Invisible Flock.
41. Tom Harrison House in Anfield, Liverpool.

## **Abbreviations**

ACE Arts Council England

ACW Arts Council Wales

AIDS Auto Immune Deficiency Syndrome

AM (Welsh) Assembly Member

APPG All Party Parliamentary Group

BCUHB Betsi Cadwaladr University Health Board

BMJ British Medical Journal

CALL Creative Action Llandudno

CCG Clinical Commissioning Group

CHWA Creative Health and Well-being Alliance

CPP Creative People and Places

DCMA Department of Culture Media and Sport

EU European Union

GM Greater Manchester

GMCA Greater Manchester Combined Authority

IPP Ideas, People, Places

LWMA Live Well Make Art

MMU Manchester Metropolitan University

NHS National Health Service

PSB Public Service Board

RSA Royal Society for the Arts

NNAH National Network of Arts and Health

WHO World Health Organisation

## TABLE OF CONTENTS

Abstract	
Acknowledgements	
List of Illustrations	
Abbreviations	
CHAPTER 1 : INTRODUCTION	
Subject background.....	12
The research problem.....	15
Past echoes.....	16
Reading the thesis.....	18
Contribution to knowledge.....	21
The Research journey.....	22
Summary.....	25
CHAPTER 2 : DEVOLUTION	
Introduction.....	27
A stitch-up.....	28
The promise of devolution.....	28
Constitutional histories.....	29
Subaltern Identities.....	31
<b>National Devolution in Wales (1998)</b>	
Not an event.....	38
Distinctive choices.....	39
Rhetorical commitments.....	41
<b>Regional Devolution in Greater Manchester (2015)</b>	
Restoring Power.....	43
Austerity and growth.....	46
Responsibility and blame.....	47
<b>Devolution within devolution</b>	
English money.....	50
Northern alliances.....	51
Summary.....	52
CHAPTER 3 : ARTS AND HEALTH	
Introduction.....	54
What counts.....	55
An unruly category.....	56

## **Disperate strands (1945-1996)**

Healing and harming.....	58
Social movements.....	59
Healthcare environments.....	66
Value systems.....	69
Community solutions.....	72

## **Pursuit of Power (1996-2016)**

Games.....	74
Strategic intent.....	75
Cultural policy critiques.....	77
A prospectus, a charter, a manifesto.....	78
A cheap date.....	82
Responses.....	86
Summary.....	87

## CHAPTER 4 : RESEARCH DESIGN

Introduction.....	88
Mission Impossible.....	88
Situating the researcher.....	89
<b>From effect to affect</b>	
Local structures of feeling.....	94
Tonics and toxins.....	98
Temporalities.....	100
Situating this research design.....	101
<b>Geographies</b>	
Choice of field site.....	104
Choice of projects.....	107
Writing up.....	112

## CHAPTER 5 : LLANDUDNO, CONWY

Introduction.....	114
Cries for peace.....	114
Cynefin.....	115
The private view.....	121
Institutional formation.....	122
Contractual terms.....	123
The partnership meeting.....	125
Symbolic acts.....	128
The producer.....	129
A family workshop.....	131
Activism which isn't art.....	132

The discourse of devolution.....	135
Media Jacking.....	137
The other side.....	137
Beautiful trouble.....	139
<b>Summary : reviving lost places.....</b>	<b>141</b>

## CHAPTER 6 : PRESTATYN, DENBIGHSHIRE

Introduction.....	148
Fine Lines.....	148
Dramatic backdrops.....	149
Centres of Health.....	153
A fight for survival.....	167
The 2025 movement.....	161
Healthy Prestatyn.....	163
Social prescribing.....	166
The Concordat.....	167
The art of the possible.....	170
Trick or Treat.....	172
Child's Play.....	173
<b>Summary: surviving a precarious space.....</b>	<b>176</b>

## CHAPTER 7 : WIGAN, GREATER MANCHESTER

Introduction.....	182
The Fire Within.....	182
Non-participants.....	183
Rousing Emotional Support.....	186
Manpool.....	189
The Power of Art.....	192
Re-framing the NHS.....	196
The Old Courts .....	198
The Wigan Deal.....	202
Evidence it 'works'.....	204
Disruption.....	207
The Fire Within (a refrain).....	208
<b>Summary: shaking-off stigma.....</b>	<b>210</b>

## CHAPTER 8 : MANCHESTER CITY, GREATER MANCHESTER

Introduction.....	217
Picturing Addiction.....	217
A hidden community.....	219
Promoting (Healthy) Homosexuality.....	221
An open call.....	223
Urban Fabric.....	224
Cultural Democracy.....	225
Introductions.....	227
Recoverism.....	231
Smack Man.....	234
The World Healthcare Congress.....	237
Traget Architecture.....	239
The Flagpole.....	242
Ask Andy.....	243
Last first dance.....	246
<b>Summary: building a better place.....</b>	<b>247</b>

## CHAPTER 9 : CONCLUSION

Uneven effects and affects.....	262
Continuing differences.....	254
Common (managerial) cultures.....	267
Choice Architectures.....	268
More similar than different.....	262
A critical link?.....	263
Intentionality and tone.....	267
Art and Artists .....	268
Bibliography.....	271

## INTRODUCTION

### Subject background

This thesis examines the nature of the relationship forged between the political discourse of the ‘devolution revolution’ and the field of practice known as ‘Arts and Health’ between 2016-2019. These are unwieldy subject areas with which to grapple, let alone examine by way of any mutual entanglement or relation.<sup>1</sup> It is first necessary to give an outline of events in Greater Manchester (GM) in 2015 as these provide the contextual background for this research. This explains why ethnographic research methods were chosen, for the observation of ‘structures of feeling’ across local cultures (Williams, 1977), and the sensing of ‘atmospheres’ at four discrete sites (Anderson, 2009; Stewart, 2011).<sup>2</sup>

The (then) Chancellor of the Exchequer first raised the proposal of city and regional devolution in a speech delivered at *The Manchester Museum of Science and Industry* in 2014. Against a visual backdrop of Victorian beam engines and machine turbines, George Osborne signalled the offer of a ‘new model of city government’ involving the ‘devolution of power and budgets’ (Osborne, 2014). He further raised the concept of a ‘Northern Powerhouse’, a spatial imaginary whereby municipal power in The North of England might be restored to its former glory through a revived economy. His vision encompassed a ‘collection of northern cities’ that, working more closely together, could ‘take on the world’ in trade to beat global competitors (Osborne, 2014).

As well as playing with images of strength and conquest, Osborne’s proposal also acknowledged certain injustices and vulnerabilities. He referred to ‘unfair’ inequalities between regions of the UK and the unhealthy ‘dominance’ of London. The Northern Powerhouse was proposed as an economic ‘counterweight’ to the capital, with devolution offering the means to ‘rebalance’ longstanding economic disparities between The North and The South of England. An image of comradeship, rather than competition, was deployed to insist that The North

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<sup>1</sup> I use the word entanglement aware of its colloquial meaning - a complicated or compromising relationship - alongside more academic uses of the term, developed by Karen Barad (2003) and Tim Ingold (2010).

<sup>2</sup> A scholarship was offered by Manchester Metropolitan University which set the terms for a joint study of these two subjects, along with a third, namely: ‘devolution, Arts and Health, social movements’.

would 'not rival The South', so much as 'be its brother in arms as we fight for Britain's share of the global economy' (Osborne, 2014). The legislative act, *The City and Regional Devolution Act*, was passed in 2016. GM became the first city-region in the UK to strike this new type of 'devolution deal' with HM Treasury in Whitehall. Unlike previous 'acts' of devolution - passed in the late 1990s - this was not a decision made through a public vote or referendum. Rather, it was an agreement negotiated in secret between the former Chancellor and the then leader of Manchester City Council, Howard Bernstein. As a result, devolution arrived for GM's 2.8 million residents as something of an unknown quantity.

Not only was this the first 'devo-deal', it remains the most exceptional. It is the only one - amongst others subsequently struck across the UK - to devolve health and care budgets.<sup>3</sup> This prompted speculation in the local press that a Manchester Health Service, or 'MHS', might replace the NHS.<sup>4</sup> But overall responsibility for the health service in GM was still ultimately retained with the Secretary of State for Health, leading some to wonder whether this was more 'delegation' of administrative control rather than a comprehensive devolution of power over healthcare in GM (Dorman et al, 2016: 3). 'The rhetoric... suggests a much greater transfer of power than is perhaps the reality' (Dorman et, 2016: 3)



**Fig 1. How the Manchester Evening News (mis)represented 'devo-health'**

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<sup>3</sup> Though other deals have involved the part-devolution of healthcare. See Dorman et al., (2016)

<sup>4</sup> The illustration appeared online: <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/welcome-mhs-thats-manchester-health-8720557>

One thing was certain: the delegation of fiscal responsibility was conditional on budget reductions. Alongside upbeat statements by GM leaders about how this new 'freedom' would allow for 'radical transformations in the health' of the city's population, was also a sobering warning. 'If we don't use the £6 billion budget funding in a radically different way around our health and social care system, we will be facing a major deficit of £2 billion by 2021'.<sup>5</sup> The joining-up of systems of care were seen as key to this task with separate services able to work 'better together'. The dynamics set in play were not merely those of efficient shrinkage through better integration, but those of de-institutionalisation too. Faith was placed in *informal* care systems - those provided by communities and networks filling the void left by 'bureaucratic' agencies: 'a growing movement of people committed to the cause of a healthy and health-creating society' (Howarth, 2017). The re-design of public services - alongside the encouragement to unleash 'people power' - has since become something of a live experiment in GM, albeit one predicated as much on political will as it is on evidence. 'There is no empirical evidence that decentralised health systems consistently outperform centralised ones' (Dorman et al, 2016: 4).

Many GM stakeholders - and those whose interests lay in healthcare or the arts most especially - were forced to speculate on what these new developments in devolution in GM might entail.<sup>6</sup> Manchester's universities took up the task of the analysis of 'Devo-Manc' alongside a slew of think-tanks.<sup>7</sup> At Manchester Metropolitan University (MMU), a scholarship was made available through the longstanding research body, *Arts For Health*, to explore the potential impact of devolution for this inter-disciplinary field of creative practice.<sup>8</sup> I successfully applied for this scholarship in 2016. By the time I began to work on the topic, research exploring how regional devolution might prove advantageous for Arts in Health was already underway at a national level. An All Party Parliamentary Group (APPG) report on Arts, Health and Well-being was published in the summer of 2017.

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<sup>5</sup> Lord Peter Smith, Taking Charge of our Health and Social Care in GM. <https://www.greatermanchester-ca.gov.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/>

<sup>6</sup> Manchester bears a special relation to this field, often described as its 'birthplace'. It was one of the first cities in the UK to see bespoke Arts and Health organisations flourish here in the 1970s and 80s.

<sup>7</sup> Res Publica, Institute Public Policy Research (IPPR), NESTA, Royal Society Arts, CLES, to name a few

<sup>8</sup> <https://www.artsforhealth.org/>

Given that *Creative Health, The Arts, Health and Well-being* was written for purposes of advocacy, it is not surprising perhaps that it struck an upbeat tone in this year. It contains only positive reference to devolution: 'Devolution of decision-making and budgets provides an opportunity for better engagement of the arts and culture in improving health and wellbeing on a local and regional basis' (APPGAHW, 2017: 155). Aside from the discretions offered through budgetary control, other, more nebulous benefits of taking a 'place-based' approach are cited here. 'Distinctive atmospheres' the report states, provide a 'sense of place and community' (APPGAHW, 2017: 72 my emphasis). Having a sense of belonging is 'crucial to our health and well-being' and is a feeling 'bound up with location, identity, memories' (APPGAHW, 2017: 64).

Drawing on a sense of history, identity and place, some artists and writers based in GM, continued to present an altogether less flattering interpretation of what they called the 'poor relation city' of the 'northern powerless' (Hanson et al, 2016). Steve Hanson stated that the offer of devolution was designed to appeal to a 'small-minded competitive localism'. He charged Osborne with 'uncritically celebrating Manchester's historic status as the 1840s "shock city",' without acknowledging the 'obscene human cost' of poverty, disease and premature death suffered by workers in the industrial revolution (Hanson et al, 2016: 5).<sup>9</sup> The question arose: might social inequality deepen in GM or would the health 'gap' be successfully closed through the choices that local devolution could offer?

### The research problem

The research undertaken for this thesis originated out of a desire to identify and analyse the pitfalls, as well as the rewards, of any alignment between the Arts and Health agenda and the discourse of devolution. Regional devolution is a policy initiative closely related to policies of austerity; both were co-designed by the same 'architect' (George Osborne). Policies of austerity have been demonstrated to correlate to worsening health outcomes across populations, disproportionately affecting the poorest (Stuckler, 2013: Bambra, 2015: Dorling, 2015). According to the British Medical Journal (BMJ) policies of austerity have

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<sup>9</sup> The term 'shock city' was coined by the British historian, Asa Briggs, to describe cities that grew as part of the industrial revolution also afflicted by terrible social conditions such as 'slum' housing (Briggs, 1963).

'hampered progress' in reducing poverty and inequality in the UK (BMJ, 2016: 2). It appeared odd, then, to claim that the entwined policies of devolution and austerity could provide an 'opportunity' to promote public health through creativity (APPGAHW, 2017: 155). As one Health Foundation report stated rather flatly, but not without a sense of urgency: 'There is lack of clarity as to how these initiatives are supposed to fit together and mutually reinforce each other' (Dormon et al, 2016: 32). This problem of clarity - alongside starkly different perceptions of power - pointed to a need to probe the basis of this 'mutually-reinforcing' relation. This 'devo-deal' was struck, after all, between local authority leaders belonging to The Labour Party and a Conservative Chancellor of the Exchequer. 'Devo-Manc' throws ideological commitments into question. Policies of austerity were first introduced alongside the proposal for a 'Big Society' (Cameron 2010). This involved the reduction of 'big government' in favour of voluntary activities undertaken at a 'grass-root' community level. Such activities, David Cameron had argued, post financial crash, would promote 'social recovery as well as economic recovery' (Cameron, 2010). Probing how these seemingly contradictory agendas could appear to happily coexist in GM became central to understanding the quality of this 'relation' in hand.

### Past Echoes

I felt compelled to consider the possibility that the relation between arts, health and devolution could be a damaging one, leading to mistakes from the past being unwittingly repeated in the present through 'an unholy alliance of therapeutic radicals and fiscal conservatives' (Bachrach, 1978: 5). This comment was one made by a psychiatrist in response to the de-institutionalisation of asylums in a time of economic recession, a policy initiative which similarly promised financial savings alongside 'care in the community'. Other links can be detected in the past between periods of economic recession and the development of innovative policies to promote mental and physical health. The contemporary logics of austerity have been contrasted with those deployed in the post-war years by one critical voice within Arts and Health. Clive Parkinson quotes John Pilger to make the point that 'When Britain was officially bankrupt... the government built its greatest public institutions' (Parkinson, 2012).



Figure 2. Poster of the Finsbury Park Health Centre, 1943

An illustration of the *Finsbury Health Centre*, shows a state of social and physical disrepair whilst simultaneously offering a better future. Derelict infrastructure is depicted, trading on renewed calls to build ‘homes fit for heroes’. The architect, Bernard Lubetkin, abided by the maxim that ‘nothing is too good for the workers’ and said he wanted his design to act as a ‘megaphone for health’. The new health centre would promote a ‘cheerful atmosphere’ for those attending.<sup>10</sup> This poster of 1943 aimed to encourage the belief that the post-war society could be fairer for all, one that soldiers would wish to fight for. Social justice on the Home Front is presented as an extension of the fight against Fascism abroad. The encouragement offered is to fight for ‘Your Britain’.

This sense of Britain belonging to all its citizens, and not just the country’s ruling political elite, was one that would play across political rhetorics of both the Left and Right alike in subsequent decades. It is a motif that is still very much alive today. ‘The people of Britain...these are the people we are fighting for’ (Osborne, 2015). George Osborne, appropriated a line from a speech made by Aneurin Bevan in 1945, using the phrase ‘we are the builders’ seven times to

<sup>10</sup> See a history of this groundbreaking municipal initiative here. <https://municipaldreams.wordpress.com/2013/04/09/finsbury-health-centre-nothing-is-too-good-for-ordinary-people/>

announce regional devolution in 2015. This announcement followed on from his many public appearances in a yellow vest, in the press, the year before.<sup>11</sup> Tellingly, he omitted a portion of Bevan's preceding sentence, whose original line was: 'We have been the dreamers, we have been the sufferers, and now, we are the builders' (Bevan, 1945).<sup>12</sup> Osborne's omission rested on his earlier assertion that austerity is an economic policy that we all suffer equally. 'We are all in this together' (2009). These 'echoes' of political discourse reverberate in GM, a city where Bevan announced the 'birth' of the NHS in 1948, and where Osborne also urged locals to 'let the devolution revolution begin' in 2015.

One leading voice within Arts and Health refutes any suggestion that austerity is a 'natural cousin' to Arts and Health today. 'A natural cousin not to austerity but to ecology. We are all about imaginatively reconsidering existing resources' (Hume, 2018). Victoria Hume's comments suggests that this possibility is more than merely a risk to reputation: it strikes at the heart of the field's *raison d'être* and the terms on which it has been able to grow over the last 20 years. Without a better understanding of the drivers shaping the field around this unlikely convergence, the integrity of Arts and Health as a force for progressive social change risks being undermined. Gaining a better understanding of this danger might provide the first steps towards changes in thinking, practice and strategy.

### Reading the thesis

Firstly, 'histories of the present' are explored by way of two chapters devoted to two critical reviews (Foucault, 1981; Scott, 1989). These establish the diverse origins of the respective subject categories, linking them through the birth of the welfare state in 1945. A discussion of methodology then follows, before the research pivots from an examination of historical narratives and academic literatures, to closely examine the progressions of four contemporaneous case studies (based in Conwy, Denbighshire, Wigan and Manchester City).

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<sup>11</sup> See the article 'Travels with my hi-vis jacket'. <https://www.theguardian.com/politics/2015/dec/22/george-osborne-in-2015-travels-with-my-hi-vis-jacket>

<sup>12</sup> This 'echo' between Bevan's and Osborne's speech material was identified in an article in the Guardian. Osborne did not acknowledge Bevan by name in what was described as an act of 'political looting'. <https://www.theguardian.com/commentisfree/2015/oct/05/george-osborne-conference-speech-verdict-chancellor>.

Case studies were selected as much for how they might usefully problematise the category of Arts and Health as much as affirm or typify it. These narrative accounts chart both the personal motivations and policy intentions that lie behind such characterisations of 'the work' that arrives under the category. Projects were selected from different 'local places', sited across two distinct policy contexts. These distinctions have, in turn, informed how this thesis has been structured.

A different writing tone is used in these narrative chapters, which comprise first person accounts gained as an embedded researcher, acting as 'participant observer' (PO). After each of these narrative 'stories', summaries clarify how the case studies relate back to the research questions. The chapters are then strung together in a line of argument, which informs a final conclusion. The images that punctuate the argument were taken by me on visits to the project sites. They are included to add visual texture to the written descriptions. They are not intended to demonstrate or prove any 'authenticity' of experience, but to draw on another level of awareness to the topics in hand and their material expressions.

This research design and thesis structure was arrived at for a number of reasons; firstly to discover - and question - the way in which the joint subject domains had been constructed and understood over a longer periods of time than the last five years; secondly, in order to contrast policy-making contexts across the 'borders' of local authorities in an English region next to a devolved nation (Wales). Lastly, I hoped that ethnographic accounts might enable an analysis of the affects, as well as the effects, produced by different policy frameworks (Thompson, 2015). In this way, the affective dimensions of everyday life could also be described, as 'ordinary affects' (Stewart, 2011). The research findings and this thesis, then, can be seen as a response to calls, made by some working within the field, for discussion around how policy is not just made and agreed in devolved regions, but implemented, interpreted and 'felt' - by way of distinctive 'atmospheres' and 'shared ambiances' (Duff, 2016; Parr, 2017). It might also be considered part of a nascent 'affective turn' within Arts and Health research (Broderick, 2015) which 'harnesses affect' to 'describe the forces at work between bodies, subjectivities and social worlds' (Desmarais, 2016: 70). It also responds to a simple call for more 'scrutiny' of devolution in GM, how it is 'actioned' by what one commentator describes as 'big fish in small ponds' (Devaney, 2014).

## Contribution to knowledge

Completed five years on from the initial announcement of devolution in GM, this research offers a timely contribution to knowledge. It aims to show, in rich and nuanced detail, how cost-cutting measures have been married to different (sub-categories) of arts and health practice: 'creative activism', 'social prescribing', 'health as a social movement' and 'recoverism'. These are interpretations of Arts and Health practice that have not been grouped together before. This is the first study of Arts and Health which asks if, and how, it is a phenomena shaped by the combined policies of devolution and those of austerity. Austerity has previously been cited as merely incidental to the growth of the field. 'Despite the challenges of economic austerity since 2008 onwards...practice in the field remains remarkably buoyant and innovative' (Stickley & Clift; 2017: 2).

This research seeks to make a contribution to both academic and professional knowledge-bases and audiences. Firstly, it is part of a body of research within the field of Arts and Health that has emerged over the last ten years which brings critical attention to the field's assumed rationales. 'Misdirections' have been named, (White, 2011); 'holes in the heart' identified (Raw et al, 2012); 'different futures' invited (Broderick, 2013) and 'resistances' called for (Ravetz, 2017).

Most recently a demand was made, directly in response to the Creative Health APPG report, for clearer 'statements concerning the ideological commitments, underpinning beliefs about purpose and value, within arts and health' (Phillips, 2019: 21).<sup>13</sup> The research in this thesis contributes to this demand for more clarity, suggesting that cultural values permeate economic understandings of the value of these types of activity. It shows how continuing ambivalence undermines the case for Arts and Health by allowing all values - and none - to be included under its remit through an insistence on 'cross-party' leadership. It draws attention to concerns expressed over the apparent 'lack of politics' within Arts and Health discourse. This de-politicisation allows 'neoliberals to subscribe to principles of equality', which in effect only 'left thinking can deliver'.<sup>14</sup>

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<sup>13</sup> All of the papers mentioned are subsequently explored in more depth in the chapter on Methodology.

<sup>14</sup> The words of an one Arts and Health project manager, at the Cardiff launch of The Creative Health report.

Secondly, as well as making a distinctive contribution to this growing chorus of critical voices, I also seek to expand discussion with other fields, most especially art discourses surrounding 'social art practice' (Jackson, 2011; Scholette, 2015) and 'ethnographies of austerity' (Knight & Stewart, 2016). I also hope to engage with calls to explore 'the nature of embodiment and social context' made by scholars in the field of the Medical Humanities (Atkinson et al, 2015), and 'advance critical perspectives' by scholars in Human Geography (Parr, 2017). My research aims to open-up dialogue across and between these diverse fields and disciplines, probing Arts and Health's 'circulations (its social, political and affective relations); evoke its meanings (sensibilities) in place: describe its affect / emotion (resonances) across spaces' (Parr, 2017: 17).

Thirdly, this research also sits within the body of research devoted specifically to urban, regional devolution (Amin, Massey, Thrift, 2003; Jessop, B., 2012). Devolution has been explored by activist-researchers working outside the UK, for example in Toronto, a city region that underwent similar processes of city-wide amalgamation into a 'megacity' in the 1990s (Boudreau, 2000). Though prompted by events in GM, this research has relevance for practitioners and policy-makers working in other devolved areas of the UK and regions where it is still being considered as a potential future choice. It contributes to debates around whether devolution can still be offered and seen as a potent ideal in the UK. Devolution continues to be presented by its advocates as a form of regional governance that 'works', a proposal that is now advanced in a context of broader constitutional crisis and runaway social inequality. <sup>15</sup> 'The devolution we have is beginning to work... It's about providing services, working from the bottom-up, with community and voluntary organisations' (Burnham, 2018).

Rather than being tied to any ideological agenda, devolution is presented by the elected Mayor of GM, as a non-political affair that transcends party politics. It is presented as a public good, indeed, as a social movement: 'It's a grass root movement. A different way of doing politics...It is about place, not party. Place is a unifying force' (Burnham, 2018).

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<sup>15</sup> Mayor on GM, Andy Burnham presented devolution as a solution to the many problems facing the UK in an interview on Radio 4's Today programme in 2019. <https://www.bbc.co.uk/sounds/play/m0008bjw>

Such affirmations have implications for those interested in the 'place of place' (Gilmore, 2013) across combined arts and health policies and in how to critique and question this particular deployment in local and devolved contexts. The fact that I live in North Wales - and identify as 'being Welsh' - has perhaps enabled me to take up a position of critical distance from which to observe recent phenomena in GM. <sup>16</sup> Drawing on local mythologies of innovation, devolution in GM has been valorised as 'trailblazing' and 'future facing'. Living in another devolved place has allowed me to question such assertions, bringing a longer view of devolution drawn from a nearby Welsh perspective.<sup>17</sup>

The nature of the research questions have dictated that I take an 'inter-disciplinary' approach. Whilst originating out of my own area of practice - that of curating arts and health projects in gallery education - the research has drawn on theories from a wide range of academic disciplines. Though promiscuous, this is in line with the field's own characterisation of itself as a 'magpie' discipline, one able to pull concepts 'across many academic disciplines' as a way of articulating salient characteristics (Stickley & Clift, 2017: 3). As I elaborate in Chapter 4, no overarching theory has been deployed, but rather an approach that advances 'weak theory' (J.K. Gibson Graham, 2014). This was better suited to capture *emergent* properties as the use of 'strong' theory would have framed Arts and Health practices too firmly at the outset.

Lastly, this research is also intended for artists and clinicians operating in the field as practitioners. This group constitutes its core workforce yet their interests have been 'lost' and 'buried' through certain assumptions.<sup>18</sup> First among these is that in order to influence government, advocates for Arts and Health must always speak the language that 'those in power will understand' e.g. advance only economic arguments (for cost-saving). <sup>19</sup> This thesis argues that alternatives to this unwritten rule are not merely possible, but now necessary and vital.

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<sup>16</sup> See a blog I wrote on this subject here. <http://www.nwcdtp.ac.uk/critical-distance-frances-williams/>

<sup>17</sup> My personal stake in the production of knowledge is set out in Chapter 4.

<sup>18</sup> I quote from an article I authored: <https://www.artspromotional.co.uk/magazine/292/feature/joyful-union>

<sup>19</sup> Leaders in the field do not question this assumption but rather re-enforce the impression that no funding can be demanded to support the work by central government. 'It's no use asking people to do things that they believe are... unrealistic' (Howarth, 2017).

## The Research Journey

The research for this thesis was undertaken, over three years, between 2016-2019. Much political wrangling occurred in this period. The larger context for the research was marked by the on-going 'Brexit' referendum and struggle to strike a 'deal' for exiting the European Union (EU). The three year protracted negotiations were roughly coterminous with the research period. The common link between devolution and 'brexit' - around the terms on which 'deals' are struck - was one that did not go un-noticed. The Devo-Deal in Manchester is indeed nested amongst these wider frameworks of deals and deal-making (and breaking). Whilst acknowledging these global and European frames, I have tried to keep the focus on activities taking place on a regional scale for the purpose of this research. Uncertainties surrounding the Brexit negotiations were hard to exclude from the research data as they so powerfully informed a whole raft of diverse affects surrounding the opinions and feelings people held around the future direction of the UK. This fractious tenor grew over the three years of my research. The 'tone' of debate was marked by polarisation and particular affective registers - between those cast as 'doom mongers' (all so-called 'remainers') and those who asserted that our 'best days are ahead of us' (Johnson, 2019).

In my first year I grappled to understand *how* a field of art practice might relate to a political concept such as devolution - whether this was through policy frames, funding schemes, local arts and health institutions, or those 'alternative' forms of support that are said to lie outside of these structures - 'in the community'. This led me to assemble a set of research questions which asked:

- What frameworks of support are provided for those working in the field?
- What kinds of local institutions and informal alliances, do Arts and Health practitioners draw upon to sustain themselves?
- What strategies for Arts and Health are being developed in devolved places? How is policy being played out through forms of arts practice?
- Are these activities seen as a form of political activism, or not?

Further into my research, in the second year, I also began to question the scope and meaning of the given 'categories' set out by the terms of the scholarship,

namely: Arts and Health, devolution, social movements. Beyond being explained by way of any neat 'definition of terms', I wondered to what extent these concepts could be understood as entanglements that had developed together over time. Early attempts to write a 'literature review' in my first year failed, I felt, to adequately address larger epistemological concerns around the 'genealogy' of the terms and categories I was investigating - how they were constructed, understood and currently being interpreted and performed.

I was also concerned to know how these terms might relate not only through academic argument, but in so-called 'real world' settings.<sup>20</sup> I needed to know how this discourse was being playing out *in practice* (and specifically, *art practice*). This need led to an early choice to adopt an ethnographic approach.<sup>21</sup> I began by scoping the views of people in GM and was introduced to a number of key groups of influential people active in the field. All the while, I adopted a parallel approach of continuing to review relevant literatures whilst simultaneously trying to understand current states of play. I tried to detect gaps in knowledge, discern discrepancies in public and private rhetorics, and use these observations to determine and adjust research priorities.

In summary, I allowed events to influence my research plan. Particular events occurred in my second year (2017) that served to shape the particular interpretation I developed around my understanding of the research problem. Firstly, as already highlighted, the publication of the *Creative Health* report in 2017 presented a major intervention in the shaping of the discourse of devolution within the field which I felt was important to recognise. The launch of the report in 2017 served to highlight a risk that as larger, more mainstream arts organisations adopted the Arts and Health agenda, longstanding, bespoke Arts and Health organisations were being squeezed out of the niche they had created for themselves. This incorporation of Arts and Health into the mainstream - adopted by some arts organisations as a 'flag of convenience' - was driven by economic need, exacerbated by austerity. As one researcher notes:

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<sup>20</sup> This is a term used in one paper on arts and health: 'while the field may be conceptually ill-defined, it seems it continues to produce good work in the *real world*' (Raw et al, 2012).

<sup>21</sup> See a blog I wrote outlining this decision: <https://lahf.wordpress.com/2018/03/06/strength-in-networks/>

Austerity means that arts organisations, always necessarily opportunistic for funding, facing significant cuts, look to see new trends that may inform project delivery (Rooke, 2014: 2)

Secondly, particular convergences between the fields of gallery education and Arts and Health were also promoted by cultural leaders in GM in 2017, offering the city as a place of radical experiment (Engage, 2017). The Director of one cultural institution based in GM chooses to describe her staff as 'public health workers' in order to underline the links evidenced between museum-visiting and good health (Chattergee & Noble, 2017). What was missing, I speculated, within these self-validating literatures - and glossed over through such specious acts of re-naming - was any critical engagement with how such collaborations might highlight, rather than resolve, 'contradictions of capital and care' (Fraser, 2016). 'The crisis of care is best interpreted as a more or less acute expression of the social reproductive contradictions of financialised capitalism' (Fraser, 2016: 99) It was these contradictions that had shaped my own long experience of working within gallery education (detailed in Chapter 4). In these under-explored collisions I saw a further opportunity to make a unique contribution to knowledge in the field, through an investigation into the nature of its institutional formation.

After a year of study and scoping activity in 2016-17, I further developed the set of research questions that arose out of the complex, and often problematic, entanglements between, Arts, Health and Devolution. These questions were designed to find out more about the different ways in which devolution could be seen, not only as a process of local government reform enacted through fiscal restraint, but also as the embodiment of a certain affects (feelings of being distanced from, or ignored by, 'elites' and 'centres of power').

This meant addressed the 'affective dimensions' of devolution in relation to Arts and Health, testing the extent to which such activities were supported through human support networks, as much as by more formal structures of local state support. Absorbing arguments and counter arguments, the research questions were refined:

- Can artists avoid becoming complicit with dominant agendas driven by market forces and government policy?
- Can devolution aid empowerment in Arts and Health or is it inevitably part of an agenda of austerity?
- How is devolution helping to enable things to be done 'differently'?
- What kinds of affects are policies relating to Arts and Health producing? What can these tell us about the forces at work in devolved contexts?

## Summary

In this introduction, then, I have set out the terms on which devolution was introduced to GM by central government - working in secret with local leaders; I have set out the research problem; shown how policies of austerity were tied to the devolution deal and how this 'hidden agenda' threatened the commitment of the field of Arts and Health to promote equality and social justice. I have further shown how I intended to go about researching these contradictory 'agendas' and their 'mutual relation' through parallel processes of reviewing literatures and conducting ethnographic research.

What follows, in the next two chapters, are 'pre-histories' that explore the concepts of devolution alongside the development of the field of practice that has come to be known as Arts and Health. I examine how these categories have been historically constructed and how they relate and link to one another through particular moments in time. I make the case that the best place to begin charting this 'relation' is in the post-war years, a time when policies of austerity coincided with the creation - rather than the demise - of the Welfare state.

I will now go on to examine some of the key events, theories and values that have been forged between arts institutions and health institutions in the UK, since 1945 to the present day. I do not aim to 'untangle' these relations, so much as give a sense of how confluences of thought and action have created patterns of dissonance and affinity over time - through acts of acknowledgement and advocacy, but also moments of denial and disavowal too.

## CHAPTER 2 : DEVOLUTION

### Introduction

This first chapter explores some of the meanings ascribed to 'devolution' through successive acts of legislation in the UK over the last 20 years, also looking at the impetus for devolution before this point. It is interspersed throughout with first hand accounts which are taken from contemporaneous ethnographic research. Focus is given to the two forms of devolution most relevant to this study, namely: *national* devolution, in Wales (The Government of Wales Act, 1998): and *regional* devolution, in Greater Manchester (The Cities and Local Government Devolution Act, 2016). Facets of respective health policy are examined across England and Wales as these inform variegations in Arts and Health practice so powerfully. The extent to which devolution can be seen as evolutionary, as much as a 'revolutionary' process, is assessed through charting some of the effects and affects that differing forms of devolution have elicited over time. Lastly, discussion is also given to the North Wales 'growth deal' (agreed in principle in 2018). This has been included as it represents a hybrid form of 'internal devolution', supported both The Treasury (in Whitehall) and The Welsh Government (in Cardiff). This last example supports the line of argument, that runs throughout, that new understandings of devolution are superseding older ones, collapsing and conflating the meaning of this term.

### A stitch-up

I meet a former NHS Manager who once worked in GM. She is happy to talk in a cafe on Oxford Road, but wishes to remain anonymous when speaking about the way in which devolution came about in the city. A meeting 'took place at the top of the Public Library,' she says, a grand rotunda modelled on Rome's Pantheon. It saw powerful players 'stitch-up the health services across the city. Attending were Sir Howard. Sir Richard. Sir Mike. Sir David. Are you getting the flavour of it? These men acted like knights of the round table...' At the heart of the group was the Leader of Manchester City Council at that time, Howard Bernstein. 'He had a god-father like persona. He was setting the ground for devolution for some time, spending time away at Number 11...'

The former Manager describes the council as ‘entirely red’ (meaning they all belonged to the Labour Party) but with a ‘monotone culture in thrall to Bernstein’. The fact that these were Labour local councillors acting in co-hoots with a Conservative Chancellor of the Exchequer is a point that prompts her to comment: ‘I am not sure how they get away with it.’ She continues, ‘as someone who has run services, I understand that the difference between a failing and successful service is sometimes only a one per cent difference. It comes down to balancing that bottom line. Bernstein saw that if he could balance the bottom line then he could have greater autonomy and control in Greater Manchester.’

The Director of Public Health followed through on the ‘Devo-Health’ aspect of the deal and ‘reduced the budget, cutting it year on year’. Rather than budgetary contraction leading to ‘smarter choices’, this former Manager was dismayed to see funding for frontline services cut as funding for managerial structures remained in place. ‘Devolution is promised as a way to fix everything in Manchester but it doesn’t of course. There is a huge difference between the rhetoric and the reality.’ What about this idea, I ask her, that ‘What Manchester does today, the world does tomorrow?’ (Other regions would ‘follow, not by force, but by example,’ Osborne had suggested.) ‘Nobody is any further ahead here than any other place. Manchester is certainly as good as getting it wrong as anywhere else. But they control the narrative and Bernstein was the architect of that approach.’

### The Promise of Devolution

The promise of devolution is one that has been extended in different places, at different times, for different reasons. ‘Devolution does not have an essential form applicable across time and political regimes’ (Lingard & Rizvi, 1992: 112). In focussing on two acts of British devolution, this review can work to illuminate developments in successive forms of devolution in the UK. I will only touch briefly, on forms of devolution undertaken elsewhere in the world. (The term ‘devolution revolution’ was first used by Ronald Reagan to describe changes in the US federal system undertaken in the 1980s.) The wider implication of globalisation will be drawn out towards the end of this discussion, not least as they feature prominently in George Osborne’s own account of devolution.

Devolution's affective resonances are also explored - informed by 'particular narratives about the past and the present linked to imaginaries and predictions of, and prescriptions for, the future' (Fairclough, 2005: 2). Attempts to 'control the narrative', such as the one cited above, make play of such temporal constructions, informed by a 'Northern' identity. Attachments to place trade on feelings of alienation, rejection and resentment, as well as those of belonging, solidarity and pride. Key protagonists in Wales pose devolution as a political process that can never be separated from 'passionate feeling', 'from the history of the place, from the feeling for the lives that have been lived there' (Thomas; 2014: 30). Cultural and regional identities have strongly informed and advanced discourses of devolution. But neither are they wholly explained through these, either.<sup>22</sup> Increasingly, it will be argued here, devolved power is being offered as a fiscal mechanism able to provide tools that enable economic growth on a global stage. This trend is also offering opportunity for a number counter discourses to evolve that problematise and seek to make good this over-arching imperative.

### Constitutional Histories

Constitutional histories show how devolved institutions have come about not only through agreed 'deals', but as the result of threat and use of force. The United Kingdom (UK) depends on the recognition of Britain as a multi-national state, with Parliament creating devolved 'institutions that allow the various identities of her component nations to be expressed' (Bogdanor, 1979: 17). In this way, the British constitution has sought to contain a degree of 'unresolved conflict' - amounting to neither outright opposition nor peaceful reconciliation - between the four nations (Bogdanor, 1979: 18). Structural inequality is a topic delicately approached by Vernon Bogdanor, the first historian to write a scholarly book on the subject of devolution in 1979.<sup>23</sup> When explaining the (dominant) role of the English in the development of the British State, he says how 'the English State never began,' but rather 'evolved' (Bogdanor, 1979: 20). Bogdanor claims, rather neutrally, that the United Kingdom was formed through the legal 'coming-together' of the four

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<sup>22</sup> The phrase 'What Manchester does today the world does tomorrow' is one that 'speaks to the sense of Manchester's dynamic "structure of feeling",' (Taylor, Evans, Fraser, 1996: 28).

<sup>23</sup> A later edition of this book, renamed *Devolution in the United Kingdom*, was 'completely re-written' and updated to include the realisation of these demands for devolution in 1999.

nations. He quotes another historian to make the point that the UK 'was not the product of a compact, drafted and signed by its constituents, as is usually the case in a country with a written constitution' (Rose, 1982: 84). This point is more fully acknowledged (and felt) across time by a contemporary Welsh commentator:

The British State and its empire evolved through switching between enabling cultural difference to flourish and brutally homogenising it; through doling out freedoms, welfare and a sense of belonging and also benefit sanctions, baton charges and colonial brutality (Tahir, 2017)

Bogdanor casts the British state as one that has always been subject to the forces of territorial 'expansion and contraction' (Bogdanor, 1999: 4). Britain's history as an Imperial power mark it out as a nation state that relies on an understanding of itself by way of global conquests, not just those internal to the UK. As another theorist of devolution puts the point, 'Empire and Union are the twin towers' of the English state, dual processes that have enabled its growth (and contraction) in related ways' (O'Malley, 2013: 4).

Whilst acknowledging devolution as 'not a question facing Britain alone,' Bogdanor does claim devolution as a 'peculiarly British contribution to politics'. He describes the first use of the word in Parliament in 1774, in a speech given by the 'father of conservatism', Edmund Burke. Burke was addressing the subject of taxation in the American Colonies and was seeking 'to give maximum autonomy to the colonies without weakening imperial power by dividing it - as in a federal scheme' (Bogdanor, 1979: 30). Such fiscal concessions might avoid the prospect of outright war. 'Leave America, if she has taxable matter in her, to tax herself,' Burke had argued at this truly revolutionary point in history (Burke, 1774).<sup>24</sup>

As well as offering this example of the first public proposal for 'devolution', Bogdanor also offers a broader definition that acknowledges disparities in power: 'The dispersal of power from a superior to an inferior political authority'

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<sup>24</sup> The Welsh are referred to in this same speech as 'savage, and uncultivated; sometimes composed, never pacified'. Only when given the same rights as English subjects through parliament did 'military power give way to the civil' (Burke, 1774).

(Bogdanor, 1979: 36). 'More precisely,' he continues, 'it consists of three elements: the transfer to a subordinate elected body, on a geographical basis, functions at present exercised by Parliament'. Parliament is credited as the dominant institution holding all the elements of the UK together, a resolutely British political institution deemed to hold, 'supreme authority'.

### Shared 'subaltern' identities

The conflictual dimensions of devolution have been more fully acknowledged by historians who do not write from an English perspective. Welsh historians grasp of the past is suitably ambivalent around the failure of Welsh leaders to maintain distinctive forms of law, taxation and governance (after the Act of Union in 1536). Feelings of loss, rather than confident assurance, underwrite these accounts.<sup>25</sup>

The Welsh politician, Ron Davies, is commonly credited as the modern 'architect' of devolution in Wales. He insisted, in the 1990s, that devolution represented an opportunity for the Welsh Nation to 'reappear', as though the nation of Wales were an intermittent imaginary rather than a continuing political reality, brought into being through the acknowledgment of common histories - even a sense of shared fate. In an essay critiquing common perceptions of regions as bounded territories able to promise 'systemic integrity', Ash Amin points to how 'Devolution politics is grounded in an imaginary of the region as a space of intimacy, shared history or shared identity and community of interest or fate' (Amin, 2004: 9).

The North of England brings a different sense of destiny to that of any recurring motif of lost nationhood. George Osborne played-upon a different local mythology of past power in his announcement of devolution in Manchester in 2014, describing the city as having once been 'the workshop of the world'. Yet Manchester's unique identity as the place where the industrial revolution is said to have 'begun' also brings other histories that emphasise the human cost of capitalist production. The insanitary conditions of the working classes were framed by Friedrich Engels as a form 'social murder' in his famous early

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<sup>25</sup> One Welsh historian, writing in 1980s entitled his study, *When Was Wales?* (Williams, 1985), while another author answers with a (double-negative) response, *What Wales Never Was* (Brooks, 2017).

description of Manchester's poor (Engels, 1844).<sup>26</sup> As in Wales, it was the poverty and squalor experienced by workers living in newly-created industrial regions of the UK that led in part to these places to become crucibles for socialist thinking. In this respect, The North (of England) shares the fate of having a 'subaltern' British identity, some have argued, relative to the more affluent South East (of England). The cultural critic, Raymond Williams, acknowledges this point, speaking of his friend and colleague Fred Inglis:<sup>27</sup>

A friend from the north of England said to me recently that the Welsh and Scots were lucky to have these available national self-definitions, to help them find their way out of the dominance of English ruling-class minority culture. In the North, he said, we who are English are in the same sense denied; what the world knows as English is not our life and feelings, and yet we don't, like the Welsh and the Scots, have this simple thing, this national difference, to pit against it (Williams, 1975: 10)

The exertion of power by the minority 'ruling class' is implicated by Williams in what he describes as alternative 'life and feelings' found in common across the North of England and Wales. A sense of having a 'different' cultural identity is acknowledged here as a resistant strain to forms of dominant (English) culture.

The idea that Wales might have been a 'colony' of the English ruling class is raised by another historian also writing in the 1970s. Michael Hector identified 'Celtic fringes' as a distinctive 'colonial' facet in the history of economic development of the UK. He proposed that these geographic areas were removed from the centre of power as much by culture, as spatial distance (Hechter, 1976). Though responsible for generating wealth through their industry, these 'peripheral' parts of the UK did not share equally with England the economic rewards generated through industrialisation. Rather, they remained sites of natural resource extraction and exploitation subject to 'alien rule' (Hechter, 2015).

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<sup>26</sup> Aditya Chakraborty argued in the Guardian that 'The victims of Grenfell Tower didn't just die. Austerity, outsourcing and deregulation killed them - just as Victorian Manchester killed the poor'. <https://www.theguardian.com/commentisfree/2017/jun/20/engels-britain-murders-poor-grenfell-tower>

<sup>27</sup> Fred Inglis, Professor of Cultural Studies at The University of Sheffield. He wrote a biography of Williams.

The idea of Wales as a colony has also found recent political impetus (Johnes, 2016; Price, 2017). In Adam Price's book, *The First And Last Colony* (2017), Price, uses theories of colonial trauma and deploys the language of mental-illness to evidence what he sees as long-standing legacies of harm. The Welsh political class have developed a 'begging bowl mentality' bourne of 'internalised oppression' (Price, 2017: 43). Devolution can provide a stepping stone towards the cultivation of any nation's 'normal aspiration' for independence, he suggests. Author, Martin Johnes, by contrast, believes Price misunderstands the nature of the type of exploitation at work which 'might seem to be about nation' but 'was often really about class' (Johnes, 2019: 5).<sup>28</sup>

Such contemporary narratives prove that, far from representing a dry debate around forms of public administration, the discourse of devolution in Wales remains one infused with 'ugly' feelings (Ngai, 2007) comprising anger and resentment, as well as feelings of pride and confidence. These 'histories of hurt', can be interpreted amongst literatures that seek to articulate what has been termed 'the cultural politics of emotion' (Ahmed, 2004). Aside from Raymond Williams' early affective articulation of 'structures of feeling', few Welsh scholars connect contemporary works on affect - such as Ahmed's - directly to Welsh histories. One author of a thesis on post-colonial legacies at work amongst communities in Cardiff notes: 'considerable attention has been paid to the way public feeling moves at the scale of the nation' but 'more intimate politics of emotion – how patterns of feeling come to make themselves felt in a local way... is less well understood' (Payson, 2018: 10).

More calculated strategies to alter and change negative feelings and associations attached to English regions have been attempted in recent years through specific cultural policies enacted at different tiers and scales. Many of these cultural-economic initiatives urge local residents and communities to work together towards making their localities 'great' through a combination of creative business enterprise and arts activities. ACE's Great Place Scheme, for example, 'aims to

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<sup>28</sup> By contrast, another contemporary historian, (UKIP councillor) Martin Ford, describes the idea of Wales as an 'internal colony' as a 'lie' in his provocatively titled book, *For Wales, See England*. 'Far from being a colony of the British empire, Wales was at its heart, instrumental in its evolution' (Ford, 2016: 94). Ford goes on to make the case that Welsh 'cultural identity has never required political independence' arguing that 'Great Britain did not emerge by way of the "blending" of the different regional or other national cultures' (Ford, 2016).

ensure that local investment in arts and culture has the greatest impact on local 'ecologies (the economy, jobs, education, community cohesion and health and wellbeing)'.<sup>29</sup> A one-off regional exercise of this promotional type was also



Figure 3. Stephen Pritchard's take on Newcastle showcasing UK business in the North

deployed by George Osborne in his offer of devolution for the North in 2014. *The Great Exhibition of the North* took place in the North East of England, in the city of Newcastle 2018. Osborne had intended it as 'a celebration of the North of England's pioneering spirit'. This was ostensibly a chance to counter well-worn stereotypes of life being *grim up North*.<sup>30</sup> But the organisers, according to one critic, were 'tilting at windmills' in setting-up this claim, missing an 'opportunity for a deeper discussion about the changing nature and value of regional culture and identity' (Tomaney, 2018). Artists based here further objected to the unethical nature of the business sponsors chosen to support the event. The campaign that they led resulted in BAE withdrawing support (and a witty parody of the official government branding, produced by the Dept for Trade: see illustration above).

Scholarly studies of Northern cities - and the cultural differences between them - have been written which utilise Williams' concept of 'structures of feeling' (Taylor, Evans & Fraser; 1996). While more recent studies examine one Scottish town's status as a 'creative place' (Stevenson & Blanche, 2015). The distinctive

<sup>29</sup> See Stephen Pritchard's Blog here: <http://colouringinculture.org/blog/getnorthcultureisbaesystems>

<sup>30</sup> <https://www.citymetric.com/horizons/great-exhibition-what-culture-region-and-development-england-s-north-3951>

'vernacular cultures' in so-called 'crap towns' and 'non-places' have also received scrutiny by cultural policy experts (Gilmore, 2012) and public health researchers (Byrne et al, 2018). Recent popular political discourses likewise locate towns as potential problem places, commonly characterised as 'left behind'. Such discourses of neglect run in parallel with those of competition. This term has, some now argue, become the 'a go-to shorthand for many commentators, politicians and policymakers', a way of 'deflecting' their own role and responsibility for growing inequality and forms of social exclusion (Antink, 2019).

### **National Devolution in Wales (1998)**

#### Not an event

Common understandings of devolution place it as a concerted political 'event' that unfolded in the late 1990s, the culmination of desires for political autonomy that grew in the post-war decades. Such desires were prompted by various injustices presented in many histories by way of various examples.

The decision of Liverpool City Council in 1965 to flood the Welsh village of Tryweryn provides the 'most notorious case' (Thomas, 1971). The creation of the Llyn Celyn reservoir was enabled by a private members bill passed through parliament in 1962, which circumvented local planning consent. As a result, the Welsh speaking community who lived in the valley were forcibly displaced: 'drowned despite the general protest of Wales' (Thomas, 1971). The inability of Welsh MPs to collectively block this plan helped mobilise support for the Welsh Nationalist party, Plaid Cymru (The Party of Wales). These political activities were part of a broader response, a civil rights movement centred around the acknowledgement of the Welsh culture and language (Cymdeithas Yr Iaith Gymraeg /The Welsh Language Society) involving acts of civil disobedience and activism committed over this decade (though these drew mixed responses from larger Welsh publics, not all of whom spoke Welsh).

Further impetus for devolution in Wales is more commonly credited to the sense of anger and frustration that grew over an 18 year period of conservative rule from 1979 onwards until the election of a Labour administration in the 1997. One

historian credits Margaret Thatcher as the ‘unlikely architect of devolution’ in Wales as a result (Johnes, 2012). Dissatisfaction was also expressed towards those figures whom Mrs Thatcher appointed to govern Wales through The Welsh Office - various (English) Secretaries of State for Wales showed no knowledge of its culture or traditions.<sup>31</sup> Calls for more representative political institutions became more pressing as a result. One commentator notes how in the 1990s, ‘The Welsh are in the process of being defined by reference to the institutions that they inhabit, influence and react to’ (Jones, 1992: 332).

The Labour Party manifesto of 1997 promised to give devolved power to all the home nations on election.<sup>32</sup> The Welsh Labour politician, Ron Davies famously asserted that devolution in Wales was ‘a process, not an event’ (Davies, 1999). This curious downplaying of a momentous moment was informed by feelings of ambivalence within the (Welsh) Labour Party for the devolution project.<sup>33</sup> ‘Neither is it a journey with a fixed end-point’, Davies added ahead of the referendum vote that took place in 1998. Narrowly won (by 50.3 %), this vote led to the creation of The National Assembly for Wales (or ‘Senedd’) in 1999. Sixty Assembly Members (AMs) took on the task of spending the budget of the former Welsh Secretary of State through a ‘block grant’ given from Westminster. Public institutions such as ‘NHS Wales’ and ‘Arts Council Wales’ came into existence after this point, with their own respective policies that would ‘diverge’ from their English equivalents, to a greater and lesser extent, over the coming years (Greer, 2009: 81).

The political autonomy necessary to attempt to ‘do things differently’ through devolved power was proffered by way of many promises at the inception of devolution in Wales.<sup>34</sup> ‘Social inclusion’ was a policy concept advanced under

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<sup>31</sup> Typified in one notorious moment in 1993 when Secretary of State for Wales, John Redwood, failed to sing the words to the Welsh National Anthem (but lip-synced along anyway). <https://www.youtube.com/watch?v=GzBq0n8dxFQ>

<sup>32</sup> ‘The United Kingdom is a partnership enriched by distinct national identities and traditions...We will meet the demand for decentralisation of power to Scotland and Wales, once established in referendums’ (Labour Party Manifesto, 1997).

<sup>33</sup> Tony Blair was ambivalent on the topic of devolution. He has since said that he was “never a passionate devolutionist” because: ‘You can never be sure where nationalist sentiment ends and separatist sentiment begins’ (Blair, 2010: 36)

<sup>34</sup> The Welsh Assembly took on lesser ‘secondary’ law-making powers next to the Scottish Parliament.

'New Labour', a political party itself undergoing a temporal re-alignment (it's new name was intended to draw a line of discontinuity under its own immediate past.) New Labour leaders were keen to distance themselves from any lingering stigma associated with the 'loony left'.<sup>35</sup> An image of fiscal probity was cultivated by Tony Blair who appeared to soothe the sense of grievance that had developed under Tory rule in Wales when working class communities were impacted by the defeat of the miners in the 1984 strike - which injured a sense of national dignity, some argued, as much as those directly affected through the many closures of the mines themselves (Morgan 2002).<sup>36</sup>

One historian pin-points this moment as key to how 'Welshness could be understood and felt in civic, national and unifying terms' (Aughey et al, 2011: 27). 'Welsh values' could be detected amid resistances to this first wave of Moneterist economics, First Minister, Rhodri Morgan argued (Morgan, 2002). Using phrasings reminiscent of those now leading on devolution in GM, Rhodri Morgan articulated a preference amongst the Welsh people for 'co-operative' and 'collective' working in 'local' contexts. Such attitudes were the result of a shared heritage built on 'strong communities and working-class allegiances' (Morgan 2002). Class, however, was not a political concept that Tony Blair deemed useful. Rather, he sought to relegate class division to the past as part of his 'modernising' and 'meritocratic' agenda: 'The class war is over' (Blair, 1999).

Devolution would not address class division or the social inequalities these reflected (even though these might have fuelled opposition to Thatcher's policies). Instead, Blair argued, devolution would 'bring government *closer* to the people, make our politics more *inclusive* and put power in the hands of the people, where it belongs' (Blair, 1996). The spatial metaphor of 'closeness' is a recurring motif of devolution that continues to be repeated to this day: 'Devolution is at heart about bringing decision-making closer to the people in a way that recognises the realities of the modern world,' the Shadow Minister for

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<sup>35</sup> Derek Hatton's Liverpool Council had openly refused to comply with spending restrictions imposed in law by Margaret Thatcher's government.

<sup>36</sup> By 1990, there were just six pits left in south Wales and less than 3,000 miners. When Thatcher had come to power there had been 27,000.

Constitution Re-form asserted in 2013.<sup>37</sup> But the concept of 'social inclusion' has been much critiqued, described as having a 'cult' following amongst Welsh Labour politicians (Chaney & Fevre, 2001). These critics point out how it:

was hard for the early neo-corporatist initiatives to avoid reinforcing the patterns of exclusion and marginalisation in the political process that devolution was supposed to address (Chaney & Fevre, 2001: 19)

Blair's premiership heralded many new policy approaches which built on Margaret Thatcher's political legacy. His idea of a 'third way' promoted private capital alongside public investment and was applied particularly in relation to the NHS - as proposed in *The New NHS, Modern, Dependable* (HMSO, 1997). This white paper used a language of radical intent, calling for a '*revolution* in quality and a step change in results' (my italics).<sup>38</sup> Decentralisation within the NHS was very much part of Blair's 'radical' agenda. The White Paper confidently proposed that 'local doctors and nurses, who best understand patients' needs, will shape local services.'<sup>39</sup> The ideas of 'community', 'place' and 'health' begin to be drawn together at this moment. The creation of 'Health Action Zones' around the country as well as the first 'Healthy Living Centres' - such as that established at Bromley-by-Bow - were promoted by the New Labour government at this time.

Blair's premiership also marks a moment of opportunity an embryonic Arts in Health agenda. 'Elevating the arts, health and wellbeing into a pivotal role across the spectrum of health care' it was suggested at this time 'may be *the real third way* for health' (Philipp et al, 1998: 6). The commitment of those currently working in Arts in Health to rest their case on an understanding of the 'social determinants of health' can be seen as emerging out of the intersecting policy formations and research being developed at this time (Wilkinson & Marmot, 1999). Research began to show how the conditions of daily life impacted on health - 'the conditions in which people are born, grow, work, live, and

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<sup>37</sup> <http://blogs.lse.ac.uk/politicsandpolicy/welsh-devolution-a-direction-of-travel/>

<sup>38</sup> A point not lost on those promoting 'Health As A Social Movement' in the NHS today. Two researchers claim the use of social movement language, claiming it 'began in this report' (Bate & Robert, 2010: 5)

<sup>39</sup> One author articulates a common perception that the Blair years marked 'a shift from a system of direct management' in the NHS 'towards managerialism and quasi markets and subsequent rise in *networks and partnerships* as a way of dealing with complexity' (Killoran, 2003: 46).

age' (WHO, 2000). This data began to reveal the widening health 'gaps' between the rich and poor that had opened up in the Thatcher years.

### Distinctive Choices

Policies for tackling health inequality in Wales make for an interesting (side) study, as poverty was, and continues to be, disproportionately experienced by people living here relative to those living in neighbouring England. The Black Report' (Black et al, 1980) was one of the first documents to identify the issue of health inequality and acted a touchstone for subsequent research into the size of a widening 'health gap' between the rich and the poor living in proximate regions (Marmot, 2017). The sense of public scandal generated out of diverging mortality rates would rise up the political agenda in the decades to come - most recently named by Teresa May as a 'burning injustice' (May, 2017).

Attempts to reduce health inequality in Wales in the 2000s were not intended to be made through a universal healthcare service working to deliver national policy. 'Keynesian welfare national states of the post-war era were intent on harmonising the equalisation of wealth, population, and infrastructure across national territories' (Etherington & Jones, 2017: 54). Instead, they were to be developed through the differentiations of devolved government across the UK working across varied 'local' and 'regional' contexts. This change in approach set tensions in play between the aim of making healthcare more 'local', on one hand, and more 'equitable' on the other - a double aspiration thought 'irreconcilable' by some (Lodge & Muir, 2011: 102). Such thinking went against those, on the Left, who had long adhered to the belief that 'Public services were based on the principle that benefits and burdens would depend on need, not geography' (Lodge & Muir, 2011: 103). Former Health Minister, Andy Burnham went on to vividly characterised the risk of a two-tier health service in 2015 when he compared the prospect of devolved health services in GM as ones which might resemble 'swiss cheese'. 'Some bits of the system are operating to different rules or have different powers and freedoms'.<sup>40</sup> These were doubts he voiced about

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<sup>40</sup> <https://www.whitehouseconsulting.co.uk/blog/2015/03/24/how-does-labour-feel-about-devo-manc/>

the potential drawbacks of the Devo-Health arrangement in GM in 2015, before he was elected Mayor of GM in 2017.

While the problem(s) of poverty and health inequalities in Wales have not gone away, leaders of NHW Wales argue that, over the last 20 years, 'Wales has made distinctive choices' to mitigate its worst effects (Goodall, 2018). Some Welsh policies have indeed become 'markers of difference' to those in England - as when prescriptions charges were abolished in 2007. Lansley's NHS 'reforms' were also rejected by the Welsh Assembly in 2013.<sup>41</sup> Other distinctive Welsh choices, however, have proved more equivocal.

One report argues that the commitments made by successive Welsh administrations to health policies have created 'fluctuating' patterns over time (Smith et al, 2015). This is especially so of the Welsh government's adoption of policies which address the 'social determinants of health', they argue. An early policy focus on the addressing the social determinants of health through an integrated 'health in all policies' approach was undertaken in the 2000s by the Welsh Government. But it 'fell prey to the lack of appropriate tools' according to one commentator, who argues that it was stalled by the limited powers granted through devolution (Greer, 2009). 'The desire to do things differently appears in many policy conversations in the devolved jurisdictions' Jennifer Wallace notes. But 'the economic and welfare policy responsibilities that remain within the competency of Westminster... Devolved administrations can make little difference to people's lives where they do not have real powers.' (Wallace, 2017: 73). This is also concern raised in GM where national Welfare policies, it has been noted by the current mayor, 'could work against what we are trying to achieve' (Burnham, 2018).<sup>42</sup>

Further primary legislative powers were granted to to the Welsh Assembly following another referendum vote, in 2014. But by this later date, the policy emphasis of addressing health inequalities had had been 'eroded', replaced by a

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<sup>41</sup> Health Boards, not Clinical Commissioning Groups, remain the purchaser of healthcare in Wales.

<sup>42</sup> This fact applies to more recently devolved city and regions too. Universal Credit remains a current policy initiative under central government control, much to the frustration of the Mayor of GM who claims this fact / could work against' the 'place-based' models of social support being developed in the city (Burnham, 2018).

new a focus on individual 'lifestyle choices' (Smith et al, 2015) and the adoption of 'nudge' theory to influence individual behaviours rather than address the structural causes of ill-health (Thaler, 2008). Marmot's phrases and concepts, however, continue to be deployed by Welsh politicians keen to make 'rhetorical commitments' to health inequality, these researchers argue. They lament the 'complete overshadowing of the health inequalities agenda' through current policy (Smith et al, 2015). Their report's conclusion points to a more 'complex picture' than those who argue that The Welsh Government pursues a less 'neoliberal' approach to public health than a Tory government based in Whitehall.

### Rhetorical commitments

This tendency to place high aspirations ahead of their implementation also applies to an early initiatives to promote Arts in Health in Wales. Following the commissioning of a mapping report in 2005 (Tillcock, 2005), an Action Plan was drawn-up, 'jointly owned' by ACW, The Departments of Heritage and Public Health, as well as health professional bodies. It was intended to 'act as the basis for the future development of arts and health in Wales' (ACW, 2009). The arts were to play a role, 'tackling inactivity, raising aspiration, confidence, a sense of community and cohesion, and individual and community wellbeing' (ACW, 2009). But the plan was only partially implemented, 'faltering due to a change in Minister' (APPGAHW, 2017: 69). A shift away from this policy commitment occurred as a result, pointing to the fickle, if directive, influence of Welsh ministers in the Senedd.

Another more recently adopted piece of 'distinctive' Welsh legislation that is also being currently being appraised of how its aspirations translate into 'action' is The Future Well-being of Generations Act (2015). Passed in the same year as the City and Regional Devolution Act (2015) it was heralded as marking the Welsh Government at the 'global forefront' of sustainable policy. This piece of legislation compels public bodies to explain their choices and decisions by way of seven aims (including certain criteria: the Welsh culture, language, health, equality, resilience and global responsibility). It has been explicitly extolled as a 'chance to do things differently', developed over a number of years by 'a network of individuals and organisations across Wales who all wanted to make sure that

individual and community wellbeing was at the heart of any national or local decision-making' (Thomas, 2016).<sup>43</sup>

Rather than place economic growth as its primary aim - through which other needs, such as public services, might be paid for - this piece of legislation explicitly places 'prosperity' on 'equal weighting' alongside other policy aims. 'We need to think about the long term impact of the decisions we make. This law will make sure that our public sector does this' (Welsh Gov, 2015). Thus this piece of legislation aim to 'directly challenge the economic dominance in policy making' by setting a wider range of inter-related policy goals. However, in its implementation, 'a strong culture of performance management has arisen which detracts from its original aim' (Wallace, 2017: 105). In addition, the power of the appointed Commissioner for Future Generations, is limited. Sophie Howarth has 'no teeth to enforce' decision-making but can only advise Welsh government.<sup>44</sup> Thus, as seen with other examples of policy cited above, 'there is a sense that the transformation has not been as far-reaching as its architects would have hoped' (Wallace, 2017: 120).

Through these few, briefly outlined examples, then, the policies of Welsh government are shown to be subject to adaptation as well as overstated claim. They 'diverge' and 'converge', occupying the space between of what some scholars describe as 'capacity and constraint' (Cole & Stafford, 2014). Rather than representing 'clear red water' between England and Wales, (as Rhodri Morgan, once characterised the divide), some now argue that Welsh Government has largely adopted normative (economic) values to those utilised by central government and those at HM Treasury. The 'differences' that devolution has enabled, in this respect, are not so great as many first imagined they might be. 'A passive revolution' (Evans, 2018). Many academics in Wales have 'adopted a nakedly "celebratory", uncritical view of devolution as a radical change to the British state... The power relations inherent to the transformation of the British state are rarely discussed in Wales' (Evans, 2018: 489).

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<sup>43</sup> <https://networkofwellbeing.org/2016/05/11/wellbeing-future-generations-act-chance-things-differently/>

<sup>44</sup> <https://www.theguardian.com/world/2019/mar/02/meet-the-worlds-first-future-generations-commissioner>

## Regional Devolution in Greater Manchester (2016)

### Restoring Power

When George Osborne first set out his idea of a 'devolution revolution' for GM, he chose to evoke territorial loyalties, as well as subsume these, in his presentation of the 'Northern Powerhouse'. Any appeal to regional identity was designed to flatter Manchester's leaders ambitions, playing to a pre-existing sense of Manchester as the place where things happen 'first'. But the scope and meaning of this territorial attachment has subsequently been critiqued as 'fuzzy' and 'vague' (Lee, 2017).

Osborne's announcement drew on previous proposals set out by Philip Blond, perhaps best described as the 'architect of devolution' in GM. Blond had offered an extensive argument for English city devolution through his own right-of-centre think tank, Res Publica (Blond & Morrin, 2014). His case was spurred on by the Scottish referendum on independence earlier that year around which many fears for future of The Union had gathered. The offer of 'Devo-Max' for Scotland had spiked a sense of injustice amongst those in GM whose economy was presented by Blond as being bigger and more productive than those belonging to the devolved nations. 'As a coherent economic entity, Greater Manchester fares with, and in many cases exceeds, the performance of the devolved nations' (Blond & Morrin: 2014: 13).

It was upon this hinge of comparison - a jealous and competitive one - that the relation between national devolution in the UK and regional devolution in England swung. For it was the agreement of Devo Max (in Scotland) that led to the impetus in England for some in GM to demand similar powers for The North. Philip Blond saw an opportunity to demand that 'Manchester should get everything Scotland gets' in terms of the final offer of devolved power made to assuage the Scotts. Blond invented his own similar-sounding nickname of 'Devo-Manc' to signal this complaint.

Osborne's offer was subsequently built around a number of faceted promises, which Blond prefigured:

It is the means by which Greater Manchester can fulfil its ambition to restore one of the great cities of the north, close the gap between public sector spend and the local tax take raised, and create a genuine growth city in both social and economic terms (Blond & Morin 2014: 2)

Osborne presented his proposal as one that might address inequality rather than risk perpetuating it. The coupled concepts - of economic power and Northern devolution - were posed as a way for Northern cities to act as an economic 'counterweight' to London and the South East. Osborne proposed his concept of the 'Northern Powerhouse' as a way to address entrenched spatial inequalities across the long-standing North-South divide. Not as an 'artificial political construct' exclusive to The North, so much as a 'realist' vision of the global economy - one that might give GM and its surrounding environs the tools and resource to drive economic growth:

By joining our northern cities together – not physically, or into some artificial political construct – but by providing the modern transport connections they need; by backing their science and universities; by backing their creative clusters; and giving them the local power and control that a powerhouse economy needs (Osborne: 2014)

The City and Local Government Devolution Act (2016) is piece of legislation that far from being applied solely to the North has been taken-up by other regions across the country. It arrives out of economic discourses that propose cities as 'agglomerations' of economic activity - such as those advanced in Toronto, Canada, in the early 2000 (Bourdreau, 2003). Whilst this idea has long been proposed for regional cities in the UK by established political figures, such as Michael Heseltine, (Heseltine, 2012), others had more recently advanced it through The City Growth Commission (O'Neil, 2014). It was Jim O'Neil - also credited by some as the 'architect of devolution' in Manchester - who coined the term 'Manpool'. This described a new spatial identity that might be brought about by such agglomerations, with Liverpool and Manchester combining their economic resources to become one.

Other regional 'devolution deals', arising out of the 2016 Act, were struck in Cornwall, Sheffield, Tees Valley, Liverpool, West Midlands and West Yorkshire (with a further tranche proposed, in 2016, all in varying states of negotiation and completion).<sup>45</sup> Each has been made on a case by case basis, leading to uneven changes in the national political landscape (Sandford, 2016). The extent of this uneven development - dictated by the opt-in terms on which further deals must be agreed - cuts across any rhetorical intention of addressing inequality across a North-South divide. Critics of Osborne's 'devolution revolution' underline the point that the 'ad hoc' way it has been advanced has been one where no attention has been made to examine the relationship between cities or regions whereby 'losers' emerge as readily as 'winners'. The new landscape that emerges, they argue, is one of competition for resource between regions - and within regions too - resulting in a wholesale 'reinforcement of unevenness' (Omstedt, 2016: 100). Rather than representing a progressive force for a more equitable and 'balanced' national economy then, critics further argue that devolution amounts to an extension of policies of austerity. 'The localisation of welfare restructuring' researchers argue, had created 'new geographies of austerity' (Etherington & Jones, 2016: 110). While local government attempts to deliver public services in ever more cost-effective ways, central government dictates the overall model of reform: 'Central government is holding onto political power, whilst decentralising operational responsibilities and the responsibility for contracting budgets' (Lowndes & Gardner, 2016).

### Austerity and Growth

These accounts of devolution implicate it directly in the demise of the Welfare State. 'Devolution and city-region building are being implicitly used to implement welfare cuts and deliver austerity' (Etherington & Jones, 2017: 62). Devolution has been cast as a covert 'tool' by some whereby governments can 'shrink' the size of the state (Raco, 2004; Goodwin & Jones, 2017). This 're-scaling' of the state is sometimes presented by way of violent metaphors which point to devolution's capacity to cause harm to the body politic. It has presented as a

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<sup>45</sup> See here: <https://devoconnect.co.uk/devolution-map/>

'carve-up' - even as a form of gruesome 'dismemberment' in relation to the NHS (El-Gingihy 2018: Lister, 2016: Toynbee & Walker, 2016).

Economic arguments, principally, are presented back to critics as a way to trump these myriad concerns, with 'causes and effects' reversed and confused. Devolution was presented as a way to pay for 'great public services' through greater economic growth. In his devolution proposal, Osborne underlined the necessity for 'growing the private sector so we can have real, sustained growth that supports great public services' (Osborne, 2015). Social inequality can only be addressed, then, on these (dominant) terms - through debate around whether devolution can be made 'inclusive' by way of 'inclusive growth' (RSA, 2017). The case for 'inclusive capitalism' has been advanced David Green, long active on The New Right, who previously proposed the idea of 'a counter revolution' in political, economic and social thought (Green, 1987).

Such debates are very alive in Greater Manchester at the current time and in the way the discourse around devolution is in the process of being developed. As evidenced in the opening words of a former NHS manager at the beginning of this Chapter, there is much skepticism around *what* actions serve to consolidate or undermine the implementation of devolution. Many argue that all political difference has been erased a 'mono-tone' culture, framed by Blond as a 'Red Tory Revolution' (Blond, 2009). Philip Blond has been credited as the man who wrote 'Cameron's mood music', offering a more caring, less 'toxic' version of Modern Conservatism (Harris, 2009)

Symptomatic of these ambiguities - dubbed 'politics without politics' - some local councillors and political activists working in the North of England have attempted demand not just an 'city deal', but a new social contract to be enabled through these new, more local political formations. What is missing, they say, is any new kind of 'social deal' (Etherington & Jones, 2017). Different local authorities have approached this question on their own terms, framed by one journalist as 'social and economic *experiments* that will inform and revivify national politics' (Chakraborty, 2018). The local authority in Preston, for example, has been heralded as implementing policies that represent forms of 'community wealth building' (Sheffield, 2017).

Other local authorities, such as the one in Wigan offer, more contractual versions of a 'new deal' (as will be explored in Chapter 6). Some researchers in the North West further advocate a 'fourth revolution' (not third way) in what is titled as 'human growth' (Devaney, 2017). While in Wales, 'new settlements' build on the idea of a 'foundational economy' that can respond more closely to human need (Williams, 2013). Taken together, these all represent nuanced examples of 'experimental' forms of political economy, performed in local settings, that have been under-explored to date, championed by some as expressions of 'devolution in practice', not just 'in theory' (Devaney, 2015).

### Responsibility and Blame

If some see evidence in devolution for the possibility of a new social deal being created by grass root community action, others continue to emphasise on-going breaches of the social contract. Rising social inequality is seen by some as evidence of a new 'class war'. This war, it is argued, is one being waged against the poor through an economic system of wealth creation that only benefit only the rich (Evans & Tilley, 2015). The new 'sociology of elites' lays bare these new battle lines: 'the old class war may be over: the new politics of class is only just beginning' (Savage et al, 2015).

These critics see 'blame' shifted through devolution, as much as its enables new allocation of responsibility. The 'neoliberal austerity agenda is producing pressures to enforce both fiscal retrenchment and the displacing of responsibility down to the local level' (Shaw & Jones, 2017). Critical accounts of devolution privilege it as an effective method of shifting responsibility from the state to local bodies and ultimately to the individual - through a process of what has been called 'responsibilisation' (O'Malley, 2009). One interpretation draws on a Foucauldian analysis of power whereby devolution provides a 'focus' for the creation of 'empowered subjects who take on greater responsibility for their own governance' (Raco, 2004: 96).

'Health' has historically been framed as a practice of self-governance, one which extends beyond exploration of spatial geographies to penetrate deep into the psychologies of citizen subjects (Rose, 1987, 1990, 2007). Author Nicolas Rose

undermines any notion of what he calls the 'sovereign subject', instead casting state power as an altogether more internalised project of self-rule and self-regulation:

To analyse the relations between 'the self' and power, then, is not a matter of lamenting the ways in which our autonomy is suppressed by the state, but of investigating the ways in which subjectivity has become an essential object and target for certain strategies, tactics and procedures of regulation (Rose, 1990: 3)

Subjectivities are constructed by way of narratives in policy discourse across Health and The Arts sectors alike. Official campaigns directly target citizens in order to enable them to become an 'activated patient' (Hibbard & Gilbert, 2014) or a 'cultural citizen' (ACE, 2017). The concept of 'empowerment' is frequently invoked across these 'practices of the self'. 'The power arising from the individualistic agency of people,' can support the 'power of shared values and norms within communities' (Burbidge, 2017).

Socio-linguists, who study the use of language in relation to power, have drawn on Foucault's idea of discourse to show how it can establish 'regimes of truth' (Foucault, 1981). One usefully identifies a 'spacio-linguistic strategy' in the use of the concept of 'the local' in NHS health reform (Moon & Brown, 1999). They note how the:

idea of the 'local', and implicitly of 'community', along with its connection to the neoliberal principle of 'responsibility', were recurring themes in the presentation of the governmental story of previous reform successes (Brown & Moon, 2000: 66)

The related assertion that devolution acts to bring decision-making 'closer to the people' is questioned here. One analyst uses Norman Fairclough's critical discourse analysis (CDA) to probe the 'business' language of NHS managers (Traynor, 1996). David Trayner argues that: 'The direct link between financial viability and sensitivity to local health needs' is made more 'rhetorically than logically' (Traynor, 1996: 334). This assertion be explored with great relevance in

relation to GM as it was the condition of financial probity that provided the basis on which devolution was granted to this city region in 2015. The aim of creating a new citizen-subject was explicit: 'This new way in governing our country requires handing power to the people' (Osborne, 2015: 3).

In announcing this 'new way of governing', through handing power to 'the people', Osborne plays on ambivalence around his own relationship of power to the state, which he then exerting in the role of Chancellor of the Exchequer. This ambivalence, extends to the basis on which the new 'devo-deals' were adopted by local authorities - whether by choice, negotiation or on a 'take it or leave it' basis (only the latter was, in effect, offered to City leaders). Elected Mayors were a compulsory, not optional, element of the deal.

So let me say it again and be crystal clear today. We're not imposing a mayor on anyone. It's up to local people and their elected representatives on councils to decide whether they are interested in their communities taking part in this new revolution in city government. But equally, I'm not interested in any more half-way house deals. We will transfer major powers only to those cities who choose to have a directly elected metro-wide mayor (Osborne, 2015)

With these lines, Osborne appears to offer devolution as a gift, but one that it is only possible to chose on his own terms. The gift must include financial savings. A funding shortfall in Greater Manchester's health and social care budget would be 'plugged' over five years through efficiencies brought about by new ways of running the service. Yet 'It is not clear how this is to be done or how devolution will help to bring it about', the British Medical Journal noted at this time (Walsh et al, 2017).

## **Devolution within Devolution**

### English Money

I meet a stranger on the beach while walking to a morning meeting in Llandudno (where stakeholders are gathered to develop a Concordat for Arts in Health). A

middle-aged man is walking his dog. He lobs a ball into the thick marram grass. But now his dog can't find it. So we stop to chat a little together on the windy boardwalk. This lovely stretch of beach is my commute to work, I tell him. 'I used to get-up a lot earlier than this when I worked in retail,' he scoffs.

We chat together about the local news, that Marks & Spenser is closing its branch on the high street, moving to a shopping park outside of town. 'High streets wont exist in ten years time,' he announces gloomily. He complains that his children, in their twenties, still live at home. 'They don't live in Llandudno. They live on their phones!' He then quotes Mrs Thatcher: 'There is no such thing as society.' I am uncertain if he is being ironic or not, but my interest pricks in this political analysis of his family dynamic.

'It's this Welsh nonsense that's the problem,' he continues. 'Llandudno was built with rail and road connections to Liverpool. But now everything has to go through Cardiff...' his voice trails off, disconsolate. Scenting themes close to my research, I ask him if he thinks devolution has worked for Wales.

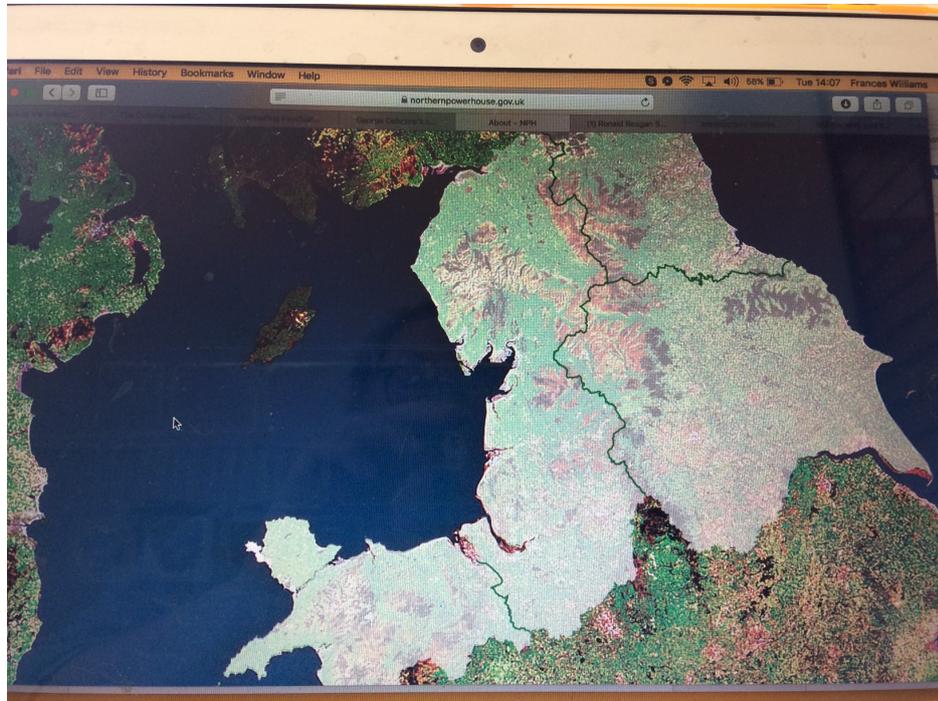
'No, not at all. Wales would collapse overnight if it wasn't for English money.' I am a little shocked by this description of the British pound, reclaimed by this stranger as an English currency. 'What about EU money though?' This makes-up over a third of Conwy Council's external income.<sup>46</sup> 'Oh, I voted to leave. We will get the money back when we leave the EU. Its not the EU that's the problem. Its devolution. No-one even knew what they were voting for when they voted for devolution. They still don't!'

### Northern Alliances

Economic arguments are now central to moves to implement further devolution now taking place as part of the 'devolution revolution' announced in 2015. This revolution was extended by Osborne from its original 'Northern Powerhouse' base to encompass across North Wales. 'I want to create a devolution revolution around the UK and empower local leaders in Wales' (Osborne, 2016).

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<sup>46</sup> 'The council's funding team has secured £11.1m from the EU in the past five years... about 40% of the council's external funding'. <http://www.northwalespioneer.co.uk/news/>



**Map of the Northern Powerhouse as it appears on the government website.**

Wales has been included in the account of the Northern Powerhouse given on the government website, where it first appeared under the elusive title of 'Quality of Life', rather than as a separate country (with a separate devolved government). It is now folded into this new geographical demarcation, one which is itself characterised in terms of representing 'another country', defined through economic growth and production. 'If this region were a country, it would be the tenth most prosperous in Europe' Osborne's successor, announced Philip Hammond in 2017, in a policy document which sets out his 'strategy' for the continuation of The Northern Powerhouse concept. This widening remit of his Northern powerhouse agenda can be seen as an example of how regions can:

be (re-) imagined in different and *overlapping ways* - as scalar or territorial constructs, as place-making exercises, or as nodal points in a global economy of flows (Allmendinger & Haughton, 2005: 859)

The Welsh Government began its own process of internal devolution in 2016 with *The Cardiff Capital Region and City Deal*, was greeted with much fanfare in the Welsh capital (NWA, 2016). One Welsh business editor characterised the development as one of 'devolution within devolution' (Barry, 2016). Mimicking the Treasury's approach in Whitehall, but an offer extended by the Senedd in Cardiff Bay. This 'deal' has been the catalyst for other regions in Wales to consider their

own regional deals in the future. The MP for Aberconwy, Guto Bebb, has played a key role in mobilising council-leaders and various stakeholders across North Wales to propose a *North Wales Growth Deal*. His language dovetails with Osborne's rhetoric. He promised that a 'revolution' will take place in the local economy in the North, directly linking his proposed directly to the 'Devo Manc' deal in Greater Manchester. Economic benefits might also flow down transport links to nearby North Wales: <sup>47</sup>

A North Wales growth deal will revolutionise the way our towns and villages in North-Wales govern themselves - shifting powers down from London and Cardiff to local leaders who are *better placed* to take decisions that affect their communities. The Northern Powerhouse, coupled with a growth deal represents our best chance to bring transformational change to North Wales. The region is perfectly positioned to benefit from the Northern Powerhouse (Bebb, 2017)

Not content to rest his claim for the initiative here, Bebb further asserts that in terms of the way growth will be felt by the people of North Wales, this deal will be one that 'works for *the whole* of North-Wales'. The deal was agreed by both The Treasury and the Welsh Government in 2018 in principle, subject to funding being available post-Brexit.

### Summary

It has been financial arrangements (revenue raising and revenue saving) which dominate policy debate around the current and future direction of devolution. The financial crisis of 2008 brought 'major implications for our understanding of devolution today and the future shape and direction of devolution and territorial policy across the UK' (Danson et al, 2012). The adoption of policies of 'austerity' by David Cameron and George Osborne in 2011 continues to frame how forms of devolution are being re-configured in Wales and GM alike.

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<sup>47</sup> <https://www.gov.uk/government/news/growth-deal-can-revolutionise-the-north-wales-economy>

Tax-raising powers were sought and granted to the Welsh government in 2017. According to one recent report, this new power amounts to a radical change that all lead to a new understanding of what devolution is: 'fiscal devolution represents a major course change in Wales' devolution journey (Poole, Ifan, Wyn Jones; 2016). These financial powers have been offered by central government in Westminster - less as a balm to ensure against further calls for national independence than as a way of also offering fiscal 'responsibility' to both national government and local authorities. The agreement of the North Wales Deal, demonstrates that it is the 'bottom line' rather than border lines that are most at stake in these new regional imaginaries (Dembski, 2013).

Through the two examples of devolution (offered above) some of the twisting contours of their 'progressions' have been mapped. While Manchester claims to 'lead', it has also be shown to be following the debates that have taken place, prior to this point, in Wales. Complex patterns emerge between action and counter-action, rhetorical commitments and policy enactment. These directions have been strongly influenced by the binary nature of party-political politics in the UK - at both national and regional levels of government - which regulate decisions made by way of 'capacity and restraint' (Cole & Stafford, 2014)

These two different forms of 'devolution' have arrived sequentially over time, as though 'on top' of one another. They now overlap in terms of how they sit across certain territorial areas once strictly separated by a border meant to separate legal power (and its various devolved jurisdictions). This absorption is also risks a negation: for why would two tiers of government be needed if they now are in agreement on further devolving power away from themselves - to regions that sit across both? Such confluences exist as ongoing forms of contradiction.

In contemporary international accounts, devolution is not so much discussed in terms of nations or nationalism, but more in terms of the 'sub-national' and 'sub-regional', amongst discourses which chart the adoption of neoliberal political economies as the global 'norm' (McBride & McNutt, 2012). There is less emphasis amongst these on any nation's 'automatic promise of territorial or systemic integrity,' since places 'are made through the spatiality of flow, juxtaposition, porosity and relational connectivity' (Amin, 2004: 5).

## CHAPTER 3: ARTS AND HEALTH

### Introduction

The first section of this chapter aims to give an historical account of the construction of the category 'Arts and Health'. It explores pre-histories in the post war decades and key moments ahead of a major turning point in the year 2000. After this point, Arts and Health establishes itself as a 'national' phenomena. The critical review, that follows of the development of 'Arts and Health', attempts to pull out the twists and turns of its constituent strands, demonstrating how these have been woven through the construction of particular narratives over time - the medical humanities, art therapy and art in hospital environments. Varied social art practices have been articulated within the field, commonly 'community art' which draws also on 'community development' discourse. The latter part of the chapter is devoted to the field's relationship with various changes of government during and after the Blair years, which saw radical redefinitions - and splits - appear amongst colleagues working in the field around how best to respond to policies of austerity - interwoven as these were with policies of national 'well-being' and 'the big society'. A final section brings these histories into the present with a brief discussion of the APPG Creative Health report and the responses it prompted.

### What counts

Why can't our project be included?' I listen to the Director of an arts organisation who works with young people excluded from school. She is quizzing me about whether her arts project meets the criteria set out by an online survey. The survey is the latest mapping exercise to capture data about Arts in Health activity to be undertaken by ACW.<sup>48</sup> (I have taken on a freelance role to gather results and field enquiries over the phone.) 'The criteria for workshops, like the one you are run, are clear,' I try to explain. 'Any health benefit has to be brought about intentionally as part of your aim.' She protests. 'But we couldn't approach the young women on that basis. We don't want to stigmatise them. The project is an opportunity for them to creatively explore their experience through drama in a

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<sup>48</sup> Conducted in 2017, published in 2018. An earlier mapping survey had been undertaken in 2004, by Angela Tillcock (Tillcock, 2004).

safe and supportive group...It is absolutely about well-being and has a knock on effect on mental health too... So why can't we include it?' I am only the messenger, I plead, as her level of frustration rises. The remit was set by ACW in order to capture a 'snapshot' of quantitative data only. Neither the project, nor her querying of the scope of the audit's remit, will find a place in the final report. <sup>49</sup>

### An unruly category

The meaning and scope of activities that arrive under the heading of 'Arts and Health' have always been disputed. As evidenced above, some activities are considered by government agencies to fall within this bracket, others not. Whilst scholars acknowledge that Arts and Health practices 'produce good work in the real world', they have struggled to firmly establish Arts and Health's 'conceptual home' (Raw et al, 2011: 2). 'The field is complex – arts and health denotes a sector so broad that even those involved in it perceive it in very different ways' (Raw et al, 2011: 1).

One common approach taken is to break the term down into its respective parts - those of 'health' and 'art'. The definition of health most commonly cited in Arts and Health literatures, is the one offered by the supra-national body, the World Health Organisation (WHO). 'A complete state of a state of complete physical and social well being, and not merely the absence of disease or infirmity' (WHO, 1948). Such a wide definition tasks medicine not only the treatment of disease, but also with sustaining and the overall quality of life. Preventative health must necessarily be considered an aspect of the treatment of health, this (post-war) affirmation optimistically insisted.

One author, writing in the 1970s, captures the quality of medicine's expanded social remit when when he writes, rather lyrically, how: 'medicine becomes the vehicle, as it were, of qualities of life greater than those it brings to itself' (Wilson, 1975: 37). More latterly, 'expanded definitions' of health are more bluntly stated, by Arts and Health advocates, to include 'social benefits' (Stickley et al, 2016: 5). The 'social model of health' is commonly championed by those in Arts and Health

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<sup>49</sup> ACW (2018) Arts and Health in Wales: A Mapping study of current activity. Volume 1: Analysis, findings and proposals.

as it also allows (social) art practice to be included within definitions of health, in a continuum of collective benefit.

The social value of the arts has been interpreted diversely in dedicated Arts in Health literatures. The form of art practice most commonly referred to is that of 'community art' (Kelly, 1982; Braden, 1985). More limited attention is given to the concept of 'socially-engaged' art (Kester, 2004) and 'participatory' art (Matarasso, 1997; Bishop, 2006) though some authors of Arts and Health papers are careful to draw distinction (Badham, 2010; Broderick, 2012). Other forms of art practice are more neglected in this context: art as social 'situation' (Doherty, 2009), art as a social 'support act' (Jackson, 2011) or 'market resistance' (Scholette, 2017). Shannon Jackson makes the point that while 'some social art practice seeks to forge social bonds,' others 'define their artistic radically by the degree to which they disrupt the social' (Jackson, 2011: 28). She also explicitly charges funding systems as giving rise to pressures that can reduce art practice offering no more than perfunctory, short-term, quick fixes:

therapeutic rehabilitation, temporary pride or imaginative escape in once a week visits that do not reciprocally empower participants to re-imagine the political economic landscape (Jackson, 2011: 29)

The extent to which these diverse interpretations of art compliment or detract from each other can only be discerned through looking at how specific examples of arts practice operate within certain community or healthcare contexts.<sup>50</sup> One artist-scholar points out how hard it is to 'distinguish between what on the surface appear to be similar activities' as these can be 'quite different in their purposes, processes and outcomes' (Broderick, 2011: 1752). Her comments highlight the slippery, sometimes deceptive surfaces presented by Arts in Health activities.

The 'problem idea' of Arts and Health, as it has been further characterised, is reflected in the diverse wording of the field's title. One academic detects 'the pursuit of power...articulated through the realms of language' (Parr, 2017: 15). The prepositions placed between 'Art' and 'Health' are certainly richly suggestive

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<sup>50</sup> Though this is also an uncommon practice within Arts and Health, where critical attention is often confined to evaluation reports, often not made public.

of diverse power relations: the arts are said to be 'in Health', 'into Health', 'for Health' or coupled by way the more balanced epithet, 'Arts and Health', or hyphenated 'Arts-Health'. Each mutation is indicative of a particular conception of the field, as explored by many commentators on this point (Smith 2003; White 2009; Raw et al, 2011).

Sometimes the relation is presented more problematically through gendered language, as when the arts are positioned as 'fluffy' next to the firmer claims of 'hard' science - presented by one influential figure as presenting 'dating' opportunities between commissioners and artists (Joss, 2014; 2018).<sup>51</sup> One national funding body has attempted to downplay the risk power imbalance by recommending the use of the term 'Arts *and* Health' as this 'reflects the equal partnership of skills necessary for good practice'.<sup>52</sup> (The term deployed throughout this thesis.) Whilst providing a neutral label, this strategy can also serve to hide hierarchies of knowledge. Social scientists observe how, contrary to what might be expected, art practices 'appear to be *downplayed* in the arts and health tradition' (Newman et al, 2016: 6). Explorations of art as a process or method have in this way been 'eclipsed' in favour of emphasising and evidencing clinical benefit - under whose empirical 'rigour', the subtlety of art practices are 'lost in translation' (Putland, 2008: Raw et al, 2011: Rooke, 2014: Ravetz, 2018). Some authors accept such potential suppressions as the necessary cost of winning government endorsement and the legitimacy (and resource) that evidence-based research affords (Fancourt & Joss, 2017). They cite a practical need for standardisation and the 'synthesising' of evaluation frameworks. Such moves are necessary, they argue, so that successful projects may be 'scaled-up' and 'rolled-out' at a 'national' level (Joss, 2016).

Finally, some working in Arts and Health cast their activities neither as a discipline, nor a product to bring to market, but a 'social movement' (Parkinson, 2012; Higgins, 2016). The collective and the socially transformative potentials of art practice are underlined in these accounts. 'Our health and well-being are bigger than narrow notions of sickness and disease...its the politics of being

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<sup>51</sup> See my article on this point, 'A Happy Union?' (Williams, 2016).

<sup>52</sup> The Irish Arts Council, in their Arts And Health Policy And Strategy (2012) <http://www.artscouncil.ie/home>

alive.... democracy, human flourishing, solidarity' (Arts For Health, 2012). As sociologist Nick Crossley argues, social movements involve 'a variety of forms of know-how, dispositions and... schemas.' These lead to 'taken-for-granted knowledge of the history, heroes, demons and martyrs of their cause' (Crossley, 2005: 22). It is to these characters and histories that we can now turn.

### **Disparate strands (1945-2000)**

#### Healing and harming

The post-war period can be seen as a 'fomenting' period for the 'substance' that has come to be known as Arts and Health to come into being (Diedrich, 2011). A number of different strands of practice were named at this time, emerging out of diverse traditions, later to be placed under the 'umbrella' term, Arts and Health. Some historical accounts suggest that the 'healing arts' as they were initially termed, were a response to the many harms inflicted by the second world war (physical, psychological, environmental, economic). One historian working in the Medical Humanities, refers to the bombing of Hiroshima in order to explain how the post-war years were ones that saw public concern grow around the dehumanising effects of scientific knowledge and the technologies of warfare it enabled. Objections grew, Victoria Bates asserts, as a result of science being 'used without consideration of the human subject' (Bates, 2014: 10). This background of unease is 'crucial for understanding the emergence of the "humanities in healthcare" as a named entity' she asserts (Bates, 2014: 11).

The post-war period also marked the point at which the term Art Therapy came into being. This body of practice can lay claim to having arrived out of the destructive impacts of the war in a very tangible way. Drawing on longer psychoanalytic histories and theories, the term was coined by Adrian Hill who proclaimed the foundational principle that 'art can heal' (Hill 1948: 30). He came to this assessment through practical application, offering drawing classes for soldiers as part of their rehabilitation process. Fellow pioneer, Edward Adamson, also believed that art could also play a role in 'healing the mind', developing art therapy programmes in the institutional setting of Netherne Mental Health Hospital in the 1950s (Adamson, 1984).

The creation of experimental 'communities' was part of how art practice was pioneered as a therapeutic tool. Individual creative expression was often undertaken, in practice, in group contexts. These communal settings were deemed to 'create an atmosphere in which a journey of self-discovery could take place' (McNeilly, 1998: 114). Arts activities were an 'integrated aspect' of the wider community (Shaverian, 1985: 151), providing 'safer, more caring environments' for patients (McLagan, 1985: 7).

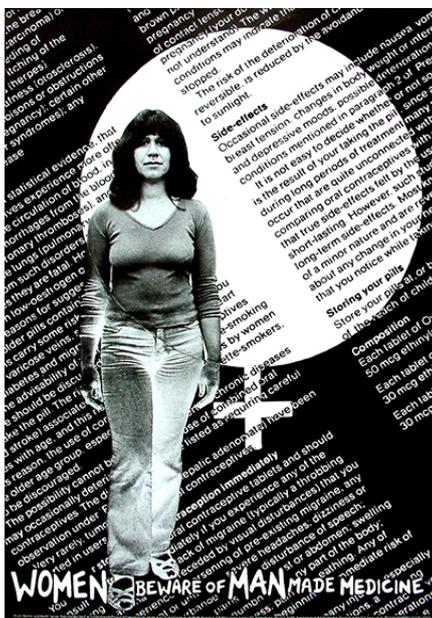
The acceptance of Art Therapy as a clinical discipline, however, proved a hard won affair. Proponents embarked on a mission to shift perceptions of such practices away from 'the fringe' to become a recognised form of treatment within the NHS. Writing the forward to Susan Hogan's history of Art Therapy, David Lomas suggests that the book 'locates art therapy in a history of psychiatry' (Hogan, 2001:10). But he also argues that, 'it would be equally valid to argue that the story of art therapy belongs to a history of anti-psychiatry'. Lomas recognises that such histories present a provocation around 'How far art therapy's radical credentials are compromised by such a movement,' when narratives of success are equated with those of assimilation (Hogan, 2001: 12).

Both Art Therapy and the emerging field of the Medical Humanities, can be seen as part of a broader social movement which questioning the extension of biomedical authority. Parallel resistances were being articulated by those who believed that institutional structures could not be reformed but must be dismantled (Illich, 1979). Ivan Illich sought to draw attention to the 'limits' of medicine in order to throw into question its over-expanded remit. He opens his book, *Medical Nemesis*, with a direct line of attack: 'The medical establishment has become a major threat to health' (Illich, 1979: 2).

Illich believed, along with many others, that modern medicine had 'hubristically taken on a mission to eradicate pain, sickness, even death' (O'Mahoney, 2016: 134). These cannot be regarded as solely medical problems, a contemporary clinician affirms, but 'eternal human realities, which we must learn to cope...in fact, coping with these verities is what it means to be "healthy",' (O'Mahoney, 2016: 137).

## Social Movements

Illich's skepticism of the power of doctors and the medical establishment was shared by others who brought painful personal experience of excessive or discriminatory medical interventions. Patients formed social movements which explicitly resisted the 'rise of an aggressive medical imperialism' (Rose, 1987: 10). Nikolas Rose, points to simultaneous 'attempts to empower the recipients of medical care' through first wave social movements that arose in the 1960s and 1970s. These included the disability rights movement, psychiatric-system 'survivors' networks, as well as women's health movements - all of which



A poster by Lorraine Leeson and a badge produced by those in the ant-psychiatry movement

profoundly challenged the basis on which doctors exercised their power, along with the institutional frameworks that supported and sanctioned their actions. The sharing of intuitive knowledge between women in 'consciousness raising' groups enabled them 'to take control over that area of our lives', according to a key text written in this period: *Our Bodies, Our Selves* (1973: 3). In the original 1970 pamphlet, an essay titled *Women, Medicine and Capitalism*, begins by quoting Marxist thinker Herbert Marcuse: 'Health is a state defined by an elite.' Woman do not have the power, the essay continued, 'to determine medical priorities; they are determined by corporate medical industry and academic research'.

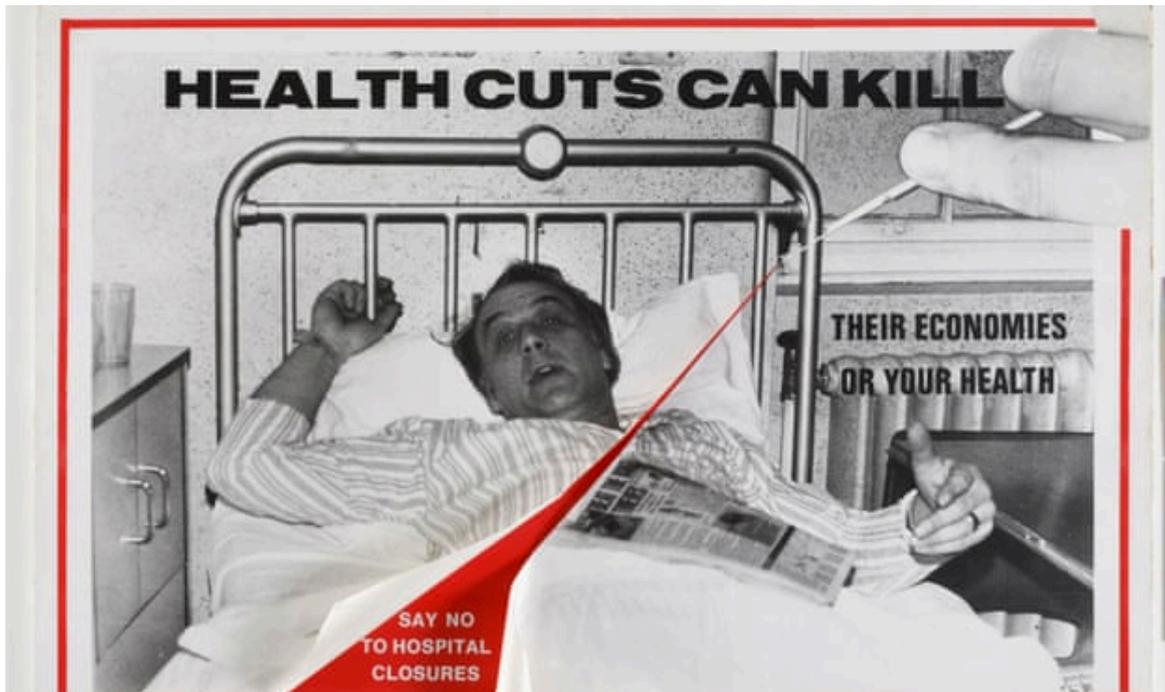
Pharmaceutical companies, driven by profit, become legitimate targets through these developing critical discourses around social justice in the 1970s and 80s. Activist groups formed in response to the AIDS crisis of the 1980s, for example, to demand the development of new drug treatments (AZT). These social movements utilised a range of creative activists methods and approaches that grew out of a need for collective action in response to what was identified as much as an 'epidemic of discrimination' as one of disease (Sontag, 1989). Keith Haring's graphics, were both public art, public protest and public health intervention.



An account of the *AIDS Memorial Quilt* is given in one of the first academic books dedicated to *Arts in Health Care* (Haldane & Loppert, 1999). One essay points-up a tension between the active 'consciousness raising component' that *The Names Project* sought to provoke, alongside another aim: the 'creation of a healing narrative' (Blumberg, 1999: 65). Such a distinction draws attention to the political nature of Arts in Health activities, which can be exerted both directly and indirectly (Diedrich, 2011).

Lorraine Leeson's didactic works promoted the idea of 'women's health' in opposition to what she called 'man-made medicine'. Her agitprop graphics for the Bethnal Green Hospital Campaign exemplify this direct approach, acting as public protest against the closure of a local hospital in a time of economic recession. One montage juxtaposes images and words and invites the viewer to choose between an acceptance of 'their economics' alongside an alternative

choice to protect 'your health'. The choice presented is based on a polarity, inviting us to say 'no', to hospital closures.



Other artists made more indirect and personal use of their art practice to interrogate dominant languages of representation. Jo Spence's work explored genres of photography and mass media imagery to allow her to map her cancer diagnosis and subsequent treatment from a critical viewpoint. She called the visual documentation of the process, a form of 'phototherapy', using the medium to 'speak back' to forms of authority through a reflexive process of self-examination. Her work is both personal and political. According to one contemporary critic, Spence made the choice to: 'resist being the poster child for cancer because she wants to make an argument about the social...connected to wider issues about healthcare and class' (Di Bello, 2018: 6).

Counter-cultural creative expression also found a place in the 'anti-psychiatry' movements which flourished during this period. This movement called for the dis-establishment of mental institutions, arguing that community contexts could better support patients than the highly regulated forms of sociality established within such institutions. 'Institutions are social hybrids, part residential community, part formal organisation, and therein lies their special sociological interest' (Goffman, 1961:316). Key thinkers, in the drive towards de-institutionalisation, cast mental

illness as a form of social and political transgression (Goffman, 1961; Laing, 1972). Mental illnesses were 'defined by familial, social and political structures,' that were then reproduced and 'enforced by the psychiatric profession' (Joice, 2017). Mental health patients groups took-on civil rights campaigns, drawing on the legal framework offered to them by the 1959 Mental Health Act. 'We're not mad, we're angry' was the name of one collective formed in 1987. A manifesto produced in 1974 stated how:

we try to understand the struggles in our lives that cause us to suffer mental distress, and therefore try to provide support away from the restraints of psychiatry. We have always believed that psychiatry cannot be reformed, so must be abolished (Campaign Against Psychiatric Oppression, 1974)

As well as comprising patients and so-called 'service-users', some psychiatrists were also key disruptors within the medical profession (Laing, 1968). In the 1960s a particularly radical challenge to psychiatry was mounted from within the ranks of some of its own members' (Crossley, 2005: 30). R. D. Laing's Kingsley Hall 'experiment' can be seen as a (counter) cultural intervention. A residential home for people in mental health crisis, it became an hub for 'experimental' approaches (home to painter Mary Barnes, as well as inspiring the contemporary film-maker, Luke Fowler).

Laing resisted 'the wholesale rejection of his profession that the term anti-psychiatry implied' (Joice, 2015). Researcher Katie Joice affirms that the movement Laing led might better be described as a 'radical psychiatry movement'. As with the observations on Art Therapy made above, the degree to which radical practices are compromised or validated through their acceptance into established structures proves a question of subtle interpretation. One historian writes of Laing's first attempt to enact innovative treatments for mental illness from within the system 'What might have become a revolution within psychiatry became a revolution against psychiatry,' (Crossley, 2006: 40).

Such distinctions are further explored in a thesis which questions the extent to which art can be seen as 'therapy' (Brown, 2016). Manchester-based artist,

Langley Brown, was closely-linked to the 'inspired arts movement' (i-am) which sought to address the problems faced by people needing the support of mental health services based in the city. He set-up one of the first Arts and Health organisations in GM, called START, in 1989. Brown makes a careful analysis of the difference between what he calls the prospective 'patient-to-be-cured' and 'artist-in-the making', playing on the passive and active framings of the subject that these roles and expectations suggest.

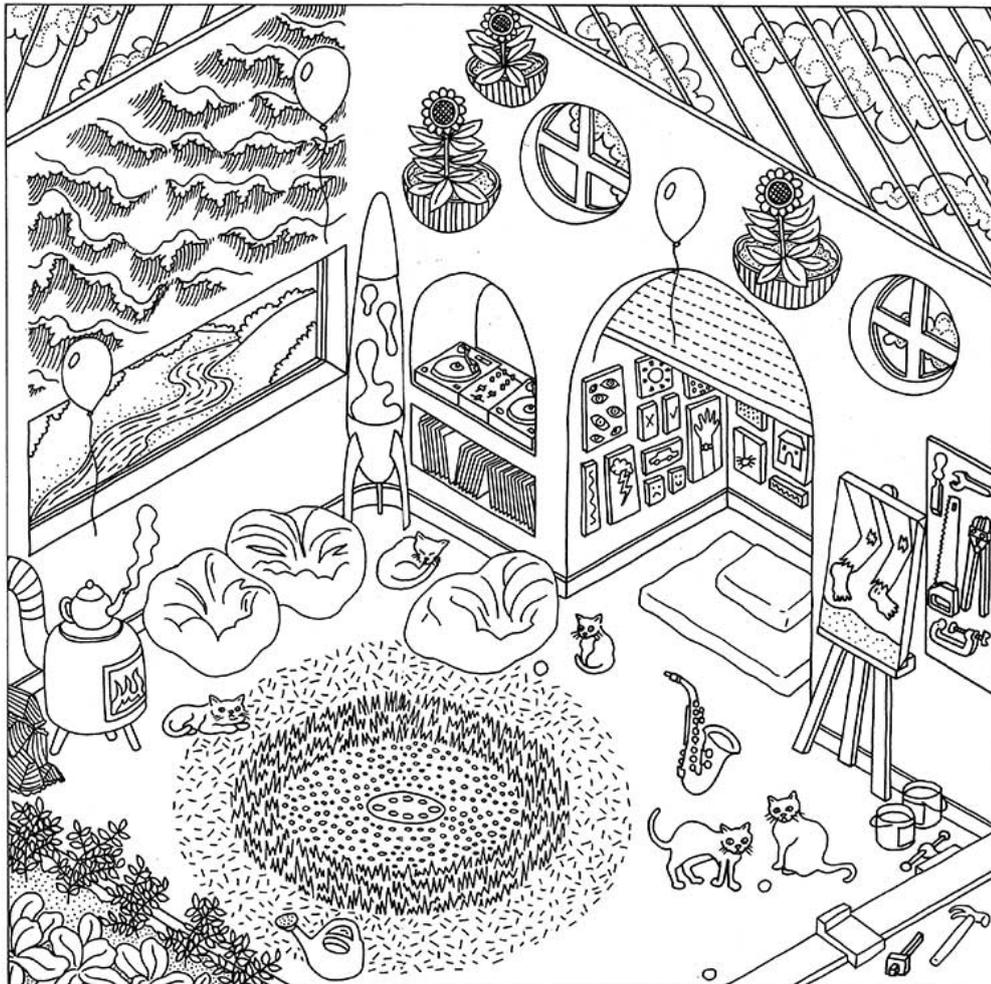
The latter is intrinsically more empowering, he argues, in his thesis, *Is Art Therapy?* (2001). Brown acted as a proponent for 'non-therapy arts practice' in the years after the millennium, when 'Arts and Health' was establishing itself as the new idiom of choice over that of 'art therapy'. Whilst antagonistic towards the way in which psychiatry served to 'pathologise' people, Brown concludes his thesis by proposing a 'continuum' across these practices rather than a dislocation: 'towards a conciliatory, collaborative mutuality in a quest for porous (rather than disputed) boundaries between two modes of practice' (Brown, 2006: 110). Such statements point again to subtle distinctions, where oppositional movements do not always work to create alternatives so much as upset existing formations of power through the creation of 'fields of contention' (Tilly, 1978).

Pressure groups proved successful in closing down many of the UK's mental institutions when the policy of 'care in the community' was adopted as a policy approach (Gilbert & Peck, 2014). Questions of funding were at the heart of these arguments - with local authorities taking on fiscal responsibility for the care of those discharged from NHS mental health institutions. However, the failure of the policy of 'de-institutionalisation' subsequently proved costly in both human and financial terms, prompting a reassessment of the understanding of the term 'community' amongst professional groupings.<sup>53</sup> Some saw the sharing of intent (if not always motivation) as an 'unholy alliance between fiscal conservatives and therapeutic radicals' (Bachrach, 1978). Oppositional social movements were not able to present 'adequate alternative community or de-institutional provisions' (Philo & Parr, 2018: 242). These researchers identify another risk raised as a possibility at this time: 'a new monster, an asylum without

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<sup>53</sup> Community models of care cost as much to provide as they institutions they sought to replace.

walls,' (Wolpert et al, 1974). Reviewing these histories, these researchers recommend 'staying with the trouble' of the (mental) institution rather than seeking its total abolition. It is important, they emphasise, to deconstruct both physical and conceptual edifices with an awareness and knowledge of the forms of replacement such acts of destruction may provoke.



**Illustration of an ideal asylum, produced as part of the Mad Love arts project**

This position is echoed by those working in contemporary art contexts with one artist, for example, making proposals for an asylum 'safe enough to go made in' (James Leadbetter, see above).<sup>54</sup> While those who propose 'institutional critique' within the art world have reached a similar conclusion regarding the reform of art institution in the early 2000s. These authors similarly seek to 'develop a "non-dialectical" concept of resistance and critique, one seeking above all to establish a different conceptualisation of contradiction, negation and

<sup>54</sup> <http://www.thevacuumcleaner.co.uk/madlove-a-designer-asylum/>

reaction' (Raunig, 2009: xvi). The cultural critic Mark Fisher, affirms that in order to oppose authoritarianism, we must do so 'not through wholesale rejection, but by the conceptualisation and constitution of proper authority' (Fisher, 2014:105). His argument is part of a broader discussion around the collapsing authority of all institutional structures in society brought about by what is understood as the effect of global, 'networked societies' (Gielen, 2014). These strongly inform how 'health' and 'art' might relate across more 'horizontal' forms of power rather than those of 'vertical' hierarchies prevalent in so many formal institutions.

### Healthcare Environments

The hospital, perhaps more than any other institution, is one around which those in Arts and Health have sought to infiltrate, influence and 'humanise' through various interventions and designs. The design of hospital environments presents a central strand of arts and health, commonly asserted as its first. 'The movement first began with works of art introduced into hospital settings in the 1960s' (ACW, 2018: 20).<sup>55</sup> As with the social movements detailed above, the presence of works of art in clinical spaces was proposed as a way of countering the harmful effects of an increasingly technical (and inhumane) medical establishment. Arts works acted as 'antidotes to bare-wall pathologies' Langley Brown claims (Brown, 2012: 54), in hospital environments judged 'bleak and unwelcoming' (Green, 1989: 3). In early Arts and Health literatures, hospitals are characterised as 'alien' spaces - the result of the separation of the sick from their social context, places that 'physically set us apart from our families, friends and communities in separate buildings' (Angus, 2002: 6).

In his seminal account of the formation of professional medical knowledges, Michael Foucault shows how the power of doctors was enabled through the construction of the space of 'the clinic' (Foucault, 1973). The 'hospital structure' represented a break from earlier beliefs, he proposes: prior to their creation, 'the only possible locus for recovering from disease was the natural environment of social life, the family' (Foucault, 1973, 39). Using a spatial image, Foucault

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<sup>55</sup> This is despite Art Therapy's legitimate claim to represent the 'first' strand of Arts in Health, it is commonly left to one-side of accounts of the formation of Arts and Health. 'Arts therapies are inherently different in nature from arts in healthcare practices, therefore, each field and discipline needs to create and embrace its own body of literature' (Dileo & Brandt, 2009: 177).

describes the setting-up of 'communal houses for the sick' as a way in which disease, as he puts it, can find 'its own locale' (Foucault, 1973: 42).

He presents 'hospitals' as an intriguing disciplinary 'category' brought into being by the need of the state to regulate and control indigent populations. Hospitals also served as poor houses and prisons. As much as patients willingly submit to the systems of care offered in such places, they can also become the forced recipients of charity. Hospitals in France in the 18th century came to represent, Foucault suggests, the institutionalisation of poverty and illness. This was a perception held by French revolutionaries, who adopted the popular slogan, 'No more alms, no more hospitals!' <sup>56</sup>

Heralded as one the earliest Arts in Health organisations, *Paintings in Hospitals*, was established in 1958 through the beneficent actions of an 'almoner', a distributor of alms to the deserving poor. <sup>57</sup> Exchanges took place between managers based in proximate institutions to achieve the mutual affect of 'Arts and Health' in the post-war decades. Artworks sited in the newly built St Thomas's hospital in 1976, for example, were given on permanent loan from the nearby Tate Gallery. More hospitals began to incorporate contemporary art works into their design, enabling the creation of what were termed to be 'healing environments' (Waller & Finn, 2003).

Moving beyond these early ad hoc arrangements - forged by interested individuals rather than by way of any concerted design - more strategic opportunities to link such initiatives began to present themselves in the late 1970s. New forms of cross-sector partnership were enabled through connections established between various trusts and local authorities around the UK. The Kings Fund and Greater London Arts (GLA) joined forces to set-up the *Arts in Hospital* scheme in 1979. Outside of London, the new Royal Liverpool Hospital drew on regional Arts Council support to recruit a living contemporary artists to create a site-specific commission for its wards. 'Not in any way a painting or even

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<sup>56</sup> This is a negative perception of the charitable nature of 'help' that finds an echo in recent critiques of the 'happy museum' and (not so) charitable art gallery (Lynch, 2016).

<sup>57</sup> Details here: <https://www.paintingsinhospitals.org.uk/our-history>

a mural' Bridget Riley noted of her work to transform one hospital corridor at this time, but 'an articulation of the bones of the architecture' (BMJ, 1984).



**Brigit Riley's 1984 design for The Royal Liverpool Hospital.**

As with this example, the nature of 'fine art' was profoundly altered when it was 'smuggled' from the elevated socially-exclusive context of the gallery into the more inclusive public spaces of the NHS. <sup>58</sup> Such transfers of context - which had to negotiate the relative monetary and social value ascribed to works of art - were being made in a period when the whole concept of the gallery's 'white cube' was being comprehensively critiqued (Doherty, 1976).

Far from being a value-free or neutral zone, the art gallery is revealed as a distinctly ideological construction in Brian Doherty's classic text of this period. Parallels were drawn, in a forward to this text, between the harmful social divisions promoted through 'the exclusive social space of the gallery' and the dissecting practices undertaken in the operating theatre. 'The sterilised operating room of the white cube,' John McEvilly writes, performs an act of 'life-erasing

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<sup>58</sup> The word 'smuggled' was used in a press release by Castlefield Gallery in relation to the work of artist Becky Shaw and her 1994 work, *Transfer*. <https://www.castlefieldgallery.co.uk/event/transfer-becky-shaw/>

transcendental ambition disguised and converted to specific social purposes' (McEvelly, 1986: 12). The gallery space upholds the 'the political interests of a class or ruling group attempting to consolidate its grip on power' (McEvelly, 1986: 8). This critique, which cuts both ways, finds little resonance in more recent assertions of the mutual benefit of these institutions found in contemporary accounts. Art galleries and museums' offer 'non-clinical community resources' (Camic et al, 2014). The relation - between the gallery and the hospital - is framed by way of a mutual enhancement as the gallery provides a 'non-stigmatising environment' relative to mental health services (SLG, 2015: 46). Taking this harmonious co-joined vision one step further, the art gallery can be seen as a 'hospital' - one recent report suggests as this 'metaphor' aptly 'reflects the contribution that arts organisations make to health and social care' (Gulbenkian, 2017: 25).

### Value Systems

The preoccupation as to how art can be valued and validated 'beyond the gallery' is one that continues to inform the indeterminate status of Arts in Health today (Ravetz & Wright, 2015: 2). 'Whilst there is fluidity between gallery and non-gallery contexts, most artists differentiate between their own value systems and those of galleries' (ibid: 2). Arts in Health literatures often champion the idea, first proposed in the 1960s by Raymond Williams, that 'culture is ordinary' (Williams, 1968). 'Culture is a description of a particular way of life, which expresses certain meanings and values not only in art and learning, but also in institutions and ordinary behaviour' (Williams 1961: 48).

There is a continuing adherence amongst many Arts in Health practitioners to the 'Community Arts Movement', which sought to 'enjoin' artists and 'local people within their various communities to use appropriate art forms as a means of communication and expression' (GLA, 1981). They were particularly concerned to enable wider groups of people to access the means of cultural production. Many 'community artists' working in the 70s and 80s rejected the commercial gallery system, acting outside of these networks, but seeking to 'storm the citadels' as Owen Kelly sarcastically phrases this 'alternative' position for the title of his book, written towards the end of this movement's momentum (Kelly 1984).

(Like Laing, Kelly mounts an attack on community art from within.) Others artists decided to make 'interventions' by inserting themselves more directly into corporate and public bodies (including hospitals). New roles for artists were made possible, for example, by the Artist Placement Group (APG), an group whose manifesto insisted that 'the context is half the work'. The APG introduces the idea of infiltration by invitation: 'The status of the artist within organisations is independent, bound by the invitation, rather than by any instruction from authority within the organisation' (Latham, 1966).

The broader concept of 'cultural democracy' was explored in relation to community art practice at this time in the 70s and 80s, a concept that remains very much alive today amongst those (still) working in Arts in Health (Moriarty, 2017; Leeson 2017).<sup>59</sup> 'Cultural Democracy' is a concept also (re)appropriated by a younger generation of artists and curators, who are sympathetic to the social commitments made by community artists - by those reject the accelerated form of global marketisation that the 'art world' has come to represent in the current age (Hope, 2011). But distinctions remain in place around what constitutes 'cultural democracy' as opposed to the more ameliorative task of 'democratising culture'. An artist group calling itself *64 Millions Artists*, for example, reframed cultural democracy for ACE in a report published in 2015 (ACE, 2015). This enquiry was commissioned following the Warwick Report (Neelands at al, 2015) which revealed 'that only 8% of the UK population regularly attend funded culture' (ACE, 2015: 5). Discourses on inequality thus prove a driver for such reports and other state funded initiatives.

Various interpretations of the value of art are presented by the example of the 'amateur' artist, the 'outsider artist', the hobbyist or craft-maker (Desmarais, 2016). All of these types of creative practice bring very different ideas of what art's 'value' might entail as explored by many in Arts and Health on this point (Parkinson, 2009; Crossick & Kaszynska 2016). Less explored is the 'value of not knowing' deemed essential for learning by some (Fortnum & Fischer, 2013). Rebecca Fortnum resists 'easy instrumentalism', arguing against social

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<sup>59</sup> Gerri Moriarty has sought to re-claim this 'overlooked' area of arts practice retrospectively in an academic context (Moriarty & Jeffers, 2018). While Lorraine Leeson has also published a book on 'socially situated (art) practice' which links histories of the past to articulations of art practice in the present (Leeson, 2018).

prescriptiveness in art, as in life. She queries the difference between intention and outcome, describing the 'fiction of resolution' demanded by 'institutions and (art) market'. 'Accountability' is a form of false compliance she argues: 'we collude to make ourselves accountable' (ibid). One author provocatively writes 'Against Value in the Arts' arguing against the 'the rhetoric, manipulation and auditing of value' (Ladkin, 2016).



**Artist Becky Shaw taking down art woks as part of her work *Transfer*, 2004.**

One artist who has sought to highlight value-judgements in Arts and Health contexts is is Becky Shaw. She used a deliberate act of dislocation, for her work *Transfer*, (2005), commissioned by LIME Arts in GM. This saw her re-locate the entire collection of Manchester's Royal Infirmary into Castlefield Gallery. Shaw drew on critiques of the role of public art prevalent at this time which invite us to ponder how context can afford an 'Aesthetics of the Wrong Place' (Doherty, 2004: Kwon, 2003). In drawing attention to how context informs content this work marks a rare example of a commission which allowed a critique of its own cultural value. As this work highlights, Arts in health practices fall prey to the different treatments art receives when encountered by publics in public health promotion contexts as opposed to art the privileged social space of the gallery. 'Treatments', can entail both the 'manner of behaving towards or dealing with a person or thing' as well

as 'the application of medical care or attention to a patient,' (Dietrich, 2007: 8). One academic paper talks directly of the benefit for people with mental health problems, of simply being (allowed) into the art gallery space. Without any apparent irony, the authors state how:

participants felt valued, in part, because of the setting in which the group intervention took place. Of particular importance was the fact that it was not simply a community setting, but a major public national gallery. They spoke of feeling privileged to be in such a setting... (Roberts, Camic & Springham, 2011: 9)

Such feelings of self 'worth' draw on structures of power embodied by the institution. Rather than placing their own institutional value in such moments - cast as philanthropic 'generosity' - the contemporary art institution continues to privilege formal and financial value over social value. It exploits, and often disavows, the human labour and acts of care on which this prioritisation relies (Reckitt, 2015). 'Instead of accepting the logic of ever-greater expansion of audiences and programmes' curator Helena Reckitt powerfully argues, cultural leaders need to 'do less, more thoughtfully, with more concern for developing the commitments and relationships that sustain collective affects and energies' (Reckitt, 2016: 26).

### Community Solutions

Understandings of 'community' profoundly inform Arts in Health activities their potential political ambition. Nickolas Rose acknowledges 'community' as a 'plane of thought and action that has been central to political thought and political programmes since the mid 19th century,' (Rose, 1996: 329). He cautions that 'the social is invented by history' and does not represent 'an external social sphere'. Instead, this word he proposes, describes a 'novel plane of territorialization' that acts alongside others - which he lists as these of 'blood and territory, race and religion, town, region and Nation' (Rose, 1996 : 239). Understandings of the term 'community' are rarely elaborated upon or critically explored in Arts in Health literatures. This is the case, despite a strong reliance on this term as marking a 'fundamental' aspect of the Arts in Health practice (Dose, 2006).

One early assessment of 'community based arts for health activity' states that this particular area is 'not defined' but comprised of 'a variety of approaches... including participative arts, therapeutic arts, health promotion and community development' (Angus, 2002: 10). The late Mike White provides the exception that proves this rule, very much claiming the last category - that of 'community development' - as key to any understanding of Arts and Health. He gives a specific interpretation of the term in his book, *Arts Development In Community Health: A Social Tonic* (2009).

White is precise in locating a series of examples of practice within a related set of political and economic frames. He enlists, for example, David Putnam's concept of 'social capital' as a useful concept: 'Social networks and the norms of reciprocity and trustworthiness that arise from them' (Putnam 2000: 19). He suggests that those in Arts and Health should hang their case on Putnam's articulation. He further places the emergence of 'arts in community health' to a particular point in time, beginning in the UK in the 1980s:

through sporadic pilot projects placing local arts development in health promotion and primary care contexts. It has since grown and expanded to embrace community health on a broad front, hooking-up with multi-agency initiatives to address the social determinants of health through partnership working (White, 2009: 79)

The proposal that 'social determinants' - factors such as housing and education - influence our health has proven an even more influential idea than social capital, over time, in making 'the case' for Arts in Health. In his influential report *Fair Society Healthy Lives*, (Marmot, 2010), Michael Marmot recommends finding 'community solutions' to address individual health problems, but he does not specify what these might involve. Furthermore he completely overlooks art's role in this process. This is an omission later corrected by advocates of Arts and Health - who characterise it as an unconscious 'blind spot' - keen to claim his expanded definition of health in spite of this omission (APPGAHW, 2017: 50).<sup>60</sup>

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<sup>60</sup> Marmot was persuaded to endorse Arts and Health in the APPG report.

The actions and counter actions, detailed above then, emerge as a closely fought set of disputations around the nature, value and purpose of art in relation to health. Historical, economic and social contexts have served to shape the nature, scope and remit of artists and the way in which they are seen to 'occupy' or find a place within community or healthcare contexts - whether as interlopers or invited guests. The desire to see creative practices 'fit into' existing systems sits alongside an acknowledgment of artists as mis-fits, agents who by their nature, must surprise, confound and 'disrupt' (Parkinson, 2017: 263).

### **The pursuit of power (1996-2018)**

#### Games

Assembled guests from many professional backgrounds gather in Llandudno to discuss the final form of 'The Concordat for Arts in Health in North Wales' in April 2018. This initiative seeks to build a consensus around Arts in Health practice in the region, offering 'one simple document we can all get behind'. Amongst the powerful players involved in driving this agenda forward are the Director of Betsi Cadwaladr University Health Board (BCUHB), (Peter Higson) and Deputy Director, (Margaret Hanson). Of the seven Health Boards in Wales, it is BCUHB, that has become best known for placing artists in clinical and community settings over many years, the result of having a dedicated Arts in Health Co-ordinator in post since 2005 (Liz Aylett).

These figures are joined by artists, local authority representatives, academic researchers, public health officials and clinicians for whom the day is proving something of a social experiment. Workshops have been devised by actors from Theatre Clywd using creative drama methods at the suggestion of Director, Liam Evans Ford. At the first workshop, we had all made 'human sculptures' to represent the field of Arts and Health, posing to create various *mis-en-scenes*. This second session once again sees people split into groups to explore themes, this time using sculptural props - pieces of wood and colourful sticky tape. I end-up in a cluster devoted to funding issues. As we pick up the assembled objects, one woman suddenly exits the room, visibly upset. I follow her out. 'I don't want to play these games,' she apologises. She is tired and overworked she explains.

These topics, intended to be explored in a carefree way, are too heavily-weighted. I joke that at least the event has usefully shown-up the coercive nature of participatory arts. I succeed in drawing from her a weak smile of recognition before we return to the room, refreshed at least, by this shared acknowledgment of discomfort and pain.

### Strategic intent

A number of event in the late 1990s enabled the field of Arts and Health to set a more concerted strategic direction for itself. The Windsor Declaration (Philipp, et al. 1998) paved the way for the establishment of the first bespoke Arts and Health institution - the creation of the national network for Arts and Health (NNAH) in 2000. This same period that saw the formation of this body, also saw various Acts of Devolution passed in Parliament. They can be seen as related aspects of this same Millennium moment, one in which new 'devolved' geographies were established alongside the piloting of 'new' approaches to health care. The histories of Arts and Health and devolution start to become more closely entangled at this moment in time, acknowledged by many in Arts and Health as a key 'turning point' for the field (Clift et al, 2009: 9).

A meeting between two powerful men is credited as a catalyst for action around Arts and Health. Chief Medical Officer (Kenneth Calman) met the Conservative Minister for Health (Gerry Malone) in 1996 to discuss the 'increasing interest' in 'arts in healthcare'. Together they agreed to set-up of a steering group that could find ways to 'take forward the new therapeutic approach' (Philipp, 1998: 9).<sup>61</sup> Following a change in government in 1997, the impetus did not stall but continued apace. The drive towards embedding arts and health practices within government policy appeared to transcend party political difference. Mawson's health centre in Bromley-by-Bow, for example, was described as 'a bridgehead between New Conservatism and New Labour' (Chamberlayne & Rupp, 2001).<sup>62</sup> Outspoken in his (negative) view of the welfare state, Mawson believed in Blair's 'third way' and advocated private initiative over 'bureaucratic' state provision.

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<sup>61</sup> This group comprised Dr Robin Philipp and Professor Michael Baum, (eminent physicians) alongside Rev Andrew Mawson (founder of the Bromley-by-Bow health centre) and Professor John Wyn Owen (Secretary of the Nuffield Trust). Wyn Owen agreed to host the conferences held in Windsor Lodge (in 1998 and 1999).

<sup>62</sup> Such 'in-between' descriptors link Mawson to 'red-tories' such as Philip Blond, a figure who as we have already seen, proved so instrumental in GM's adoption of devolution.

'Elevating the arts, health and wellbeing into a pivotal role across the spectrum of health care may be the *real third way* for health' The Windsor Report proposed (Philipp et al, 1998: 9).

Discussion of spatial geographies also emerge in the summary report of the Windsor conference which is detailed in its account of how NNAH was conceived as a 'federal arrangement' of equal regional bodies based within England, (not as an alliance of devolved national bodies, working together on an equal basis across the UK). There was uncertainty whether 'all individuals should relate to the umbrella organisation via a federation of centres that reflect their geographical location or their special interests'. In the end, the steering group borrowed a model from UNESCO in order to propose that 'the national body should have a federal structure consisting of partner centres with one of these acting as a national co-ordinating centre' (Philipps et al, 1998: 54). Durham University was chosen as the site for a (research) centre, leading to the creation of *The Centre for Arts and Humanities in Health and Medicine*, in 2001, a year after the creation of NNAH.

Surprisingly little attention is given in The Windsor Declaration to the way local contexts inform health, despite an acknowledgment by one contributor of how 'national barriers lose their importance as trade and investment, communication and cultures cross boundaries' (Philipp et al, 1998: 7). The formation of a network of groupings was celebrated as the first 'National' initiative of its type when it was, in fact, only ever a regional English grouping. This way of thinking is consistent with the belief expressed by the historian, Vernon Bogdanor, that the English 'do not think of themselves as living in a region...' as England is 'the *naturally* dominant nation' (APPG, 2014: *my emphasis*). The Windsor Declaration then, whilst celebrated as a mobilisation of energies, also marks a point of fracture. If not intentionally exclusionary, its position takes for granted the unequal spatial power imbalances in-built into the UK's tiers of national and regional government. The intention to pursue power through gaining central governmental support is made explicit in the Windsor Declaration. It seeks, it says, to move from 'the margins' to a position 'at the very heart of healthcare planning, policy-making and practice' - focusing energies on Westminster politics, based in London.

## Cultural policy critiques

New Labour's cultural policy, so closely aligned to the emergent Arts and Health lobby, became subject to various critiques over the next decade. Cultural critic, Paola Merli, for example, challenged the belief that creative interventions, offered by 'new missionaries' such as Mawson, could help people living in disadvantaged conditions and poverty. Rather than improve 'daily conditions of existence in relation to specific social issues,' participatory arts initiatives served to merely:

help people to accept them. However, making deprivation more acceptable is a tool to endlessly reproduce it. Social deprivation and exclusion arguably can be removed only by fighting the structural conditions which cause them. Such conditions will not be removed by benevolent arts programmes (Merli, 2002:1)

Merli makes a clear distinction between the 'original phenomena of community arts', which she believes was a genuine, 'spontaneous movement', when set against the 'revival' of the idea of 'active citizenship' and 'cultural participation' adopted as a policy tool of New Labour government (Matassaro, 1997). Similar points are posed in a book titled, *The Future of Community: reports of a death greatly exaggerated* (Williams et al, 2008). Editor Austin Williams argues that 'building community has become a fetishistic issue for all tiers of government' (Williams et al, 2008: 4). 'The way the debate is framed has nothing to do with real community development but concerns social engineering' (Williams et al, 2008: 4). These authors also perceive a controlling state at work, one whose emissaries deploy a 'managerial approach to community development' that 'short-circuits' social and political realities (Williams et al, 2008: 5). Conflict is erased through concepts of 'participation' that rely on false consensus, promoted by synthetic 'astroturfing' of grass root activity (Williams et al, 2008: 4).

Such skepticism was given credence by one influential figure working within Arts and Health. Like Mawson, Mike White deploys David Putman's concept of 'social capitol' to affirm the value of arts in community health contexts. But he also starts to question the 'third way' approach as it unfolds in practice in this decade. After ten years working as a researcher in the field, as Head of Durham's Centre for

the Medical Humanities, White articulates not just the rewards, but ‘the *difficulties* of working in an uncertain statutory / voluntary hybrid environment in which morale is weakened and compromised by institutional uncertainty’ (White, 2014). White’s observations represent the start of an internal debates within Arts and Health which begin to question the relation of a contracting welfare state to the field’s growing influence at the highest level of government.

Professor Alan Bleakley writes a considered account of the influence of The Windsor Declaration in a book devoted to *Medicine Health and the Arts* (Bates et al, 2014). He charts the movement’s development as it split across the ‘fault lines’ of conflicting needs - pedagogic, clinical, creative, academic - leading to a ‘divergence’ of interests and the formation of different respective fields. Though successful in establishing the arts as part of medical student education, Bleakley observes that this has merely led to fostering ‘nuance’, rather than ‘offering fundamental critique’ (Bates et al, 2014: 23). Some currently working in the field of Medical Humanities remain intent on exploring ‘critical’ potentials through what they now describe as the ‘Critical Medical Humanities’ (Viney, Callard & Woods, 2015). These authors question the terms on which ‘resistances’ are understood to operate and are intent on expanding the narrow scope hitherto ascribed to the humanities in healthcare.<sup>63</sup>

#### A prospectus, charter and manifesto

The Windsor Declaration pressed the need to ‘link grass roots activity to bigger, more prestigious projects’. The NHS should ‘work together’ with Arts Council England around shared aims and objectives, it had asserted (ibid: 72). It took ten years of hard lobbying for this demand to find support. Peter Hewitt, the then Executive Director of Arts Council England (ACE), is credited with enabling a *Prospectus for Arts in Health*, (2008), a document signed by both junior ministers in the Departments for Culture, Media and Sport (DCMS) and Department of Health. It marked the first formal co-joining of the arts and health sectors at this ministerial level. <sup>64</sup> Both departments signed-up to ‘celebrating and promoting’ the

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<sup>63</sup> They quote Judith Butler to proffer the idea of critique, not as ‘the practice of destruction and naysaying’, but as a ‘revolution at the level of procedure without which we cannot secure rights of dissent and processes of legitimation’ (Butler, 2009; 773).

<sup>64</sup> Ministers Andy Burnham, and David Lammy

field of Arts in Health, making some bold assertions around the power and social usefulness of such activities. The Prospectus upheld the:

benefit of the arts in improving everyone's wellbeing, health and healthcare, and its role in supporting those who work in and with the Health Service. In it, we show that the arts can, and do, make a major contribution to key health and wider community issues (2008: 1)

The Prospectus rejects the idea of the arts as an 'fringe activity', instead advancing them as 'integral' to the work of the Department of Health. It goes on to evidence and detail some of the 'hundreds of research projects, organisations and individuals are showing that the arts are an integral part of the nature and quality of the services we provide.' *The Prospectus for Arts in Health* only applied to England as, following devolution in 1999, the home nations lobbied their respective national institutions.<sup>65</sup>

From this auspicious moment, a series of set-backs quickly commenced. Most significant amongst these was the global economic crisis of 2008 - but also the earlier financial collapse, in 2006, of NNAH. The financial crisis ushered in a revised approach to economic policy in the UK by central government. In an academic paper jointly authored in 2008, questions were asked about the 'state of arts in health' at this uncertain moment (Clift et al, 2009).

Dialogues begin to emerge in this paper around to what extent Arts in Health can act as a genuine 'agent of social transformation or a mere instrumental tool' of the government (White 2009: 14). The paper rebuts one critic, who takes an overtly hostile, perspective. Munira Mirza attacked Arts in Health as a 'misleading amalgamation' of 'activities and effects' (Mirza, 2006: 63). She questioned the field's relationship to governmental power, accusing those in Arts and Health of adopting an increasingly politicised agenda.<sup>66</sup> In particular, she questions the assumption that community art can 'empower local people' (2006: 65).

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<sup>65</sup> Though less well documented, similar processes of assimilation were also underway in Scotland Wales and Northern Ireland, all of whom developed their own strategic documents relating to Arts in Health. A conference hosted by Arts Council Wales (ACW) in 2006 kickstarted a steering group to develop a strategy for Arts and Health in the Senedd. This led to the adoption of a 'Action Plan for Wales', supported by both the Health and Culture ministers of the Welsh Government. (The Action Plan for Wales, 2009).

<sup>66</sup> Mirza went on to become the cultural advisor to the Mayor of London, Boris Johnson, in 2010.

If art is truly doing its job, might we not also see more rioting in the streets and social unrest? Of course, this possibility does not even enter into the discussion, because the implication for arts and health projects is clear: they are not about using the arts to express a greater truth about ourselves, but to manage our emotional lives and even perhaps, to placate us (Mirza, 2006: 105)

Complaints of uncritical collusion with governmental agendas become more frequent from this point on. Mike White begins to ask if political contexts are negatively impacting on Arts and Health practice. He writes of Hospital Care Trusts being 'so target driven' that the vitality of art practice is being placed at risk through such constrictions. Arts in Health activity is, he says:

so compartmentalised and instrumentalised to address health promotion priorities that there would be *little breathing space* to explore what makes for effective public engagement of creativity with health (White, 2006: 50)

White further explores the idea that there can be a negative, as much as positive, effect brought about by what he evocatively describes as the 'pathology of the environment' (White, 2011). He quotes Michael Marmot on this point, whose influential report, *Fair Society, Healthy lives*, was published in 2010. This underlines the importance of both context and place to health. White quotes Marmot when he says that:

a priority of future health policy should be to 'create and develop healthy and sustainable places and communities', noting that the determinants of health are 'affected by the socio-political and cultural and social context in which they sit' (White, 2011: 45)

Issues of scale are also raised as a problem, at this time. The degree to which Arts in Health activity is 'substantial' when set alongside mainstream healthcare provision is questioned (Clift et al, 2009: 9).<sup>67</sup> This is the first of many comparisons increasingly made around comparative 'value for money' between

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<sup>67</sup> The startling comparison was made, for example, around the amount of money needed to run NNAH: less than the salary of a single NHS General Practitioner'.

Arts in Health activity and other NHS services. Fears begin to be raised, that as cuts in public expenditure took effect in the recession, the field would lay itself vulnerable to accusations that its activities are less important - a frivolous luxury - when compared to essential services. New arguments emerge more strongly for Arts and Health which make the case for its cost-effectiveness.

A general election saw the election of a Coalition Government in 2011. This brought in a set of policies very different to those preceding it, but many that were consistent too. 'The foundations of the 'Big Society' plan were, ironically, already being laid in the final term of the Labour government' (White, 2011). One continuity was David Cameron's adoption of behavioural economics in the area of public health. His championing of 'nudge theory' led him to establish a policy unit designed to change the way citizens behave and make unhealthy choices.

Such approaches to public health posit the exercise of 'free choice' within a directive framework, described as 'choice architecture' (Thaler, 2008). Financial incentives proved a key component to this approach, one supported at this time by George Osborne. The Nudge Unit was created in the same year as another important introduction, that of the National Well-being Index (Cameron, 2011). This body was set-up to gather annual statistics gathered from subjective measurements of well-being. It sought to compare these alongside figures of economic growth. Its introduction drew on arguments which questioned the dominance of GDP (gross domestic product) as the only measure by which government should measure success (Layard, 2005). David Cameron took on this progressive idea and used it as part of his mission to reposition the conservative party as force for progressive social change:

Wellbeing can't be measured by money or traded in markets. It's about the beauty of our surroundings, the quality of our culture and, above all, the strength of our relationships (Cameron, 2010)

These initiatives mark a key policy development for those Arts in Health whereby 'well-being' and economic policy take on an entirely new relation to one another. They complimented Cameron's main policy plank was the idea of a 'big society'. 'Only when people and communities are given more power and take more

responsibility can we achieve fairness' (Cameron, 2011). He further identified ways of delivering on this vision, namely the 'radical devolution of power' (Cameron, 2011: 6). All of these policy concepts around 'well-being' and 'devolution' connect, then, under this over-arching policy rubric, marking a significant moment at the beginning of the 'age of austerity'.

A re-configured national network, the *National Alliance For Arts, Health and Well-being* (NAAHW) was created in 2012, offering a new definition of Arts in Health, incorporating the word 'well-being' into its title. The London Arts in Health Forum (LAHF) led the drive to bring together this new English grouping, amongst whom divisions now began to be felt. The *Charter for Arts, Health and Well-being* situates the field in the current political and economic 'climate', which it claims is 'forcing a reassessment of human priorities' (Jackson, 2012). As 'well-being is a declared government priority,' it further states, Arts in Health can 'offer a professional, value-for-money contribution to mainstream health care' (Jackson, 2012: 2). By contrast, The *Manifesto for Arts and Health* produced in the same year supports the broad premise that the arts contribute positively to health but emphatically refutes the Charter in other respects: 'it is not about reducing the arts to a cost effective solution' (Parkinson, 2012). This manifesto suggests, by contrast, that Arts in Health works towards 'a better, not a bigger, society'.

#### A cheap date

Mike White's characterises this moment - a change of government - as one which presented 'a fork in the road' for those working Arts in Health (White 2014). He openly challenged the field's 'mis-direction' in an article which predicted the field's new position within a 'new landscape'. One road, in one direction, he says:

leads to probable damnation by way of austerity culture, a narrowing definition of accredited practice, and evidence calls that are signalled through a medical model of health...(White 2014: 1)

As policies of austerity began to be implemented, White saw little cause for optimism in the transfer for responsibility for public health from national, to local

government level made at this time.<sup>68</sup> They were ‘likely to demonstrate even more the development of health service delivery by hybrid professions and partnerships’ (White, 2014: 3). His words of warning were superseded by the actions of others who advanced this Arts and Health agenda on very different terms. ‘We’ve already linked the arts with health economics, a vital step to establish cost effectiveness, and we’ve developed a planning tool and a standards of evidence framework’ (Joss, 2014). Proposing a new ‘business focus’, Tim Joss views were aligned with those of new ACE chief executive, Darren Henley. Both share a distaste for state ‘subsidy’, re-cast this as an unhealthy ‘dependency’ (Joss, 2008). Joss’s words and ethos echo those of Andrew Mawson’s and continue the rhetoric of the ‘third way’ with an enlivened enthusiasm:

The commercial and voluntary sectors are converging and this is now irreversible. National and local government increasingly looks to the voluntary sector for the delivery of public services. As the boundaries blur, entrepreneurial skills will become more important (Joss, 2008: 8)

Joss developed an evaluation framework for Arts in Health commissioned by Public Health England (Joss, 2015). He further supplemented this move with a ‘tool’ developed by his own company (Aesop), called the ‘Aesop marketplace’, a virtual ‘dating’ site for commissioners to meet curators and artists. At the launch event, Health Secretary (Jeremy Hunt) spoke alongside Arts Council chief executive (Peter Bazelgette). Far from representing a ‘joyful union’, this joining of political agendas through these ministerial personalities represented a ‘forced marriage’ (Williams, 2015).<sup>69</sup> The arts were offered to the NHS on the basis that they were ‘cheaper than drugs’ while the chair of the newly-created NHS Alliance cautioned that ‘Health decision-makers have a statutory obligation to make best use of money and to be innovators’. Cost-cutting incentives were offered in tandem with legal obligations, tightening the terms by which any Arts and Health intervention could now be commissioned.

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<sup>68</sup> Through Andrew Lansley’s controversial NHS ‘reforms’.

<sup>69</sup> As I described it at the time, in an article in Arts Professional. It was through our mutual blogging activity online that I first became aware of Clive Parkinson’s work and that of Arts for Health at MMU.

The latest text which seeks to define and promote Arts in Health arrived in the form of an all-party parliamentary report, hailed as yet another 'coming of age' moment (Hebron, 2017). It can be seen as a masterful exercise in reconciling the conflicting positions within the field, one which steers away from areas of potential conflict.<sup>70</sup> The report's publication was delayed by Teresa May's 'snap' election in May 2017, the result of which prompted speculation that the ongoing policy of austerity might be abandoned. May had previously placed public health high in her inaugural speech's list of priorities, describing divergent mortality rates across regions in the UK as a 'burning injustice' (May, 2016).

Speaking directly to power, the report's introduction suggests that it can help 'realise the Prime Minister's vision of a *shared* society,' rather than Cameron's 'big society' or Marmot's 'fair society'. *Creative Health* acknowledges a target audience of policy makers and funders in England. Lord Howarth aims to strike a tone of respect when he says how:

In deference to the proprieties of devolution, the recommendations we make as an all-party group at Westminster are addressed to people making decisions in England, but we hope they may have useful applicability in the other nations of the UK (APPGAHW: 2017:6)

The 'case' for Arts in Health is presented in *Creative Health* as a way in which the adverse effect of (harmful) social determinants of health might be mitigated. The report acknowledges that art cannot address the political causes of structural inequality. This assertion builds on the work of the report's author, Rebecca Gordon Nesbitt, drawing on her previous research into the longitudinal health effects of arts engagement (Gordon Nesbitt, 2015). The arts are described here by Professor Parish as an 'essential vaccine' in a 'socio-economic cocktail of health-supporting factors' that can help prevent illness and keep us well. This is in contrast to former descriptions of the arts as a life-affirming 'social tonic' (White, 2013). These two characterisations offer different affective registers - optimism and a defensive pessimism. Some of the ambivalence of these propositions were captured by the illustrations in the report, by David Shrigley,

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<sup>70</sup> Authored by the researcher Rebecca Gordon Nesbitt, supported by a team of APPG editors.

whose humour was darkly reflective of the report's positive affirmation that 'The arts can reconstruct you'.



Fig.15. One of David Shrigley's illustration for The Creative Health Report.

## Responses

After its publication, the *Creative Health* report prompted many responses, many at high governmental level. Teresa May endorsed an initiative designed to combat loneliness by way of 'social prescribing' (HM Government, 2018) while Health Secretary Matt Hancock similarly announced his intention to 'harness the incredible power of the arts and social activities to improve the nation's health and wellbeing', directly citing the report in one of his speeches (Hancock, 2018).

Another outcome of the report was another structural re-organisation of the field itself. In March 2018, the NAAHW merged with two other bodies (Museum and Heritage organisations) to become, *The Culture, Health and Well-being Alliance* (CHWA). This new, larger organisation, is now funded directly by Arts Council

England (ACE), part of the National Portfolio Fund for 2018-2022. In Wales, meanwhile, ACW decided to undertake their own separate scoping report into the field in Wales (ACW, 2018). In promoting connections across departmental ‘silos’, hopes have been raised that the Future Well-being of Generations Act might also serve as a distinctive piece of Welsh legislation able to act as a vehicle to advance an ‘Arts in Health’ agenda (Tomos, 2017).



**The English Arts and Health regions on the CHWA website.**

A ‘map’ of Arts in Health in the UK was produced by CHWA in 2017. The field’s regional make-up in England now conforms more squarely to that set out by the geographic areas defined by ACE.<sup>71</sup> Previous to this point, regional groupings were characterised as patchy and full of ‘gaps’. The new map serves to cover-up the uneven nature Arts in Health provision, offering a patchwork of different regional areas which align with ACE areas.<sup>72</sup>

This depiction of ‘health geographies’ continues, then, to be strongly informed by geographies of arts funding and also arts funding inequalities. These

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<sup>71</sup> These sit across the same regional divisions as those established by Arts Council England

<sup>72</sup> <http://www.artshealthandwellbeing.org.uk/what-is-arts-in-health/national-alliance-arts-health-and-wellbeing>

acknowledge that different levels of investment *create* uneven distributions of arts provision across territories and geographies, as much as they *reflect* them (Neelands et al, 2015). Uneven provision is 'simply down to the different levels of investment for the various regions' some argue (National Assembly, 2011: 26).

## Summary

Through this examination of some of the prehistories of Arts and Health, and its subsequent institutional formations, a narrative arc emerges. The field has adopted a concerted political strategy over the last twenty years, one which initially grew out of the opportunity presented by the 'third way' (Blair, 1999). A high point of influence is identified by many as taking place in 2007 with the Prospectus for Arts in Health, just ahead of the financial crash of 2008.

Since this time, the field has mutated its public face to align with the policy commitments of successive governments - while internally, it has struggled to retain a sense of coherence, continuing to abide by an 'all-party' approach of consensus (which hides conflictual view rather than acknowledge them). A 'fork in the road' was identified by White as representing this internal schism, one whereby commitments to social solidarity was couched within an equal commitment to cost-effectiveness. Continuing policies of austerity have tested this co-commitment. Arts in Health is not a 'cousin to austerity' (Hume, 2017).

Arguments are now emerging around whether structural changes in governmental systems can provide an effective route forward when set alongside the changes that can be brought about by people operating outside of these. In GM, social movements have been identified as a vehicle for promoting Arts and Health. Such an approach, as shall be presently explored, comes not only as a result of a 'groundswell' of popular support (Stickley et al, 2017: 2), than the promotion of this idea by NHS managers in England. Labouring under these encouragements and disciplinary funding frames, what potentials remain for creative practitioners in their role as 'imaginaries' rather than 'missionaries'? This is one of the questions arising from this critical review which will be carried forward - as specific case studies are examined in the following chapters.

## RESEARCH DESIGN

### Introduction

This chapter explains how I elaborated an appropriate theoretical approach and methodology through understanding my position as a 'situated' researcher (Haraway, 1988), intent on charting 'affective economies' (Ahmed, 2014:15). It begins by presenting the challenge posed by my topic, exemplified by one interviewee's comment that researching Arts and Health in combination with devolution was 'impossible'. I then chart my own stake in this field of knowledge (Arts and Health) giving an autobiographical account of my own relation to creativity, health, activism and a sense of place. Early forays into 'the field' in the first year involved scoping responses to devolution by those working within the arts and health sectors. These experiences demonstrated that as well as devolution in GM being promised as a new way of working together that could enable better health outcomes, it was also a proposal made by leaders that prompted apprehension, uncertainty, and even fear. This recognition led me to reflect on affect and its role in relation to political and economic discourses (Williams 1977; Ahmed, 2004; Thrift 1997; Stewart, 2011; Parr 2017). I explain the role of 'atmospheres' and 'temporalities' in my theoretical approach and I situate this within the context of Arts Health research literatures, as part of a proposed 'affective turn' within the field (Broderick, 2015: 35). In the closing sections, I discuss how my research questions led me to adopt qualitative research methods; interviewing 20 individuals across four chosen case studies and acting as a 'participant observer'; I discuss my choice of sites and projects, explaining their appropriateness for my topic. My decision to write in different styles and tenses was informed by ethical reasons, outlined in the final section.

### Mission impossible

I meet a manager at Public Health Wales, John Lucy, in his office at Mold Community Hospital. His enjoyment of art is evident in the selection of prints that hang above his desk. I am here to interview him in his role as a consultant for Betsi Cadwaladr University Health Board (BCUHB). He is working with partners

in North Wales to develop a 'concordat' for Arts in Health.<sup>73</sup> This initiative represents 'another moment of trying to get everyone's act together...to demonstrate clear vision between organisations.' These organisations include Arts Council Wales and local cultural organisations, as well as local authority representatives. As someone tasked with trying to bring different people together around a shared agenda, he admits to feelings of frustration at times. 'You spend a lifetime trying to get people to talk about the same thing. But when you point out that it's more complicated than they first thought, they lose interest or it gets dumbed down to the lowest common denominator.' He questions me about the PhD and appears alarmed by its unruly remit, which threatens to be as complex an endeavour as his own. 'I'd have thought there is enough going on with Arts and Health as it is,' he cautions, frowning his brow. 'Arts in Health is not established as "a thing"...so trying to work that out through another devolving thing, which is also not fixed... well, is that not really difficult? Impossible even?'

### Situating the researcher

John Lucy's comments, made at an early point in my research journey, were ones I tried not to let quash any hope for what I might be able to discover. Rather, his words proved useful in guiding me more closely to approach the subject domains of Arts and Health (and devolution) not as separate 'things' working their 'effects' upon one another, but rather as a series of overlapping, connected, lived experiences - related discourses produced through the repetition of norms and figures of speech (Ahmed, 2014:12).<sup>74</sup>

In the title of this thesis, I use the verb 'situate' to denote the methodology adopted throughout. Any method had to be up to the task of communicating the placement of one 'problem idea', as Arts and Health has been called (Broderick, 2015: 3) alongside the 'vague and problematic idea' of another - that of regional

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<sup>73</sup> <http://www.wales.nhs.uk/news/49529>

<sup>74</sup> I later came to recognise this point as one that feminist-physicist, Karen Barad might describe as 'Thingification - the turning of relations into "things," "entities," "relata", which she's says, 'infects much of the way we understand the world and our relationship to it' (Barad, 2003). Like other feminist theorists, including those who write on affect, Barad underlines cultural representation as embodied and material.

devolution (Lee, 2017: 478).<sup>75</sup> One of the certainties I felt I could rely on in the face of this double problem - a triple one, if you count arts and health as two-in-one - was my own awareness of myself as a situated researcher. I was surely one of the few people, perhaps the only one, tasked at this precise time with exploring this particular set of topics.<sup>76</sup> Donna Haraway developed the concept of 'situated knowledges' in the late 1980s to argue that the perception of any given situation is always a matter of an embodied, located subject and their specific perspective, a subjective perspective generated both historically and geographically. This perspective is further structured and restructured by the shifting conditions of the present, she argued at this time (Haraway, 1988).

Before embarking, then, on an account of how I developed a particular methodological approach, I will first position myself as a situated researcher. This will likely help any reader understand the motivation for my taking up the scholarship in the first instance. But it is also necessary in order to underline the 'partial perspective' offered by this research, which rejects any claim to offer 'disembodied scientific objectivity' (Haraway 1988: 576). This makes this research distinct from more orthodox approaches advocated and promoted by one prominent voice within the field of Arts and Health (Fancourt, 2017), though it is by no means the only thesis to deploy an affective, ethnographic methodology within the field (Raw, 2012; Broderick, 2014; Desmarais, 2017). Later in this chapter, I will proceed to argue that an 'affective turn' in Arts and Health can be identified and charted - even if such approaches are not always wholly respected or honoured by governmental bodies.

I first became familiar with the word 'situated' in the context of my previous career in the field of gallery education where I worked as both a creative practitioner and a curator for over ten years (2004-2014). My former manager at Tate Britain, Felicity Allen, sought to 'situate' these uncertain practices of education amongst historical and political contexts in a paper she wrote in 2008 titled 'Situating

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<sup>75</sup> On the one hand, 'devolution' is characterised as a form of governance that should be seen as a 'process, not an event' (Davies, 1997). While on the other, the perception that Arts and Health as a concrete 'thing' was also challenged by insightful researchers working within the field. 'Arts and health do not exist as concrete entities' Sheila Broderick states, but are 'shifting, amorphous and contested' concepts within their disciplines (Broderick, 2012: 95).

<sup>76</sup> Since this time in 2016, two others have explored similar local territories, Kat Taylor (in relation to devolution and mental health in the North West of England) and Julia Fortier (in the South West of England).

Gallery Education' (Allen, 2008). She did so, she claimed, as a result of the 'paucity of critical investigation' into the 'development of the field' (Allen, 2008: 2). I suspected that Arts and Health also suffered from this same problem. This was especially the case as recent years had seen an increased merging of these respective fields - Arts and Health, Gallery Education prompting 'creative collisions' that I had both actively advanced, but also helped to constructively problematise (Rooke, 2014).

I spent a decade working in arts institutions based in London and therefore arrived as a researcher to study developments in GM as something of an outsider. That said, I had become familiar with the North West of England while attending Liverpool College of Art as a young woman in the late 1980s. I had come to the city at that time seeking opportunity and escape from my home town in South Wales (a place indelibly marked by the crushing defeat of the miners by the Thatcher government in the 1980s). I initially trained in sculpture at Liverpool Polytechnic before taking up an MA at Chelsea College of Art in 1990. I joined various activist groups at this time (ACT-UP, OutRage) also becoming part of publishing enterprises (*Rouge Magazine*, a lesbian and gay socialist quarterly).

This route would lead me to become a journalist in the 'gay press' for many years where I set up *Diva*, Britain's first ever national magazine for lesbians, in 1994. My experience of 'queer' arts and culture at this time was as much a vehicle for pleasure as for protest. I participated in direct action, some hosted by the queer drag activists, *The Sisters of Perpetual Indulgence* (joining them, for example, to canonise film-maker, Derek Jarman as a 'saint' on Dungeness beach in 1993.)<sup>77</sup> These friendships gave scope for playful as well as deadly serious political activities and provided me with formative, first-hand experience of participating in what are now described (historically) as examples of 'health as a social movement' (Del Castello, 2017).<sup>78</sup>

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<sup>77</sup> This birthday party celebration can be seen in this charming, if now rather poignant film, by Peter Fuller. <https://www.youtube.com/watch?v=YcessfaJW0M>

<sup>78</sup> Activist Sarah Schulman reflects on her own experience of being 'historicised', believing such re-framings both 'banalize' and 'depoliticise' the experiences of those involved (Schulman, 2012).

As the initial flush of radical gay politics appeared to have its demands accepted and met, I returned to 'art' when I retrained and joined Tate Britain's Education Department in 2003. Becoming part of such a prestigious institution as Tate felt like progress, evidence of the belief that *Things Could Only Get Better* in the Blair era.<sup>79</sup> As I became assimilated into these regimes of institutional power, I tried to remain aligned to 'radical' practices in my new working context. My manager at Tate Britain, Felicity Allen, brought her own legacies of involvement in the feminist movement of the 1970s. 'Situating Gallery Education' provided a key text and impetus for exciting possibilities at this time - not just for me, but for other colleagues of my generation who went on to work in this field (Morsch, 2011, Steedman, 2012: Graham, 2017).

Allen was key in conceiving Gallery Education as a form of critical practice, one that performed a 'catalytic role' as a vehicle for self-reflexivity, albeit one 'hidden within an infra-structure' that outwardly honoured power and wealth. Allen has since written about how she sought to generate 'questions about public space, knowledge and ownership, as well as imagining the education strategy at Tate Britain as a liminal space for the museum' (Allen 2012: 3). This was a mission I also tried to live out through my own curatorial practice in the decade to come as I developed my own arts programmes in a variety of institutional settings, social contexts and academic forums.

Through these, however, I also reached a better understanding of my own insider status, acting as an agent of the institution in the outside world. The 'generosities' I dispensed on behalf of the institution could be seen more dubiously as part of a system of 'indebtedness engineering' (Firth 1983: 101) whereby 'we have "happy" reports of smiling people engaged in museum activities as evidence of improved well-being for the funders' (Lynch, 2011: 12). Mental Health has always informed a key strand in my work, one which brings salutary lessons from histories of institutionalisation and de-institutionalisation (Kagen & Sixsmith, 2008). Whilst working at Tate, I collaborated with the late Sarah Wheeler, a mental health activist, who invited me to attend musical evenings devoted to collectively exploring feelings of depression through the music of Nick Cave and

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<sup>79</sup> The Title of the D-Ream song used as a party political anthem by Tony Blair's New Labour party. I danced to the song in 1994 when they headlined Pride in Brockwell Park, London.

others. I later worked with her to explore freedom from forms of slavery through a poetry project at Tate Britain (part of the bicentenary of the abolition of the slave trade in 2008). Wheeler went on to establish her own social space for learning and support, specifically aimed at people with mental illness, based in South London (The Dragon Cafe).

Interpretations of this unique space were highly ambivalent. For one journalist, The Dragon Cafe represented the fulfilment of government policy: 'I was never sure what David Cameron meant when he used to talk about the "big society", but I think he would find it here' (Patterson, 2015). While for another student of anthropology, the opposite was true. She saw 'carnavalesque inversions of hierarchy' and 'subversions of power' in evidence at one *Dragon Parade* through the streets of London (Jones, 2014). Such confusions were perhaps understandable at a time when structural changes in the arts (and health) sector saw mental health groups become subject to a 'switch in models of partnership'.<sup>80</sup> These changes saw them work less independently as they were drawn into schemes conceived more directly in collaboration with people in positions of fiscal authority and control (local health commissioners).<sup>81</sup>

The developing 'well-being' rhetoric of the conservative party, concerned to 'detoxify' its negative image, was one that urged us to give 'priority to the emotional quality of the work we do with young people' (Cameron, 2006).<sup>82</sup> These affective transactional exchanges, then, represented a new 'deal' between state and citizen, mediated by a particular understanding of responsibility and power. 'Only when people and communities are given more power and take more responsibility can we achieve fairness and opportunity for all' (Cameron, 2010). For many commentators in the arts, this so-called 'hug a hoodie' policy approach represented a fake affect: 'sentimentality that serves to merely mask hidden forms of domination' (Kester, 2011: 16) while for others it presented caring 'rhetoric, as a shield behind which to dismantle state support' (Harvie, 2013).

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<sup>80</sup> My term made in paper preparing for AHRC expert panel (Rooke, 2014).

<sup>81</sup> The Dragon Cafe went on to be funded by Guys and St Thomas Charity.

<sup>82</sup> <https://www.theguardian.com/commentisfree/2017/dec/01/hague-cameron-detoxify-tories-theresa-may-liam-fox-david-davis>

My reasons for taking up the scholarship at MMU were strongly informed by the kinds of contested, insider knowledges I gained in the arts sector, as an actor in what one Museum Studies scholar describes as an emerging ‘politics of kindness’ (Lynch 2011) - a set of related discourses around kindness (Philips, 2009), fairness (Marmot, 2010; Harvie, 2013), happiness (Ahmed, 2010; Davies, 2015) and empathy (Bazelgette, 2017; Bloom, 2018). These intersecting discourses unfolded across various political territories, on both the Left and the Right, before and after the financial crisis of 2008.

I perceived the ‘creative industries’ as a profoundly self-interested sector. ‘You can cut us, but don’t kill us,’ the campaign against government cuts to public arts funding had weakly argued in 2010. This was a response to austerity framed in masochistic terms. I felt affinity with John Kieffer’s critique of the public arts sector’s relationship to its publics: he urged arts institutions not just to ‘show they care’ but ‘care’ (Kieffer, 2013). Although this thesis is not a practice-led piece of research, in this respect it does relate to the ‘see-think-know’ modes of enquiry that are held to characterise artist-led research, where ‘one stumbles over unknown possibilities, over “no-how”, rather than trained in the “know-how”’ (Maharaj, 2009: 3). Such learning inevitably raises ‘formal questions’ about the way a ‘story should be told,’ as the range of ways in which ‘ideas are allowed to be expressed has narrowed in the current era’ (Schulman, 2012:16).

### Local structures of feeling

In my first year, I embarked on an extended period of scoping, trying to get a feel for the types of projects and initiatives that came under the ‘inter-disciplinary’ category of Arts and Health and how they were socially shaped by the contexts in which they circulated and took place. I extended these forays outside of GM, to sites in nearby North Wales (where I now live), as this close-by devolved context presented the prospect of interesting contrasts within short reach. Devolution was accepted as a ‘given’ in Wales, while for public health and cultural leaders based in GM, devolution seemed to represent an urgent concern - a power struggle over whose ‘agenda’ might fit in re-configured city-wide policy strategies. <sup>83</sup>

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<sup>83</sup> My supervisor arranged for me to sit in on the core group of Live Well Make Art in GM.

The novelty of devolution in GM could be usefully clarified, I speculated, by being contrasted with how devolution in Wales had been absorbed into less dynamic, uncertain and assumed forms. When my supervisor offered me the opportunity to sit in on the core group of *Live Well Make Art* (with whom he was involved as a participant), I became privy to private discussion amongst cultural leaders in GM. I encountered both anxieties and excitements within this group concerning how allocation of resource would be withdrawn or awarded through new processes of devolution, informed by budget reductions, but not exclusively so. (New funding opportunities were also identified, such as ACE's Great Places Scheme.)

The title of one article published in Arts Professional, *Who is afraid of Manchester?*, appeared to attest to a sense of apprehension amongst peers based elsewhere in the North around the announcement of devolution in GM. This 'climate of fear' was one that the director of a major cultural organisation in GM sought to address directly.<sup>84</sup> Dave Moutrey offered the simple reassurance that 'growth in Manchester is good for the North' and dismissed any negative feeling as 'resentment' and an unproductive 'waste of time' (Moutrey, 2016). Moutrey's words suggested that while some feelings were permitted as legitimate responses to devolution's offer, others were not. I wanted to build recognitions of such foreclosures into my research design as they appeared as *signposts* pointing towards particular feelings of grievance - in this case concerning the potentially unfair distributions of resource and a worry that gains made in some local areas might be won at the expense of others. The recognition of such feelings, I speculated, might usefully serve to point to forms of injustice, historical or as replicated in the present (Ngai 2007; Skeggs & Loveday, 2012; Ahmed, 2012). This realisation necessitated a methodological approach whereby not just effects, but collective affects and 'atmospheres' could be acknowledged.

In selecting the 'border country' between England and Wales as the site for my enquiry, it was difficult not to bring an awareness, first of all, of the work of Raymond Williams (Williams, 1960). Williams set out an early theory of affect which sought to place emotions within the context of societal 'structures of feeling' (Williams, 1977: 133). Williams points to tacit assumptions by way of

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<sup>84</sup> Appointed as Director of Culture for GMCA in 2018. <https://www.artsprofessional.co.uk/news/dave-moutrey-appointed-director-culture-manchester>

explaining what he means by this term. 'It is thus a specific structure of particular linkages, particular emphases and suppressions, and, in what are often its most recognisable forms, particular deep starting-points and conclusions' (Williams, 1977: 134).

A team of ethnographers, working in the 1990s, further developed this concept into one that could encompass 'local structures of feeling' (Taylor, Evans and Fraser, 1997). In their book titled, *Tale of Two Cities: global change, local feeling and everyday life in the North of England*, these authors detected patterns of social and cultural practices in the city of Manchester, relative to those they found in nearby Sheffield. Their aim was to describe residents' hopes and anxieties around 'what is happening to our city' and record the 'public sense of well-being' they found across and between these two sites (Taylor Evans and Fraser, 1997: 92). Though perhaps now dated in its findings, this research project nevertheless seemed like a closely related comparative analysis that might be able to offer valuable lessons for my own research.

Critics of this project also proved instructive. One reviewer of the book detected slippages into an 'organicist view of local culture' as if 'it were an enclosed attribute of place' (Pinder, 2006). Such conceptions of local cultures go against contemporary understandings of place (set out in Chapter 1) as: 'flow, juxtaposition, porosity and relational connectivity' (Amin, 2004: 17). As the geographer Nigel Thrift has observed, 'the "local" and the "global" have become increasingly awkward political terms but no satisfactory alternative to the *connected separation* they imply seems to exist' (Thrift, 2008: 2). Such paradoxes appeared central to my study, which - as also shown in the previous chapter - is built on the conflation of devolved territory and space; both as the site of legal jurisdiction and fixed borders, on the one hand, alongside economic mobilities of capital on the other. 'Businesses do not recognise the border in their day to day operations' (The Northern Powerhouse Strategy, 2017).

In a more recently authored ethnographic study of community-based heritage projects in the city of Cardiff, Alida Payson also explores 'politics in a changing city', building her methodology on Sara Ahmed's conception of the 'sociality' and 'stickiness' of emotions (Ahmed, 2004). Ahmed's work in particular brings

sophisticated readings of 'the promise of happiness' (Ahmed, 2014) which richly supplements her earlier discussions of the nation state and its attributed 'others', those who are 'not us' (Ahmed, 2004: 2).

These writings on affect, and their diverse application to bodies of research, provided useful ways of understanding how, as Williams states, there is an artificial 'separation of the social from the political' (Williams, 1968: 128). Professor of Applied and Social Theatre, James Thompson, has also written about a shift from 'effects to affects', whereby any assumption that 'the affective realm is one that avoids or denies political action' is strongly countered (Thompson, 2009). Any investigation of inequality can, Thompson usefully argues, 'be considered part of an affective register as well' (Thompson, 2009: 179). Both Raymond Williams and James Thompson provided me with early frames of reference with which some of my understandings of the related dimensions of arts and health devolution might be aligned.

I later discovered the newer concept of 'atmospheres', developed by those in the fields of anthropology and human geography. This concept builds on articulations of 'non-representational methods' which first came into use in the early to mid-1990s, through the work of Nigel Thrift and others (Thrift 1996; 2000: 2006). Thrift points to the tendency to 'retreat from practice into the (cultural) politics of representation; creating deadening effects on an otherwise active world' (Cadman, 2009: 1).

Kathleen Stewart similarly defines what she calls 'ordinary affects' in very dynamic terms, as 'the surging capacities to affect and to be affected that give everyday life the quality of a continual motion of relations, scenes, contingencies, and emergencies' (Stewart, 2011: 2). In common with Williams and Thompson, Stewart breaks down political theories into the forms of human experience but does so by observing how the former can serve to diminish the latter, also detecting 'deadening' effects: 'The terms neoliberalism, advanced capitalism, and globalisation... do not in themselves begin to describe the situation we find ourselves in' (Stewart, 2011: 1).

Stewart argues that 'ordinary affects' are 'at once abstract and concrete [...] more directly compelling than ideologies, as well as more fractious, multiplicitous, and unpredictable than symbolic meanings' (Stewart, 2011: 3). While non-representational theory tends to result in accounts of the world that 'describe and present' rather than 'diagnose and represent', there is 'no method, as such, on how to go about undertaking this approach (Cadman, 2009: 6). 'Nor has there been much sustained engagement as to how nonrepresentational theory might reconfigure the collection of fieldwork' (Cadman 2009: 6). While keen to be informed by these interpretative frameworks, I still needed to devise approaches and methodologies more specifically focused on my topic of Arts and Health.

### Tonics and toxins

I developed my own interpretative approach and used ethnographic methodologies designed to detect 'atmospheres'. Producing descriptive accounts requires 'a high level of detail and access to perceptual information that can be documented as directly and richly as possible' (Molt, 2019: 17). This meant researching directly in the field and observing and dialoguing with relevant actors, including artists, policy makers and participants. In a supervision, I characterised my method colloquially as one whereby I 'became my own canary' (referring to when birds were taken down mines to test for the presence of noxious gases.)

My method for detecting 'atmospheres' through inhabiting various 'contexts' spread across four sites seemed apposite - as it fit into wider discourses about how 'life affirming' cultures could be used to promote and alleviate 'sick societies'. Collective art making, Mike White affirmed, should be regarded as a health-enhancing activity, a 'social tonic' (White 2013). Five years later, in the Creative Health report, Professor Parish characterised the arts in far more ambivalent terms as an 'essential vaccine' (APPGAHW, 2017: 30). These are intriguing propositions and metaphors for the kinds of 'background forces' that constitute the 'causes of the causes' of ill health and health. They can help frame how 'ubiquitous backdrops of life and thought' might also 'exert some kind of force' which cannot be easily captured through representation, but felt more intuitively as an 'atmosphere' (Anderson & Ash, 2015).

One paper that seeks to explore ‘health atmospheres’, for example, responds to calls ‘to clarify the ways social, spatial and political factors may promote or impede recovery’. Cameron Duff suggests we ‘treat recovery as an emergent capacity to manipulate the affects, spaces and events of a body’s “becoming well”,’ grounding this idea in the belief that recovery is ‘always-unfinished event’. Recovery from ill health can be enhanced, he believes, by ‘the “staging” of atmospheres of recovery’ (Duff, 2016: 59). He proposes that ‘recent discussions of affective atmospheres provide a unique conceptual and empirical lens for delineating more of the embodied, social and political conditions of recovery,’ (Duff, 2016: 62).

In practical terms, detecting atmospheres across different sites meant reflecting on the kinds of feelings I both observed and felt in response to the Arts and Health situations in which I placed myself. These situations included: noticing the words and actions of leaders within groups; hanging out with artists and their ‘participating’ publics (noticing who was able to dictate agendas, discovering the terms on which participation was sought); witnessing politicians welcome the expansion of this ‘agenda’, as well as trying to relate these activities, one to the other, across different locations. I interviewed selections of people working across and between these areas and disciplinary fields (see full list of the 25 interviewees in the Appendix). Through participant observation, it was possible to detect ‘cultish’ atmospheres within groups of similarly minded people (page 192) as well as sense feelings of safety within small crowds (page 138). I was able to attend to moments of discord in meetings and groups (page 132) as well as feelings of attunement and harmony (page 125). There were also occasions when I noticed my own sense of shame (taking photos of street drinkers in Leigh) and mixtures of fear and safety (visiting the Veteran’s Shed project in Colwyn Bay (page 136). These were all quite subtle sensing of atmospheres which fed into the wider conclusions drawn across each of the chapters.

### Temporalities

I found finding myself also caught up in the ‘middle’ of events, not separate from them. If Arts and Health was a ‘shifting’ set of relations, a phenomenon on the move rather than a static entity, I had to adapt my research methodology

accordingly. I felt compelled to improvise with 'the flow of life', not merely in order to 'keep up' with events, but also to retrospectively re-position these developments in the context of the past. This situation necessitated flexibility and a degree of contingent reassessment. It meant I couldn't plan out research in advance and stick rigidly to that plan - as to have done so would have meant missing the 'shifting' patterns of Arts and Health I was seeking to chart.

I needed to be able to track back and forth across time in order to bring to light some of the ways in which 'beginning' points had been decided upon in certain accounts of Arts in Health (Fancourt, 2017). Such flexibility, I speculated, might enable different interpretations of 'official' histories. Building on Sheila Broderick's important insight - that the field is always 'shifting', never a fixed 'thing' - my main argument is that 'Arts and Health' and 'devolution' must be thought of as categories and political concepts that have been brought into existence *through* time. Pre-histories, the contemporary author Lisa Diedrich writes, do 'not suggest a fixed period of time and place,' but can serve instead as an 'incentive to look in advance at the precipitation of a particular substance in history' (Diedrich, 2016: 10). In her re-working of the related histories of illness and activism, Diedrich lays out her own methodology (Diedrich, 2016) as one which draws on the idea of the 'history of the present' (Scott, 1991).

Similarly, editors of a book devoted to *Creativity and Cultural Improvisation* (Ingold & Hallam, 2008) challenge perceived polarities between the 'innovative dynamic of the present and the traditionalism of the past'. Instead, Tim Ingold and Elizabeth Hallam argue for 'forward readings' of creativity, based on the affirmation that the world is 'always in the making rather than ready made' (Ingold & Hallam, 2008: 7). Explorations of the past made in the present, they suggest, should not be prohibited through being considered already too 'finalised'. They propose that 'there is no script for social and cultural life. People have to make it up as they go along'. These authors are concerned with how improvisation is necessarily part of the way we work - whether in the context of everyday life or in our studies on lives undertaken 'in the field of art, literature or science'. They critically examine the limitation of what they call 'backwards readings' - that is to say readings 'that do not adjust and respond to the conditions of a world in formation' (Ingold & Hallam, 2008: 19). Creativity is thus enlisted, in their

understanding of this term, as being on the side of 'the present moment against the weight of the past' (Ingold & Hallam, 2008: 20). They make the case for a 'forward reading' of creativity because the world is 'always in the making rather than ready made.' It was in the 'here and now' that I saw the consequences of historical understandings of Arts and Health as they were continually (re)occurring.

### Situating this research design

There isn't a long tradition of this type of approach within the field of Arts and Health research, which generally favours 'evidence-based' enquiry intended to prove efficacy in health outcomes. This research, then, does not seek to evidence the 'good effects' of arts 'interventions', but along with a small number of similar studies, seeks to question and challenge 'common-sense' injunctions to 'get real' about what biomedical science and governmental policy-makers say they 'find trustworthy, useful and acceptable' (Ravetz, 2018). This point is important to stress because rather than being central to Arts and Health research, 'living knowledges' - and the necessary nuance they bring to understandings of public health policy - have been down-played in favour of quantitative research approaches (Byrne et al, 2018).

The body of research devoted to Arts and Health has become broader and larger over the last twenty years, with a number of journals and textbooks devoted to publishing research reflecting a concomitant growth in arts and health activities (Stickley & Clift, 2017). As noted in one textbook, which aims to provide a 'theoretical enquiry for practice', the theoretical basis for Arts in Health has been studied through a range of academic disciplines:

Theoretical perspectives may be constructed from a complex menu of the inward looking disciplines of psychology, biology or neuroscience, more interactive disciplines of sociology and anthropology, the spatial and temporal disciplines of geography and history, or more contemplative elements in the humanities including philosophy and studies of the various art forms themselves such as literary studies, media studies and so forth (Stickley & Clift, 2017: 4)

Arts in Health can be seen as a ‘magpie discipline’.<sup>85</sup> However, while celebrating this disciplinary diversity in framing (art) practice, an increasing number of practitioners and researchers (and most frequently those who combine both roles) document an unhealthy ‘obsession’ with the drive for evidence-based research in the field of Arts in Health (McNaughton et al, 2013). Hester Parr identifies this leaning as a dominant strand that needs to be resisted. Arts in Health ‘must refuse to be shaped solely by monolithic logics and anti-theoretical pressures for “application” and “evidence”,’ (Parr, 2017: 15).

Her contention is part of a stream of long standing complaints aired by many others before her. A paper authored in 2008, *Lost in Translation*, gave early warning of the ‘danger’ of evaluating art projects using positivist, biomedical methods. Christine Putland observes that ‘one partner in the relationship becomes subservient to the point of invisibility. Conceiving Art and Health on these terms risks an ‘eclipse’ of art,’ (Putland 2008). She concludes that ‘we need to tell *a different story* about the relationship between community arts and health’.<sup>86</sup> Four years later, another metaphor of absence was used to characterise the ‘missing gap’ in Arts in Health research, namely a ‘hole in the heart’ (Raw et al, 2012). Annie Raw supports Mike White’s critique of randomised control trials (RCTs) as marking any ‘gold standard’ for research in Arts and Health. Instead, she proposes ‘observing and absorbing... seeing and feeling the resonances of practitioners’ mores in their work environment’ as an appropriate methodology for her own research (Raw, 2013: 64). Artist-researcher Sheila Broderick’s optimism remained tentative when she concluded (in the same year) that new research methodologies deployed by artist-researchers (such as Raw) could possibly lead to positive change. ‘It is too early yet to say whether this will amount to an affective turn in arts and health research, yet it does indicate a cohort of researchers who are looking for a different set of theoretical references with which to consider practices’ (Broderick, 2015: 35).

A ‘framework’ aimed at bringing together diverse epistemologies was set out in 2014. The *Aesop* evaluation framework was intended to increase levels of ‘rigour

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<sup>85</sup> I borrow this phrase from a paper on Health Geographies, (Kearns & Moon, 2003: 612)

<sup>86</sup> Tellingly, much of the language of this ‘relationship’ is gendered: ‘fluffy’ arts versus ‘hard’ evidence.

and acceptance' for evaluation findings 'within both the arts and health communities' (Joss & Fancourt 2014). Yet despite these authors' insistence that this framework 'creates space' for all methodological epistemologies 'including ethnography, grounded theory, phenomenology and discourse analysis', the implicit leaning towards certain sets of knowledges over others remains coded in the framework design. In this suggested guide, 'social outcomes' and 'financial outcomes' co-exist as separate but equally weighted criteria for 'impact'. No friction between these categories is taken into account in what is purportedly a value-free 'synthesis' (but one that is actually far from being so.)<sup>87</sup>

Such framings, which propose normative values, can lead to unhappy side effects: 'the perceived distinction between the objectivity of science and the subjectivity of culture is itself a social fact (a common perception)' (Napier et al., 2008: 1607). Artist Sarah Desmarais observes how an evidence-based research 'orientation' continues to result 'in a lack of research directed to the close-at-hand, processual, experiential, and affective dimensions of arts participation, and into the emergent properties of particular situated, relational practices' (Desmarais, 2016: 29).

Further critiques of the academic 'rigour' ascribed to some (but not all) methodological approaches are offered by Amanda Ravetz in her paper *Black Gold* (Ravetz, 2017). This examines the tensions inherent in any exploration of the 'potent edge land between implicit felt sense and logical reason' that the field of Arts in Health might represent. Contrasted with the aspiration for 'rigour', there is an acknowledgement here that perceived failings in Arts and Health research might also provide hidden strengths. Writing as a long-time advocate for artist-led research, Ravetz notes that:

artistic research places value on improvisation, chance encounter, unforeseen admixture and the in- and outward- folding of process, affect and material. Once it is accepted that poiesis is part of the research process (Ingold, 2013; Haraway, 2016), it becomes apparent that artistic research cannot easily accommodate straight backed rigour.

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<sup>87</sup> Joss is an ardent free-marketeer. See his pamphlet, *Flow* (Joss, 2019).

Further passages in this text establish 'narrative' and 'storytelling' as worthy and legitimate methods for researchers in the field to deploy:

While discursive reasoning takes the shape of a well-formed argument that appeals to procedures that establish empirical and formal truths (Bruner, 1986, 11), narrative lines of reasoning 'do not generally prove anything, but they do show how something might have come to be the case' (Worth, 2008, 49)

This last point very much presents an entry point for the methodology of this research. In summary then, the research undertaken for this thesis is aligned with a strand of research within arts and Health that questions the assumption that evidence-based research is the best (or only 'real' choice) of methodology through which study can be undertaken. It resonates with those in other nearby and related fields - such as critical health studies, critical medical humanities and human geography - who identify a need 'to talk afresh about arts-health - as a combination of uncertain and contingent things to be explored' (Parr, 2017: 18).

## **Geographies**

### Choice of field site

Rather than focus all of my energies and attention on what was happening in GM, I reached an early decision (as indicated above) to extend the scope of my ethnographic study of Arts and Health in devolved contexts to embrace the nearby region of North Wales. This widened the scope of my overall aim: 'to provide an understanding and critique of how devolution is shaping the field of Arts in Health'. There were many reasons for this choice, all of which build on the understandings of devolution (set out in chapter 1) as a conflated concept, one that affirms regional territories, but ever more within a networked, global market. As researchers in the field of urban studies note, forms of territorial governance can often 'co-exist as complex, contingent hybrids, with new initiatives layered on top of previous ones' (Allmendinger & Haughton, 2000: 859).

Firstly, I realized that I would not be able to demonstrate Manchester's 'exceptional' status (outlined on page 12) without showing how the model of devolution adopted here was different from other forms of devolution adopted elsewhere. Initially, I had sought out 'non-devolved' contexts but soon discovered that, in effect, the whole of the UK is now subject to differing devolutionary processes of one kind or another. This includes the 'centre' of political power, Greater London, which like GM, is also represented by a metro mayor (though unlike GM, it also has a London Assembly). I adapted my focus, as a result, to examine subtle variations across devolved contexts.

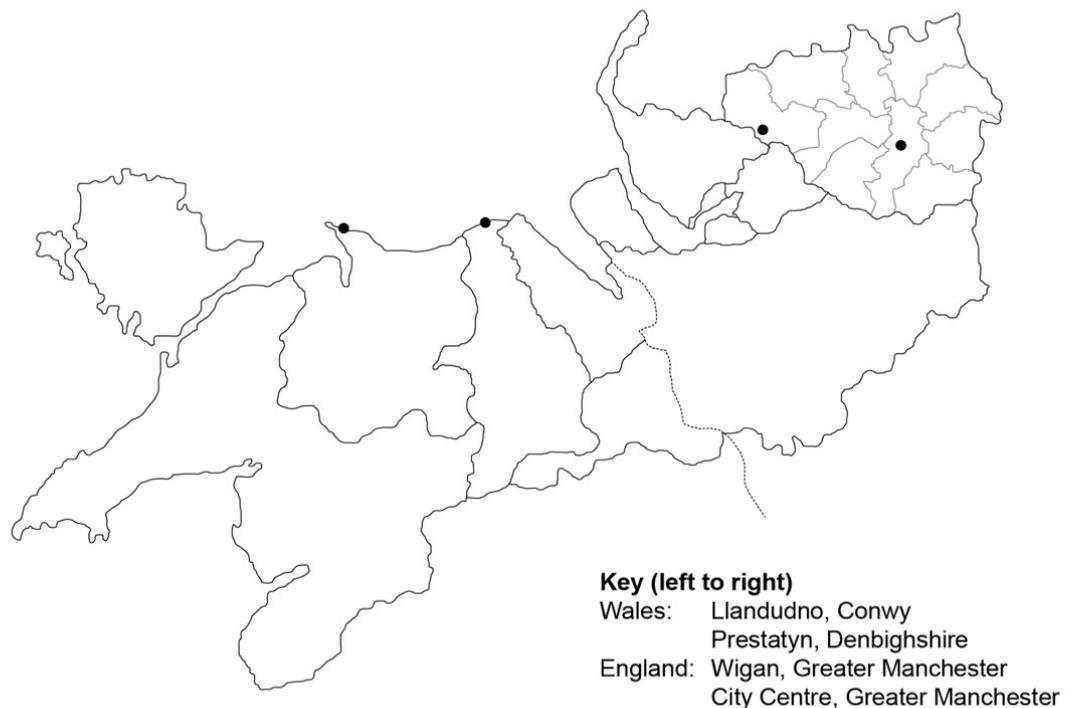
Secondly, the geographic area between GM and North Wales fell within the designated scope of the 'Northern Powerhouse'. This choice of field site, then, also afforded an opportunity to explore the particular conflation that exists here between 'old' forms of national devolution, and 'new' forms of regional devolution. Again, this seemed an important task of differentiation to perform considering that devolution in GM was presented by George Osborne as a 'revolution' in government (rather than an evolution).

Thirdly, the contrast between GM and North Wales could also serve to highlight some of the ways in which time and place were conceived through 'spatial imaginaries'. In a strategy document for the Northern Powerhouse, a speculation is made: 'If the Northern Powerhouse were a country, it would be amongst the biggest economies in Europe' (Hammond, 2016). Such imaginings re-cast territorial spaces more as competitive regions in global economies than devolved 'countries'. Such re-casting aligns with a rejection of the welfare state in favour of the adoption of a more 'competitive states' that take a 'neoliberal approach' (Allmendinger & Haughton, 2000: 859).

The selection of sites based within this so-called 'Northern Powerhouse' area, then, presented an opportunity to test the extent to which this particular spatial imaginary had succeeded in constructing a new 'reality' amongst those living and working here. The concept of an imaginary, it has been asserted, 'denotes a simplified, necessarily selective 'mental map' of a super complex reality' (Jessop, 2012: 17). As has been usefully further noted: 'such imaginaries are never a

simple representation of reality, since they help construct the very reality they seek to represent' (Allmendinger & Haughton, 2000: 860).

Through an examination of these different, yet similar contexts, I speculated that useful comparisons and contrasts could be drawn, between England and Wales (across national borders) as well as within regions (across local authorities).<sup>88</sup>



#### The four sites, amongst local authority regions in NW England and N Wales

### Choice of projects

Building on this rationale, I selected two Arts and Health projects across the English and Welsh border for the purpose of this research. Initially six projects had been in the running (including examples drawn from Merseyside area).<sup>89</sup>

<sup>88</sup> A comparison across this 'border' I had undertaken for a previous report, *Strength in Networks* (2017). This was a comparative analysis of six case studies which fell across the Welsh-English border. The differing sitings of these projects threw into focus 'context-dependent effects'. Through these, I sought to understand how 'different aesthetic, social, cultural, and economic impacts may be relevant' (Williams, 2017).

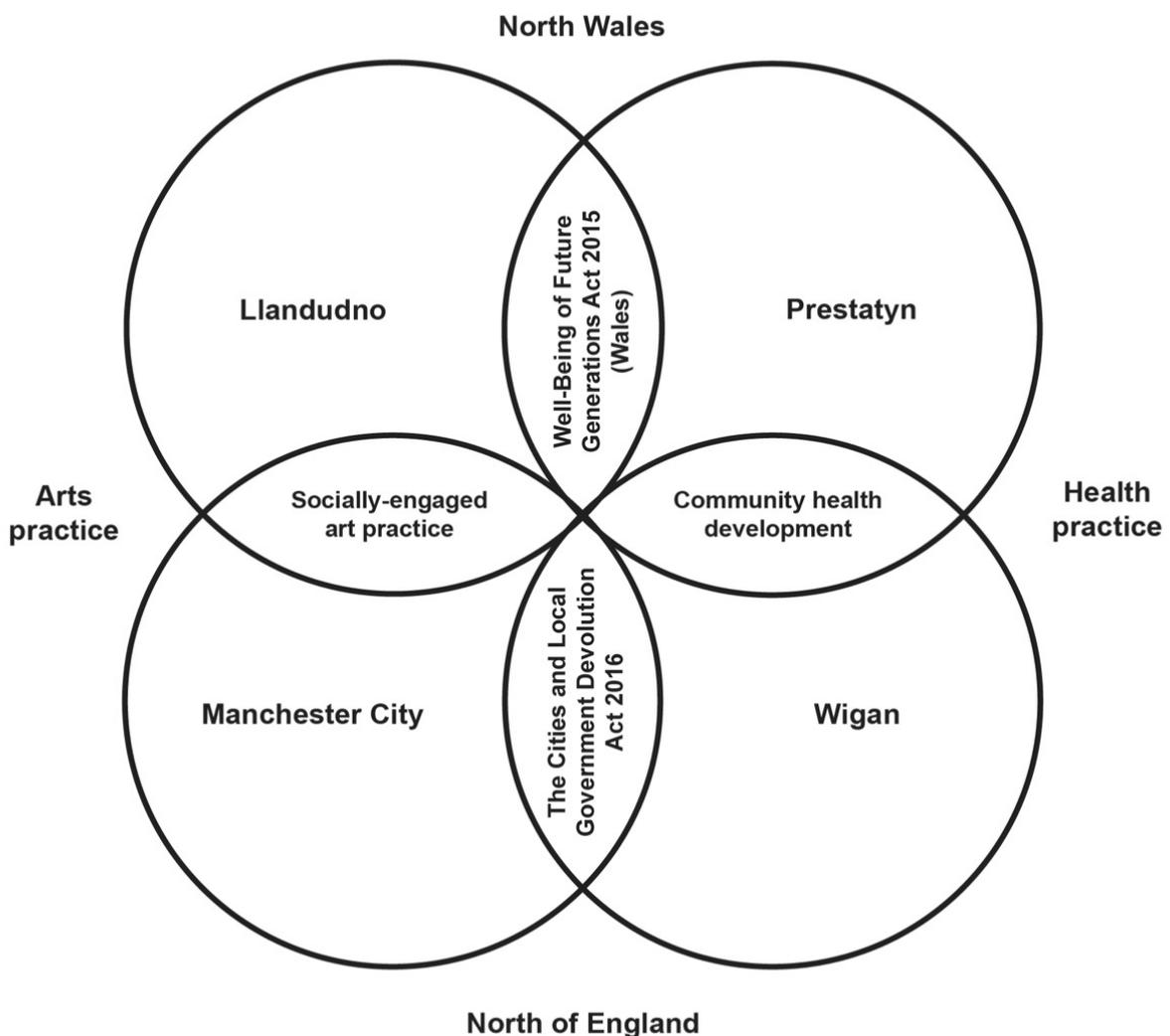
<sup>89</sup> One colleague was aghast that I could talk about Arts and Health in the the North West without mentioning projects based in Liverpool and Merseyside. I acknowledge that given more time, an inclusion of this region would have been a desirable addition.

But I subsequently decided that this was too ambitious an undertaking in the time frame available. I was mindful to balance a desire to write ‘thick’ description (Geertz, 1973), with the need to also provide wider, more generalised accounts. The four chosen projects all promised rich examples through which to explore the research questions. Though not in any way typical, they each held particular significance for my topic.

1. *The Centre for Creative Activism* was a short-term, six month arts project whose initial aims were closely entwined with a local authority ‘place-making’ initiative. Through an artist residency in the town of Llandudno, Conwy, Ailie Rutherford sought to deploy ‘creative activism’ to shape a new discourse here, one which would explicitly address forms of social and economic inequality in the town - a place ‘owned’ by the property developer (Mostyn Estates). Governmental definitions of ‘well-being’ would be challenged through her attempt to develop counter-publics and counter-actions.
2. *The Artisan collective in The Old Library* was based in Prestatyn, Denbighshire. Their on-going project defied easy categorisation. This group of local craftspeople was not part of either local arts or health institutions or infrastructures. They sought to retain their autonomy as a self-organised group of community activists. They forged a particular alliance with a local health initiative seeking to reform primary care in this region as a result of policies of austerity.
3. In the GM Brough of Wigan, I followed one community health project whose co-ordinator, for reasons which I explain below, subsequently withdrew permission. As a result of this unexpected turn of events, I re-shaped this chapter around a broader range of cultural activities that led to the creation of a ‘Cultural Manifesto’ in 2018. This document, called *The Fire Within*, places special stress on well-being and health. I also followed the activities of a particular group, self-styled as ‘a social movement’, who worked under the title of ‘Live Well Make Art’. This group came to the town of Leigh in 2017 with the intention to promote Arts and Health, working closely with the borough leader (Donna Hall) who took a proactive approach to policies of austerity.

- Portraits of Recovery (PoRE) is an organisation based in Central Manchester. Although not centred on 'place', this project offered models of collective 'recovery' forged through art practice. Its work, led by Director Mark Prest, deals directly with the enactment of new, potential subjectivities and promised participants ways of speaking and behaving that could move (them) beyond fixed identities. Working with a digital arts group, 'recoverists' developed a video game which attempted to provide an 'escape' from the past and the habits of addiction. This project, like the others, relied on personal commitments forged in the face of a diminished funding landscape.

The chapters were arranged in this (consecutive) order to allow a line of argument to flow between them, although in reality the research process was a 'messy' one which involved revisiting these four projects and their locations repeatedly, disjointedly, over a period of two years or so, dipping in and out of their various progressions. At the outset of my research I drew a Venn Diagram - see below - which made sense of the projects and their relation through devolved territories, acts of legislation and forms of arts and health practice.



Qualitative methods were appropriate for answering my research questions, which extended beyond a textual examination of policy, to explore how policy was performed, interpreted and felt. It allowed me to observe the quality of the interactions between people, expressions on faces, social protocols and the establishment of certain 'pecking orders'. For example, I was able to notice whose mobile phone pinged with the most messages in key meetings, indicated how in-demand certain powerful brokers were set alongside colleagues with less noisy phones (indicating they were less busy and therefore less important.) Time pressed in upon these social situations in ways such as this, very unevenly. More broadly I observed how 'bodies in fieldwork consist of an unstable balance between biology, the social and the cultural, which force challenges both in research practice and in the writing of such processes' (Parr, 1998: 35). Ethnographic fieldwork was undertaken mainly in the second year (though this also ran into the third). I became a 'Participant Observer' (PO) in various groups, most of which were open to the public, but some of which were accessed by invitation only. I made sure to inform people that I was a researcher acting as a PO and to remind groups, now and again, of this point as I became more absorbed into activities over time.

I spent roughly equal amounts on time at all four sites, visiting the various projects based at Llandudno, Prestatyn, Wigan and Central Manchester at least 4-8 times each for full days, at different points across the year in order to see their development over time. I made 'scratch notes' of informal conversations and most often wrote up my experiences through notes taken openly at events and meetings. I also more formally interviewed at least 6-8 people at each site about their involvement in their roles and different capacities - usually face to face at a location of their choice at the site of study. This process led to the accumulation of twenty interviews of around an hour's length each.

Interviewees were selected on the basis of their particular experience of arts and health and their different roles within any given project. <sup>90</sup> Some spoke on behalf of organisations, with permissions needing to be cleared at a higher level (with managers, or committees, to whom they were accountable). I always gave the

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<sup>90</sup> They included those who referred to themselves as artists, cultural leaders, activists, change-makers, creative activists, recoverists, agenda-setters and system-disruptors.

option of anonymity and sought informed consent. Interviews proved useful - over, say, focus groups - in allowing for individual perspectives to be given in confidence (as these groups frequently contained varied and often colliding viewpoints). The interviews also allowed for rich accounts of subjectivity. Undertaking 20 interviews also enabled a range of different responses to be covered (Baker & Edwards, 2012). Through the interviews, I was able to directly address my research questions. When two interviewees offered direct contradictory accounts of the same sequence of events, I was forced to take note of Atkinson and Silverman's assertion that 'we take at face value the image of the self-revealing speaking subject at our peril' (Atkinson and Silverman 1997: 322).

It was through acting as a participant observer that I was best able to pick up on nuances of feeling in my research subjects and observe their unconscious behaviours - as well as how as they interacted with each other. I was able to record these moments using 'thick' description. This 'embedded' role did, at times, raise complex ethical issues around my own 'complicity' within certain groups which I joined as a 'member' (to lesser and greater extents).<sup>91</sup> Some of the subjects wanted something 'in exchange' for access - which felt like a reasonable and equitable demand. And so, in good faith, I helped to programme one Live Well Make Art Event (in Oldham), and also wrote a paper about Ailie Rutherford's project for her use as part of an evaluation report (Williams, 2018). Other exchanges were more formal: such as my undertaking freelance work for ACW to gather data as part of the initial stage of their Mapping Report in 2017. I have had to exercise judgement on whether to include (anonymous) extracts from one person I spoke to as part of this work. After seeking consent, I judged it was in the public interest to include details of our exchange. This is in line with contemporary explications of semi-covert research which propose exposures of this type as 'ethical resistance' to 'forms of wrong doing' (Calvey, 2017).

The biggest ethical challenge, however, was presented when one arts coordinator based in Wigan decided to withdraw of permission to use interview materials and ethnographic description at a late stage in 2019. This radically altered my ability to record participant experiences within this locality. I had

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<sup>91</sup> I attended a workshop on 'Getting ethics' at Bangor University in 2017 where I could air my concerns and explore wider practices of 'covert' and 'overt' research (Calvey, 2016).

followed with close interest one Arts and Health project based in an outer locality in the borough of Wigan over the summer of 2017. I met residents at risk of social isolation who had taken part in creative workshops run by an experienced artist-practitioner. However, on running past this co-ordinator extracts of text,<sup>92</sup> I was told that I had presented a gloomy picture of the place, one stuck in the past rather than able to address the future. My reference to 'long legacies of stigma' was not considered helpful at the moment when funding applications were in the pipeline. Despite lengthy negotiations we were not able to agree on a version of the text that could be used. As a result, I edited out all reference to this project and have ensured that the identity of the person involved is protected.

This experience underlined for me the very sensitive nature of the power relations that existed in these contexts. A need to exercise self-control (and self-censorship) was one I found to be widely prevalent amongst artists cautious of harming their prospective livelihoods. 'We have to be careful' (Llandudno). Some arts commissioners and public health officials were also very frank in stating that I could only access certain groups if I supported their approaches and decisions from the outset. This made it very difficult for me to become part of these 'inner circles' of power for very long, without being compelled to use concepts, languages and forms of representations that were not my own. Such questions around these terms of engagement with 'gate-keepers' exposed me to some level of risk as my objective was one that sought to 'to reveal and critique fundamental economic, political or cultural disadvantage or exploitation' (ESRC 2010:27). As Martin Hammersley points out, 'it seems unlikely that powerful groups, on being told that the proposed research is (potentially) opposed to their interest would consent to access' (Hammersley, 2010).

### Writing up

I have written the narratives in a way that I hope will enable the reader to draw their own conclusions as to what is 'happening' in these spaces of sociality - by placing themselves amongst these relational scenarios - not imposing any single conceptual frame, in accordance with 'weak theory' (Stewart, 2008). I have

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<sup>92</sup> Text which later informed this blog: <https://www.miahsc.com/news-2/2019/5/22/facing-inwards-and-outwards-challenging-inequalities-within-greater-manchester>

attempted to provide a balance between presenting materials from interviews alongside my own interpretative narrative. I have brought an acute awareness of how 'narrativising, like all intentional behaviour... is a site of moral responsibility' (Richardson, 1990: 131). 'It is never neutral or innocent because it is interpretational and hence social and political activity with consequences for people's lives' (Sikes, 2015: 2). Piecing together the 'stories' of the case studies became a process of integrating materials gleaned from policy texts alongside the interpretations given to these by those responsible for 'implementing' them. This presented a further quandary - how to communicate the texture of these 'live' activities through my written 'treatments' of them? 'Writing up' was itself a process that required me to reflect on my own practice. Here, anthropology provided important models.

It was through memoir, travel writing and descriptive prose, that the discipline of anthropology first established itself. Within anthropology, the requirement to 'keep your poetry to yourself' has been both asserted and challenged at various times, through recent 'turns' both 'self-reflexive' as well as 'literary' (Pandian & McLean, 2017: 3). These authors attempt to combine 'instances of life entangled with moments of thought' (Pandian & McLean, 2017: 13). It was amongst this set of literatures - anthropologists writing on writing - that I found useful resonances. 'We shared a sense that explanations came too quickly and easily in the social sciences, stripped of the dense and deeply mortal flesh of life' (Ibid: 4). Writing appeared, in this framing of its potentials, to offer a methodological 'tactic' for dealing with issues of power and knowledge:

Writing thus becomes a means of marking and maintaining an openness to events, surprises, and contingencies, to a reality that is as much a source of questions and provocations as of answers (Pandian & McLean, 2017: 4)

I needed some writing strategy that could help accommodate my own position amid the strongly directional policy texts I was reading, in ways that allowed for both power and vulnerability. Any writing strategy needed to draw on subjective experience, not just my own, but the subjects of my attention - the people with

whom I had formed 'inter-subjective relations' over the three-year course of my research.

As a result, the following chapters have been written in passages that adopt two different voices and tones, one seen as more academically legitimate than the other. This is part of my attempt to acknowledge, if not always reconcile, my own sense of agency and power alongside the voices of those I was researching. In adopting this technique, I am mindful of Raymond Williams' observation that 'perhaps the dead can be reduced to fixed forms...but the living will not be reduced, at least in the first person: living third persons may be different' (Williams, 1968: 129).

The ambition is for these 'two tones' is to work in unison: to use the 'distance' of academic writing on the one hand, and the more live and embodied knowledge I was acquiring as a 'participant observer' on the other. I did not want to choose between these two approaches, but rather to integrate them in ways that could highlight their different capabilities. This seemed to me like a way to resolve some of the power imbalances inherent in the research process itself, as well as in those social processes I sought to study.

## CHAPTER 5: LLANDUDNO, CONWY

### Introduction

This chapter explores the relationship between a national cultural strategy, developed by Arts Council Wales (ACW) and its interpretation by a local commissioning body based in North Wales titled, Creative Action Llandudno (CALL). It explores the approach deployed by one artist-in-residence here (Ailie Rutherford) namely that of 'creative activism'. Cultural activities undertaken as part of CALL's programme led to the development of a draft *Manifesto for Culture* for Llandudno.<sup>93</sup> This text champions the value of the arts to community well-being: 'Llandudno is transformed...through inspiring public art events. It supports the wellbeing of its communities through creative expression.' But the story about to be told about the residency of Ailie Rutherford problematises, as much as it affirms, this statement of intent. The residency represents an intriguing example of what one curator calls, 'participating in the wrong way' (Hope, 2012). The project Ailie set-up, *The Centre for Creative Activism*, upset understandings of 'well-being' promoted by a local authority at the behest of the Welsh Government. It presented ill-fitting forms of cultural activity, within which 'one might find undeclared signs of cultural democracy' (Hope, 2012: 23). As such, this case study serves to point to imprecise and sometimes deliberate misreadings of intent between actors operating at different tiers - national, regional and local.

### Cries for Peace

Llandudno resident, Lee Green, tells me about an event she organised in a former chapel on the high street. Put together with others from Conwy Peace Group, it included examples of art, music and poetry chosen to protest against Armed Forces Day - a display of UK military personnel and hardware that took place in June 2018.<sup>94</sup> As the ex-wife of a veteran diagnosed with Post Traumatic Stress Disorder (PTSD), Lee had gained her own vicarious experience of the destructive power of war. She struggles, she admits, to maintain her own mental health sometimes as a result. But encouraged by guest poet, Louise Fazackerley

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<sup>93</sup> A manifesto that was a draft of a ten year strategy document, drafted by ACW and local stakeholders. This is how it was presented in the minutes of a meeting by those who wrote the text together in 2018.

<sup>94</sup> <https://www.armedforcesday.org.uk>

(who also writes about the domestic impact of war), Lee summoned-up enough courage to read aloud one of her more personal poems at this event:

I see on his face the descent of red mist  
the front room of fury, no love nest of bliss  
Now he smashes things, angry  
peace shattered, so raw  
drives my face into debris  
on my knees on the floor  
I'm begging to tend to my beautiful child  
but he doesn't hear me, the war's running wild

Together with others in attendance, the evening closed with the audience singing a rousing hymn whose words had been written by a former preacher at the chapel, the famous Welsh pacifist, Lewis Valentine. *O Dros O Gymru (A Prayer for Wales)* sends out a cry for peace, calling on god to protect Wales, her language, land and people. 'Dros Gymru'n gwlad, O! Dad dyrchafwn gri / Y winllan wen a roed i'n gofal ni.' (For Wales our country, O Father, I raise a cry / This pure vineyard which was given to us to care for).

Lee tells me she remembered the lyrics of the hymn from singing the song as a child. 'The words came back to me in that moment,' she says 'from some deep place'. She cradles her hands below her stomach by way of gesturing towards this site in her body (the gut). It was 'a very cathartic experience', the first time 'in many years that I had felt fully at peace.'

### Cynefin

Lee's act of remembrance - also one of protest - marks a rich place to begin this exploration of 'creative healthy places' and the particular affects enabled though what can be seen, in this instance, as an Arts and Health 'moment'. Lee appears to validate Baroness Andrew's assertion of the value of the distinctively Welsh concept of *cynefin* : 'to have both a sense of place and time; to be conscious of identity and of belonging' (Andrews, 2014: 49).

Her account also appears to affirm what advocates for Arts and Health describe as the ‘power of place’ in promoting well-being, one that draws on ‘location, identity, memories’ (APPGAHW, 2017: 76). It might also confirm the role that ‘cultural heritage’ plays in meaning-making (Chatterjee & Noble, 2018) or how singing can foster a ‘sense of social support and friendship’ (Clift et al, 2010). All of these things could be interpreted as coming together in this moment when, by her own account, Lee’s lost voice was one she suddenly ‘found’.

The event that Lee helped stage was one that followed a call for ‘creative activism’ made by Ailie Rutherford. The artist arrived in the town of Llandudno, to become an ‘artist-in-residence’ here, in the autumn of 2017.<sup>95</sup> She was engaged as the lead artist for *Shape This Town*, a strand in an ‘innovative regeneration project’ entitled *Lost Spaces*.<sup>96</sup> This was, in turn, funded by Arts Council Wales (ACW) through a national programme entitled *Ideas People and Places* (IPP). This programme was, in many ways, similar to its English equivalent, *Creative People, Places* (CPP). Both claim to be ‘about people choosing, creating and taking part in brilliant art experiences in the places where they live’.<sup>97</sup>

ACW asserted that IPP projects would use ‘the power of the arts to transform and enable change’ through using creative methods and tools that could help ‘empower’ local communities (ACW, 2013). IPP fell under the wider remit of the Welsh Government’s national regeneration plan, phrased as enabling, *Viable and Vibrant Places*.<sup>98</sup> These related strategy documents, with their alliterative titles, were all published in the same year of 2013. ‘The health and wellbeing of residents is central to the vitality of places’ the latter document asserts. ‘Regeneration activity will support healthy and cohesive communities able to grow and work together’ (Welsh Government, 2013).

Ailie’s approach to this residency would controversially ‘stir things-up’, deploying an activist approach to create *Beautiful Trouble* - the title of one book dedicated

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<sup>95</sup> Becoming ‘resident’ here for twelve days each month, from October 2017-April 2018.

<sup>96</sup> A programme comprising a number of other ‘residencies’ undertaken by more local artists. See website

<sup>97</sup> The programme aim as stated succinctly on the the CPP website. <http://www.creativepeopleplaces.org.uk>

<sup>98</sup> Vibrant and Viable Places, New Regeneration Framework (2013).

to 'creative activism' (Boyd, 2012).<sup>99</sup> But while Ailie was happy to describe her socially-engaged art method as one of 'creative activism', she did not much like use the word 'trouble' to describe her activities. 'For me, activism is less about causing trouble and more about trying to build something better, fairer, more equal. It's standing up for our rights and the rights of others, protesting against structural violence and oppression.' Through the temporary institution she set-up in Llandudno - *The Centre for Creative Activism* - she forged partnerships with a range of local activist groups in North Wales, integrating their aims with her own. In this way, Ailie did not respond to the needs of a general public - nor indeed of other artists based in North Wales - so as much as seek out counter-publics in tune with her own creative and political aspirations.<sup>100</sup>

Ailie's residency was commissioned by an organisation somewhat ambivalently titled Creative Action Llandudno (CALL).<sup>101</sup> I had encountered CALL as a participant in an arts event organised by CALL the year before Ailie's arrival. At *The Photo Marathon*, pre-set topics were given to amateur photographers of all ages, to explore over a day across the town's many locations. This experience prompted me to view CALL as an atypical example of an arts organisation in North Wales keen to adopt 'participatory' approaches (Matassaro, 1997, 2019).

Playing on the promise of distributed power, *The Photo Marathon* enabled diverse 'viewpoints' in the to become apparent; 'a process of embedding art and culture in the language of how people visualise a place,' according to CALL producer, Sabine Cockrill. Later that same year, an exhibition of these images would hang on the walls of Llandudno hospital, a move facilitated by Liz Aylett, the Arts, Health & Wellbeing Strategic Programme Manager at Betsi Cadwaladr University Health Board (BCUHB).<sup>102</sup> This was one of many partnerships forged by CALL, amongst which Ailie's residency would be situated.

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<sup>99</sup> A quote taken from an interview with another local artist, Michelle Wright.

<sup>100</sup> I am using the word counter-publics as defined by Nancy Fraser as 'parallel discursive arenas where members of subordinated social groups invent and circulate counter discourses, which in turn permit them to formulate oppositional interpretations of their identities, interests, and needs' (Fraser, 1997: 81).

<sup>101</sup> Many other artists formed part of this wider programme: <https://www.cultureactionllandudno.co.uk>

<sup>102</sup> For many years until her retirement in 2018, Liz Aylett was the single person responsible for developing Arts and Health activities in North Wales and was a paid employee of the Health Board.

Her residency would not be defined through any direct reference to Arts and Health so much as this local authority 'place-shaping' initiative. *Shape this Town* was a title lifted from an existing document published by Conwy Borough County Council, *Shaping Conwy's Communities*. This document recommends using 'community engagement tools' to 'improve well-being in your area' amongst which *The Photo Marathon* format is listed. CALL's approach depended on it being able to give a local inflection to national policies put in place by the Welsh Government. Such interpretations marked the points at which government policy moved beyond (good) intention, to be applied in 'real life' settings.

Ailie arrived from her home in Glasgow. There she had previously undertaken an artist residency at Govanhill Baths.<sup>103</sup> When the Public Baths were threatened with closure by the local council, in 2001, community campaigners embarked on a decade long fight for ownership of the building. The campaign evolved into a charitable trust, eventually taking possession of the building in 2011. Govanhill Baths is now a 'Wellbeing Centre' that facilitates arts and health activities alike.

A series of 'currency experiments and exchanges' initiated by Ailie grew into a long-term project, *The People's Bank of Govanhill*, which drew on these histories, seeking to re-frame 'social value'. Ailie had read the work of the feminist economists, J.K. Gibson-Graham, (Graham Gibson, 2005, 2009) and appropriated a motif: that of the economy as an iceberg.

In a diagram produced by these authors, they show the visible economy of wage labour, while underneath the waterline hidden activities lie unseen - those listed here as comprising 'bartering', 'moonlighting' 'volunteering', 'co-operatives', 'the retired', 'unpaid' and 'between friends'. Ailie couched her proposal for Llandudno as a potential exploration of the town's hidden 'undercurrents'. The 'iceberg' would be built as a bright blue portable sculpture which she would wheel around the town in her first month as resident artist. It subsequently sat in the window of the temporary institution she established, on Augusta Street in Llandudno.<sup>104</sup>

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<sup>103</sup> <http://www.govanhillbaths.com>

<sup>104</sup> Named after Lady Augusta Mostyn, who established the Mostyn Art Gallery in 1901.



**FIG 1. Ailie's Rutherford's wheeling her iceberg sculpture down Llandudno Pier.**

The 'iceberg' sculpture was the first thing I saw when I first met Ailie at Tedder House, a formerly grand, if now ramshackle building, located just off Llandudno high street. This space was pressed into use by *Helga Gelf*, an organisation which makes studio space available for local artists. Helga Gelf's Director, Sabine Cockrill, had developed a relationship with the town's property developer, Mostyn Estates. Through this link, access to other empty buildings - the town's 'lost spaces' - were secured for use by artists. These included The Tabernacle (a former Baptist chapel) as well as Tedder House, (a three-storey town house, formerly used as a private members club by ex-RAF servicemen).

Evidence of Ailie's initial dialogue with the town's inhabitants was plainly visible as I first entered the space. Extracts of conversations, written in coloured chalks, decorated an end wall. Ailie was intent on making these discursive processes a material part of her project and its aesthetic. Red stools fill the space on which various books were piled. It was amongst these texts that Ailie wanted to 'situate' herself as much as within the social fabric of Llandudno, amongst discourses of contemporary art (and those of 'socially-engaged art practice' in particular).

'Place-making', she told me, was a policy concept that offered both potentials and challenges. She rejected, 'the kind of place-planning that is only about the people who are already vocal and active.' Instead, she wanted to listen to the more marginalised voices in the town and 'amplify these'.

Ailie was unaware, on her arrival, of how any discourse of devolution might implicitly play itself out through her residency. Nor did she conceive of her residency as having any connection to 'Arts and Health'.<sup>105</sup> But in centring her project on the concept of 'creative activism', her residency inevitably claimed - if only by passive extension - the combined economic, social and health benefits set out for it by her commissioners and their funders. Senior figures in the public sector in Wales have adopted similar 'place-based' policy approaches to those in England, such as those set out in a new Strategy for Civic Society:

The government's vision is that in the future, the public sector will take a more collaborative place-based approach. By working with service providers and the private sector as well as individuals and communities in a place, we will make more sensitive and appropriate policy, achieve better social and economic outcomes and make brilliant places for people to live and work in (Gov, 2018)

But they link these to pieces of distinctive Welsh legislation, most notably *The Well-Being of Future Generations Act (2015)*.<sup>106</sup> Building on their own strategic interpretation of Arts in relation to Health, ACW positioned art as 'central' to the quality of life and well-being in local Welsh communities. Head of Regeneration at ACW, Sian Tomos, was not shy to claim that combined economic, social and health benefits were all achieved directly through 'our projects'. Using phrases which closely echo those of the *Cabinet Office's Strategy for a Civic Society*, she affirms that 'Art brings people together, creates jobs, makes our communities great places to live, work and play in.' Pointing to hidden, perhaps unrecognised benefits, she adds: 'It may not be something you consciously notice but it is *central* to our quality of life and well-being (Tomos, 2017).

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<sup>105</sup> This was instead the subject of my own interpretation/ speculation.

<sup>106</sup> A further exploration of this piece of legislation will feature more prominently in the next chapter.

## The Private View

Looking through the window of Tedder House I see am not the first person to arrive for the private view. I open the stiff door of *The Centre For Creative Activism*. 'Push!' the assembled crowd inside encourage as I arrive at my chosen field site. Ailie is behind a makeshift bar in a woolly hat to stave off the bitter cold of a February evening. I deliver a bottle of wine - BYO the invite had stated - but there's no corkscrew. I start chat to an artist responsible for one of the videos playing in the room, a violent, disturbing montage of u-tube footage from the Syrian War. Rather incongruously, Michelle Wright tells me she is also a yoga teacher and Reiki practitioner. I find out from her that the building we are standing-in is named after a man called Sir Authur Tedder, the pioneer of 'carpet bombing'. This indiscriminate military tactic was nick-named *Tedder's carpet*. 'You won't find it on the official website of the town though,' Michelle informs me. I mention this startling fact to Ailie who joins us with an opened bottle, pouring me a large glass of wine.

The exhibition on show this evening is one that she has organised where local artists are invited to show their work on any activist theme. Work by individual artists, as well as activist groups, is on display. Alongside campaigners for Welsh language rights, disability rights and environmental causes, Ailie has discovered Conwy Peace Group. She invites Michelle to meet them next week when, she says, a 'Creative Activism Workshop' has been co-organised. More people continue to arrive with artworks tucked under their arms, which they put up on the wall, there and then. The walls are exposed brick and the floorboards bare.

Most people I talk to seem aware that the property is owned by Mostyn Estates. One artist tells me more about Lord Mostyn. He inherited the family fortune, estimated to stand at around 50 million pounds, while under the age of 30. In press articles, he is described as 'art-loving'. One photographic portrait, I am reliably informed, has him 'blend into the background' in a paisley-shirt as he stands in front of similarly patterned wallpaper.<sup>107</sup> This disappearing trick is

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<sup>107</sup> <https://www.telegraph.co.uk/women/life/hugh-grosvenor-is-the-new-duke-of-westminster---but-who-are-brit/lord-mostyn>

characterised by another artist I meet, using Gestalt theory, as 'figure-ground'.<sup>108</sup> Lord Mostyn's low-profile in Llandudno appears proportionate to his great wealth. He is represented in the town by the Estate Manager, Edward Hillier.

There is a moment in the evening when local writers - including Lee Green - read out their own poetry. Much of it is centres on the emotional difficulties in their lives caused by discrimination, ill-health or poverty. This interlude of live performance provides a focus for the evening, drawing laughter as well as feelings of sadness, amongst the audience who clap warmly at the end. Ailie doesn't announce herself but mingles and hosts, also choosing to stay in the background. I leave the cold, but warmly welcoming space of *The Centre for Creative Activism*, not only full of questions, but aware of the illusionary separation between ideas, people and places - what Raymond Williams calls 'the whole way of life' that any 'culture' presents to us. 'The arts are part of a social organisation which economic change clearly radically affects' (Williams 1958: 6).

#### Institutional formations

CALL was established as a consortium in 2014 as a vehicle to specifically apply for IPP funding. In Llandudno, it comprises different local representatives and stake-holders, both third sector and private. These included not only the property developer, Mostyn Estates, but charities (including CAIS, a drug and alcohol charity), local cultural venues (Venue Cymru, Mostyn Gallery), as well as the local authority (Conwy County Council). Sabine Cockrill acted as co-ordinator across these diverse bodies, helping develop a proposal which fitted the ACW guidance for applicants. CALL's 'vision' echoed the Welsh governments broader outcomes, but presented them in a local register:

Our vision is to take Llandudno and its 'Lost Spaces', disused / derelict buildings and plots of land, unloved estates, and through thought provoking and exciting programming develop discussion which will ultimately lead to them being reimagined and revitalised in a way that benefits all (CALL, 2015).

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<sup>108</sup> By the artist Wanda Zyborska, who also references gestalt theories which explain how we distinguish objects from their surroundings in her own art work and own PhD thesis. (Zyborska, W. 2019).

In (re)presenting these aspirations in this reverberative way, CALL became the recipient of the largest grant awarded (£585,000), one of only two IPP projects based in North Wales.<sup>109</sup> When setting out the final terms of reference for Ailie's prospective residency, CALL also drew on Conwy County's place-making strategy *Shaping Conwy's Communities*.<sup>110</sup> CALL showed skill in positioning its own agenda harmoniously amid others through this strategy. But this strategy left little room for the artist's sense of autonomy or independent intention. 'Near the beginning of my work as lead artist in residence with CALL, I was asked to read over a document called *Shaping Conwy's Communities*,' Ailie recalls. She found she did not agree with its approach: 'The document glossed over power structures, ownership, levels of control and the economic disparity immediately obvious in the town.' After spending two months in Llandudno, wheeling around her blue iceberg, she decided to change her emphasis. Her residency switched from a project intended to make visible the town's 'undercurrents', to one which sought to draw attention to decisions being made by local actors who were clearly visible, those 'hiding in plain sight'. This path took her in a different direction to that of CALL, whose approach Ailie would later characterise as 'well-intentioned' but overly conciliatory in its relationship to Mostyn Estates.

### Contractual terms

A variety of literatures, can help us place the developing conflict between Ailie and CALL in a broader context. The terms and conditions set in place through the socially-engaged art commission have been explored in various cultural policy literatures where they emerge as a site of particular tension. Curator and academic, Sophie Hope, locates the socially-engaged art commission's 'tangled roots' in 'complex histories of community arts in the UK' (Hope, 2011). She dates the first use of the term 'socially-engaged' to the early 1980s when, she argues, it superseded the older term of 'community arts'. It was in this period that one Arts in Health advocate also positions the advent of this particular commissioning format:

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<sup>109</sup> The other was in the town of Caernarfon, in the neighbouring county of Gwynedd.

<sup>110</sup> Developed as part of the Welsh Government's 'Place Plan', in partnership with *Design Council Wales*.

The means for artists to sell their services for a fee, framed by the political shift in cultural policy which turned towards social inclusion agendas and forms of participatory democracy during the New Labour years (Moriarty; 2019: 204)

The contractual terms for any commission, Hope usefully specifies, takes the form of a 'proposal made in response to a brief written by that organisation'. The selection of any artist can be made by the curator alone or else 'there may be a steering group made up of stakeholders who interview short-listed artists and reach a consensus on the basis of a shared set of criteria' (Cartiere & Hope, 2007: Cartiere & Willis, 2008). Hope argues for 'complex and nuanced understandings of what happens in that frame' a development which was initially fiercely resisted by those working in community arts. They saw this format as evidence of a 'top down' approach, one indicative of the 'instrumentalizing' intent of government towards the arts (Braden, 1985: Kelly, 1987). By contrast, Hope points to a more nuanced interpretation, detecting 'invisible power relations being played out' in the negotiation of terms. These always depend, she argues, on the (local) 'conditions in which they were / are practiced'.

Another view of the commissioning 'frame' is given by artist Kelly Large, who usefully presents the conundrum by way of a series of questions: 'What can I do, what do they want me to do and what do I want to do?' It is amongst the gaps and spaces between the answers to these questions that Large detects room for criticality: 'This is not a literal "fitting in" which involves adapting oneself to the shape of another' she says. 'It is rather that the attempt (and often failure) in finding a fit that can also act as a critical manoeuvre' (Large, 2004). These very human, yet also deeply political pre-scribed relationships, are always 'relational' according to another artist, Becky Shaw. She sees the wrestle for mutually-agreed terms as a revealing one, as it exposes 'the very grounds of autonomy and the social forms that an individual, or an individual artist, bangs against and is defined by' (Shaw, 2014: 90). These hard edges that the artist 'bangs against,' as Shaw puts it, profoundly 'shape' our social roles.

Themes of both seduction and discipline are explored by the American critic, Gregory Sholette (Sholette, 2014). He points to the 'harness' secured by way of the commissioning contract - re-appropriating the title of the pulp novel, *Fifty Shades of Grey*. Masochist, as well as sadistic affects, are identified in a paper which he comical titles *Fifty Shades of Red* (mocking the revolutionary conceits of art projects that are far from radical in their potential). He implicates artists, as much as any commissioning body, in these power games, where roles are performed knowingly, as much as naively, he argues. 'It would be remarkable if social practice art were uniquely capable of writing its own contract of usage by institutional power. If one is to wear a harness, it should come at a price' (Scholette, 2014: 20).

It was Gregory Sholette's framing of the contractual obligation and its 'high price' that would arguably come to best describe Ailie's Rutherford's residency. She would resign two months before the agreed end-date. Whether this premature ending was chosen or forced became a point of contention between Ailie (the artist) and Sabine (the commissioner), impacting on my role in witnessing this conflict (as an 'independent' researcher).<sup>111</sup>

### The partnership meeting

When I arrive at Tedder House the next time, to interview Ailie, she is struggling to get the heaters to work. She vents further frustration with the terms of the commission. She quotes a resident who describes Mostyn Estates as operating a 'benign dictatorship'. I am aware of providing a listening ear and feel a sense of responsibility as I become more aware of the ethical tangle she describes. I offer to buy a cup of tea, but she opts to fit in a phone call to her four-year-old son before the Peace Group arrive. I leave her to this private moment and buy a hot drink on the promenade (only Starbucks is open).<sup>112</sup> Hardly anyone is out along the front and I am struck again by the natural beauty of the place. As a result of taking photos in the fading light, I arrive back at Tedder House a little late. The

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<sup>111</sup> The full email exchange between Ailie and Sabine around the terms of her resignation can be read on Ailie Rutherford's website. <https://ailierutherford.com/>

<sup>112</sup> Starbucks has been 'placed' here as part of a business strategy developed by Mostyn Estates.



FIG 4. Natural beauty and peace of Llandudno Bay in the fading light.

Peace Group has already arrived. I make my way into to the circle of orange plastic chairs and sit next to Michelle (who I remember from my last visit). It's still cold inside but this time tartan blankets keep us warm. This group appears to know one another well. The woman on my right runs *The Fellowship for Reconciliation* in Wales (Cymdeithas y Cymod). Sabine arrives and shakes my hand, explaining that she has also come here tonight as a 'participant observer'. Ailie and the Chair of the Peace Group, then both introduce the event. 'How do creativity and activism meet? Let's explore that together.' Many in the room appear uncertain of what 'art' means in this context. (The question loomed in my own mind too. I doubted if anyone was aware of this social gathering itself being enlisted as part of any 'social art work', let alone one shaped by Ailie). The group reveals itself as a mixture of artists and peace activists. Some hail from Christian groups such as The Quakers and Reach Out for Justice. One man is from Veterans for Peace. Another woman is from Amnesty International. Others hail from PAWB (People Against Wylfa B, the new nuclear power station proposed on Anglesey). The last person simply describes himself as 'Plaid' (Plaid Cymru, the Party of Wales).

Wendy begins by complaining about the idea of 'heroes' which Ailie has utilised for one of her proposed projects, entitled *Local Heroes*. 'Heroes don't always have to be military heroes,' Wendy points out. 'What about those people who look after others? The vulnerable in society? They are heroes too.' A discussion unfolds around how countering one view with another can be negative. Wendy objects to the idea of using the alternative phrase - Peace Heroes - on the basis that ordinary-people-for-peace would be a more appropriate term. Some people enable change, it was further argued, not from placing themselves completely outside of existing systems (such as conscientious objectors) but also from staying within them (those in the army who refuse to obey orders).

This seemed like a highly relevant debate for Ailie herself, for whom the constraints around her own commission were ones she increasingly seemed not able to agree. (Sabine listens quietly in the corner of the room with an earnest face to these discussions.) A wider discussion opens-up about Armed Forces Day, the focus for the Peace Group's protest in June. One man talks about how the military target young people living in working class communities, how recruitment is a social justice issue; young people in these communities have limited life opportunities. Many agree it is important that people in the wider community understand that peace activism is not about attacking anyone personally, but addressing these larger structural problems, based on economic conditions too.

Ailie suggests humour as an alternative strategy for creative intervention. I mention a recent news story about a goat who had run away from the army on The Great Orme.<sup>113</sup> A goat, captured from the herd here, is trained as regimental mascot, part of long military tradition in the town. Another person mentions how 'Shenkin the goat', is taken into primary schools to promote army recruitment. Young people were 'groomed' into militarism at an early age, it was suggested. There was a loud murmuring of agreement and expressions of disgust in the room. A discussion opens-up around the indoctrination of children, how they are allowed to crawl over tanks at military 'family fun days'. Someone suggests using face-painting activities to depict injuries or bloody wounds. Chris Draper, a local

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<sup>113</sup> Royal Welsh: New regimental goat evades Army capture, accessed <http://www.bbc.co.uk/news/uk-wales-42919144>

historian, supports such provocative moves. 'It's not as though we are spitting in people's faces, is it?' Confrontation, he asserted, is an inevitable part of challenging power. 'We should embrace that, not shy away from it.' He underlines the importance of giving people information: a half a million pound donation was given to Armed Forces Day by the Welsh Government. Others say leaflets are boring. Visual stunts are better. Recent marches in America against Donald Trump are mentioned. In the current, fearful climate, 'we could declare peace on other countries?' The evening's discussion over-runs, squeezing time for practical plans. But a few notes are made. A man translates slogans from Welsh into English: 'Welsh Goats Not British Soldiers' (Gafr Gymreig Nid Milwr Prydain) and 'Free Shenkin the Goat!' (Rhydd i Seincyn!)

### Symbolic Acts

In drawing on the symbolism of the 'goat', aspects of Llandudno's cultural heritage were being creatively utilised. Their introduction of goats onto the Great Orme dates to the time of Queen Victoria when, reputedly, Major General Sir Savage Mostyn acquired a pair from her Kashmiri herd. The military's habit of capturing and training one of the animals as a mascot for the Welsh regiment began in the Crimean war. Goats, it was said, were symbols of good luck. In other histories, however, goats are portrayed as symbols of Welsh abjection, as caricatures depicting the 18th century satirical figure, Poor Taff, attest.<sup>114</sup> These depictions bear witness to darker histories of mockery and humiliation which have historically portrayed the Welsh people as animalistic, sub-human, and in need the civilising effect of (English) culture. The political theorist, Edmund Burke, for example, used the word 'savages' to describe the Welsh people in 1786, while advocating early models of devolution for the 'British Colonies'. 'The people were ferocious, restive, savage, and uncultivated; sometimes composed, never pacified.'<sup>115</sup> The poet, Matthew Arnold, wrote his *Study of Celtic Literature* whilst on a visit to Llandudno in 1891. Over a hundred years after Burke, he also describes the Welsh language as 'a foolish interference with the natural progress of civilisation and prosperity.'

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<sup>114</sup> An exhibition of depictions of Poor Taff took place at Oriol Ynys Mon in June, 2018

<sup>115</sup> In a speech on the subject of 'The British 'colonies' and devolution through taxation, made in 1778.

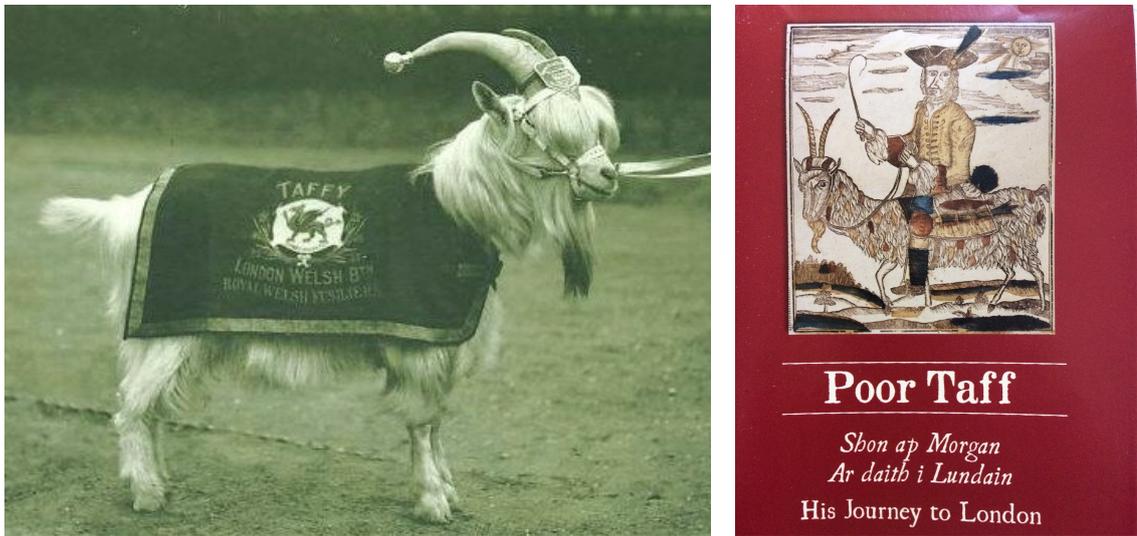


Fig. 5. historic uses of the goat as military mascot; the figure of 'Poor Taff'

Other, more recent histories, chart resistances to these long-held and continuing (discriminatory) attitudes. Llandudno was home to Lewis Valentine, a soldier in the first world war who became a founding member of Plaid Cymru. Valentine objected to the establishment of an RAF bombing school on the nearby Llyn Peninsula. He famously set-fire to the it with two other Welsh nationalists in 1936.<sup>116</sup> This was an event which has gone down in Welsh history as 'Tan Y Llyn' (Fire on the Llyn). When a local trial proved inconclusive, Valentine was tried at the Old Bailey in London, where a guilty verdict on a charge of arson was conclusively secured. On his return, he became a much loved 'local hero' in Wales. Valentine subsequently became a baptist minister in Llandudno. He wrote the words for the Welsh hymn, *A Prayer for Wales*, second only to the national anthem in terms of its emotive place in Welsh culture. He set his words to the theme of Finlandia, hoping to capture something of Sibelius's nationalist sentiment for the emergent idea of a political Welsh nation - nationalist sentiment on which the drive for devolution, in subsequent decades, strongly drew.

#### The Producer

'I feel passionately about creating platforms for artists because there aren't that many art spaces or galleries in North Wales,' Sabine emphasises in our interview. We meet in a coffee house on the high street called 'Providero', a hipster-style

<sup>116</sup> Saunders Lewis and J. K. Williams

outlet rather than the nearby Starbucks. Her relationship with Edward Hiller, representative of Mostyn Estates, dates back six years when he first convened a group of local stakeholders to tell them he would like to set-up an arts festival. 'He firmly believes in the good that art and culture can bring in the regeneration of a place.' The town's contemporary art gallery, simply called 'Mostyn', is the largest publicly funded contemporary art institution in Wales. It is also a member of the *Plus Tate* network which aims to 'connect art to people and places' building on the 'recognition by local authorities of the contribution made by the arts to economic and social regeneration and cohesion' (Serota, 2015: 8).

'Llawn', a weekend arts festival has run each year since 2001.<sup>117</sup> Sabine picks up the narrative. As lead of Half Gelf, which used Tedder House for artist studios, Sabine approached Mostyn Estates regarding the possibility of applying for Stage 1 of the IPP funding (an R&D phase enabling all successful applicants to go through to Stage 2). The relevant local arts organisations that were part of the Llawn steering group (Venue Cymru, Mostyn and Half Gelf) were on board from the start. CAIS had been part of the festival and came on board during the R&D phase. What was perhaps easier to agree on paper, for the purposes of a funding application, proved harder to implement in practice between this range of diverse stakeholders. The IPP programme proved a way of working out relative positions and agendas as much as consolidating them. Problems arose at the outset, Sabine openly acknowledges, in terms of the consortium's varied understandings of art practice as a method that could enable economic regeneration. Different partners were not always able to 'speak in one another's language.' Socially-engaged art in particular, she emphasised, was 'not a well-understood concept.' She tried to play the role of translator across these organisations and their different aims and vocabularies. The new company's make-up demanded 'new ways of working' which could be, by turns, both 'ambitious and challenging'.

In explaining Ailie's resignation, she tells me how veterans were strongly represented amongst the clients of CAIS, (the charity on the consortium who worked with people who had drug and alcohol problems.) These same veterans were due to attend Armed Forces Day. In addition, both Mostyn Estates and

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<sup>117</sup> Mostyn Estates donate 25,000 a year towards Llawn. Llawn means 'full' in Welsh.

Conwy County Borough Council fully backed the event. Sabine emphasises the structural nature of the funding possibilities that support cultural activity in Llandudno. 'Mostyn estates certainly have a hand in curating the cultural offer in Llandudno. But so do Arts Council Wales. Very much so.' Ailie's early departure was a crunch point she would have preferred to have avoided. 'I have never not found a pathway through. So this is a new one for me'.



Fig 6. Hanging printed T-shirts in the Centre for Creative Activism. 'Goats for peace'.

### The family workshop

I arrive at Tedder House to catch Ailie's last event, 'a family workshop' (also billed as an activist workshop). I note the incongruity. Family programmes have, in the past, been sponsored by BP at Tate. <sup>118</sup> This event format readily lends itself to 'artwashing' (as Ailie puts it), so innocuous are its happy tropes. Children and mothers are busy making T-shirts using screen prints, creating their own designs or using the one provided by Ailie. The slogan reads 'Kids For Peace'. An

<sup>118</sup> I managed many of them in my former role in as Curator for Informal Activities at Tate Britain between 2004-5.

alternative, translated into Welsh reads, 'Myn Heddwch' (goats demand peace). I ask one mother from Rhyl with two kids, what she thinks. 'It's really fun. And good to see a positive message for a change!'

It's been a busy day, Ailie informs me, as I help her stack away the folding tables. We talk with a couple of local artists who linger to talk openly here about Ailie's resignation, now open knowledge amongst them (this will be her last event). I mention how these type of commissions always require a certain degree of compliance, mentioning the writing of Gregory Sholette. I suggest the image of the harnessed goat is one that could fit Ailie. 'Ailie, you are the goat who got away!' the other artists gently tease her. We giggle at this suggestion. Is this animal a symbol of the town's coerced militarisation? Or does it better describe the socially-engaged artist - a state-sanctioned agent who makes symbolic gestures of resistance? 'Ritual sacrilege' (Kester, 2012: 9). Unlike local artists, Ailie can 'escape' Llandudno and won't have to face the consequences as a permanent resident might. Did this offer her a necessary freedom? Or was it a luxury? Local artists admit that, 'We have to be careful'. I ask if it's ok for me to record their views as part of my research, albeit anonymously. They agree to this. The local gallery, simply titled 'Mostyn', proves a particular point of frustration. 'They don't seem to care that it's not working for us.' The financing of the gallery's refurbishment is noted with some resentment. There is a sense that the local arts infra-structure is not designed for their benefit and that its focus on international profile comes at some local cost.

#### Activism which isn't art

Following Ailie's departure, Conwy Peace Group find another venue at the Quaker Meeting House in the nearby town of Colwyn Bay. On the day I visit, news headlines announce 'surgical strikes' on Syrian military sites by the US, along with its allies, the UK and France. In other news, BAE Systems, have withdrawn their sponsorship from this summer's high profile art event 'The Great Exhibition of the North'. This followed protests by local artists in the North of England, who objected that this sponsorship of the event was unethical.



**A sign announcing The Veteran's Shed in a shop window in Colwyn Bay.**

As I walk through Eirias Park to find this new venue, sunshine breaks out. There are posters in one pub window for recruitment to the Infantry. Another features a poster flagging-up the forthcoming '1940s Day' celebration. This celebratory event will allow visitors to 'step back in time to Wartime Colwyn Bay' by wearing fancy-dress from this period. Lastly, I notice one window which shows wooden objects alongside a sign that reads Veterans Shed. These hand-crafted items have been made by former servicemen - perhaps as a kind of therapeutic practice or occupational health exercise? Maybe an example of Arts in Health?

Eventually I find the Quaker meeting house on a sleepy suburban road. It turns out to be of a bespoke Edwardian design, something of a time-capsule with its old fixtures and fittings. A stack of Quaker books - including the bible - are scattered on the central table. Though empty before the group arrive, it is not yet a 'lost space'.

There are no artists present amongst the group tonight. Wendy, says how she was not surprised to hear of Ailie's departure. 'Isn't it sad how



Fig 6. The Quaker meeting hose at Colwyn Bay

many people, particularly the funders of projects, can't or won't rock the status quo and just practise conformity.'<sup>119</sup> But attention soon turns away from Ailie, to the impending Armed Forces Day protest. Donald Saunders is present this evening, a long-standing member of Colwyn Bay Quaker Meeting. Now aged 93, he was a conscientious objector in the second world war. In time-honoured Quaker tradition, he suggests sending a letter to all the local Councillors explaining their objections to the day. Steve Heaney, a 'veteran for peace', further suggests inviting *Forces Watch* to come and deliver a workshop. This national organisation 'challenges efforts to embed militarist values in civilian society.' This suggestion is also agreed. An offer to borrow a banner is also taken-up, one that reads 'war in not family entertainment'.

Chris Draper, combative as ever, suggests a public event with the promoters of Armed Forces Day to publicly debate its social value. 'We need to engage with people who disagree with us and not just talk to those we already agree with.' The group argue amongst themselves around what to do and how to do it. But

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<sup>119</sup> This quote comes from a group email from Wendy to Ailie on hearing about her resignation

after an hour, despite the Chair's evident frustration, it isn't clear how this might happen in happy unison: the peace group appears to have its own internal conflicts. For now, despite Ailie's previous involvement, the tools of protest remain very traditional: banners, a letter and a protest march.

Over a cup of tea, I talk with Chris about my PhD. 'Oh, just say what you think and don't worry about getting permissions,' Chris urges. He tells me he has written a book, *Before The Hotels*, a history of Llandudno. In this, he details the role of the Mostyn family in introducing the Enclosure Act of 1843 which saw common land re-possessed as private property (referred to in Welsh as, *Deddf Y Lladrad Mawr* or 'The Great Theft Act'.) Chris proposes that it was this single act of 'legalised robbery' that transformed Llandudno into a 'playground of the fashionably rich.' As much as the Mostyn family created the town of Llandudno, it was achieved at the cost of the destruction of the former Welsh village. Evidently, from his account, the local battle over who gets to 'shape the town' of Llandudno was not a new one. It extended back many generations. Before I leave to catch my train home, Steve grabs me at the door. Can we think together more perhaps about how to make the protest 'more creative'? I agree to his suggestion and we keep in touch in the weeks following Ailie's departure.

### The discourse of devolution

Of the 59 county councillors in Conwy who received a letter from Conway Peace Group, only two respond. One is the Council Lead for Armed Forces Day. She suggests the protestors alert the police to their activities.<sup>120</sup> The other sends a five word reply that simply reads: 'Diolch for the email. I agree'. It is from Aaron Wynne, the County Councillor for Llanrwst, the youngest elected local councillor in the whole of Wales. Still only twenty, he is fresh-faced, but also eloquent and crisply-dressed and when I meet him in a cafe in Bangor.

We are the only ones speaking English here. 'Dw i'n dysgu Cymraeg,' I offer lamely. <sup>121</sup> We begin by discussing Adam Price's proposal that Welsh devolution

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<sup>120</sup> Cllr Elizabeth Roberts: 'regarding the rules and regulations they have put in place for the day.'

<sup>121</sup> 'I am learning Welsh'

can be seen as a therapeutic intervention for a people whose 'selves have become divided against themselves'.<sup>122</sup> 'I would agree with a lot of what Price says. There is certainly a lot of public apathy when it comes to taking political control in Wales,' Aaron begins. He makes the point that he is too young to remember a time before devolved government in Wales. Neither is he familiar with the historic figure of Lewis Valentine. Leanne Wood, leader of Plaid Cymru, is the public figure who inspired and catalysed his own career in politics.

But his account of local government in Conwy acknowledges 'internal divides in Wales.' These are marked between those who speak the language, and those who don't, but also between the those who live in the North and those who live in the South. This is as pronounced a national divide, it emerges, as the North South divide over the border in England. He casts aspects of The Senedd's work, in Cardiff, as 'mini-Westminster'. What about the investment to North Wales that Armed Forces Day will bring, I ask? 'It's so difficult to work against such a huge narrative as that,' he replies. 'I can't support it. But I risk being labelled as someone who doesn't want to see money come into Llandudno. But I believe that investment has to be ethical, too.'

His viewpoint is a 'hard sell', he admits. But ultimately, 'it's up to politicians to sell ideas.' This doesn't always have to be completely successful in order to 'move the goalposts' of the debate, he further points out. 'You will get a lot of (tacit) support from the people of Conway for the peace protest' he assures me, an event in which he clearly sees the impression of the cultural divide. He refers to a recent political debacle, conducted through the popular press, which saw Ken Skates, Cabinet Secretary for the Economy, publicly admonished by Plaid Cymru leader, Adam Price. Skates was criticised for accepting a proposal for a sculptural representation of Edward I's castles, the so-called 'ring of iron'. It emerged that Skates had been warned by Welsh civil servants that some people may see this move as a 'reinforcement or celebration of the subjugation of the Welsh people.' At first, the proposal was defended by way of reference to it as 'art'. 'We recognise that art divides opinions, encourages debate and can be interpreted in

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<sup>122</sup> Price quotes Pablo Friere's *Pedagogy of the Oppressed*, in a speech he delivered on devolution in 2009.

many ways and that combining history, art and place can often lead to powerful emotions and passions,' a spokesperson for one Welsh heritage charity stated.<sup>123</sup>

In an echo of the narrative used in relation to Llandudno around Armed Forces Day, this creative intervention was justified on the basis that: 'These plans are about investing in Flint, increasing visitor numbers and growing the local economy.'<sup>124</sup> However, following a petition which attracted the signatures of 2000 local people in the area, plans for the controversial steel sculpture were scrapped. 'We shouldn't be celebrating that,' Aaron agrees. The military conquest of Wales by England wasn't part of 'our culture' to be 'sold' to tourists in this celebratory way. He saw the proposal as indicative of how disconnected decision-makers in Cardiff were from people living in North Wales.

### Media-jacking

Following up the workshop led by *Forces Watch*, further developments take place amongst the peace group in the run-up to Armed Forces day. As well as banner-making, twitter accounts are set-up to publicise the event. Steve Heaney books The Tabernacle, Lewis Valentine's former chapel, for an evening of peace poetry and music (paying the hire fee to CALL, who don't object to the use of their venue for this event, so long as the sum is paid). I speak to a friend in Scotland, the performance artist Anthony Schrag. He is keen to visit me that weekend and could play the part of the goat? Donald contacts the local newspaper about the protest. A variety of posters are designed for the day (the group can't decide on which ones exactly, so many different versions are made). These draw on the town's identity and history - including one I help to design and print - which continues to deploy Ailie's drawing and adopted motif of Siencyn the goat. 'Media-jacking' is described in *Beautiful Trouble* as the attempt 'to undermine your opposition's narrative by hijacking their event; to draw attention to your side of the story; to reframe an issue.' We hope the posters can use the town's heritage to do precisely this, 'subverting your opponent's spectacle for your own purposes' (Boyd, 2012).

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<sup>123</sup> <https://www.bbc.co.uk/news/uk-wales-politics-41721311>

<sup>124</sup> Part of a proposed £630,000 investment project at Flint Castle, with £395,000 allocated for the sculpture

## The Other Side

Martin Margerison responds quickly to my email enquiry about The Veteran's Shed. But the space is difficult to find, set at the back of a warehouse selling second-hand furniture in Colwyn Bay. On climbing the staircase, another room reveals itself as a 'man cave' replete with a variety of work benches, tools, chisels, saws, spanners and half-made bits of furniture. Two tattered union jack flags cross each other on the wall above Martin's desk. He welcomes me in and offers a strong mug of tea. I have approached him on the basis that I am researching Arts and Health but I am mindful also of the recent links I have forged with the Peace Group. I feel grateful that I am able to approach him as a researcher and that he speaks to me about his work without any preconceptions as a result of this association. But never-the-less, there is a lingering feeling that I have transgressed some kind of divide in arriving in this space.

Martin is a former sergeant in the parachute regiment. The story he tells me about how The Veteran's Shed came into being is not one I expected to hear. He used to volunteer for CAIS - the local charity who belong to the CALL consortium, (whose support of Armed Forces Day was used as a reason by CALL to allow Ailie's departure).<sup>125</sup> But he became so profoundly disillusioned with the way that the charity was managed that he set-up his own group. Unlike CAIS, 'we have no funding.' But many men come here on a weekly basis to help - and be helped - through this voluntary community-based venture.

It is very much one that Public Health England might describe as a 'self help group', catering for a community 'in recovery'. The craft items made here serve therapeutic and occupational health purposes, as much as commercial ones. In this sense, The Veteran's Shed also fully utilises Ailie's own notion of the hidden gift economy. 'It's all begged and borrowed,' Martin explains. 'If you make a bird box, you make one for us to sell too.' Through such sales, the group collect funds to send shoe boxes (containing gifts) to troops on active service. They also perform handy-man jobs for older people in need locally.

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<sup>125</sup> CAIS, means 'try' in Welsh, using a word from rugby. <https://www.cais.co.uk>

Martin describes some of the ex-service men who come to The Veteran's Shed. Many suffer Post Traumatic Stress Disorder (PTSD) or 'shell shock as they used to call it.' Problems are often exacerbated by drug addiction and alcohol abuse. 'CAIS don't have a workshop. With all their millions, they refer people to us,' Martin tells me before embarking on an angry critique of CAIS. He presents the charity as an organisation all too scrupulous in finding funding for its own activities rather than displaying a proper duty of care towards those it purports to serve. 'We have had to take it into our own hands'. He speaks from experience: two of his close colleagues and friends, both suffering from PTSD, committed suicide after not receiving the help they should have, he believes.

I am moved by his recollection of these painful events, a tragedy which obviously continues to motivate his current actions. 'The fat cats are getting fatter,' he says bitterly. 'That sounds like socialism I know...but the volunteers, they get nothing. At the very least they should get their fuel and meals paid for. That's what we do here. We deliberately set it up like this to get rid of the top heavy stuff...This might sound like a funny thing for lifelong conservative party supporter to say, but I believe in sharing the rewards of hard work.' He adds: 'people need to feel they belong to something.'

#### Beautiful Trouble (a refrain)

June 30th is a hot day. By the time we reach the start of the military parade, the sun is already beating down on the men gathered in military uniform. Donald is sat in his wheelchair, wearing a smart sun hat, dapper as ever, while Anthony is dressed in an outfit we put together for him, improvised from two walking sticks (for horns) and a fake-fur jacket picked up at a car-boot sale. His green coat reads 'HEDDWCH' (PEACE). The women from The Fellowship of Reconciliation wear black dresses and assemble at the crowd barriers to begin their silent 'bearing of witness'.

The music strikes-up from the brass-band (Men of Harlech) and the assembled war veterans, cadets and current military personnel, begin to file past. Two policemen, allocated to our group 'for our own protection', warn Anthony not to run out as the parade approaches. 'There are snipers on the roofs. Please don't

do anything,' they politely ask. But there is no sign of Siencyn the goat at the front of the parade. We wonder whether it is too hot for him. Or if he isn't sufficiently 'trained' yet to navigate the noisy throng?

After the marching bands drums fade away, Conway Peace group begin their more jumbled march down the length of the promenade, through the crowds. We elicit mixed responses. 'You should be ashamed of yourselves,' one man shouts. 'If we had listened to you, we would all be speaking German!' another laughs. 'Go home!' another says. Protester (and poet) Lee Green shoots back: 'I am home. I live in this town!' Alongside these negative comments are sly gestures of support too. There is a thumbs-up from one young man. An elderly lady comes-up and whispers to me 'Dai iawn' (Well done). There are also many distrustful looks and confused glances too. 'Are you an antelope?' a young boy asks Anthony. Anthony poses for a group of older ladies, all disappointed not to catch sight of Siencyn the goat. They laugh and take selfies together next to Anthony, the next best thing, who throws them many broad smiles.

After walking down the length of the prom in the heat, Anthony and myself stop for a rest. Anthony takes off his fur jacket and changes into a t-shirt. We dip our toes into the ice-cool sea. Suddenly, a whoosh takes us by surprise: the red arrows fly very low over our heads. They drag the colours of the union jack behind them as they twist and climb out into the bay to draw lines in the sky. 'This is beautiful trouble!' I exclaim to Anthony. He agrees that these are artful gestures, intended to convey a message beyond the language in which they are spoken. We cannot help but marvel at the skill of the pilots, despite opposing the display of deadly force their actions represent. The planes fly in their characteristic 'arrow' formation before splitting-off from one another. There are audible gasps in the crowd as they see the smoke dissolve into the shape a love-heart. This is the shot that will later feature in the local press, a moment presented as an expression of love of country.

As we track back into town, it feels unnerving to walk against the tide of people. Now just part of the crowd, I begin to feel a strong sense of unease. We look-up to see men in black caps, with guns, clearly arranged on the rooftop of Venue Cymru, replete with tripods, cameras and walkie-talkies. A new noise arrives,

difficult to detect from what direction it comes. 'There it is!' a man points. The 80 million pound typhoon bomber glints in the sun, emitting a deep, low roar. It is impossible not to wonder what it would be like to be subject to an attack from one of these aircraft. Even the assembled crowd grow quieter, as though to absorb the potential destructive magnitude of the sound and sight before them.

Anthony and myself walk past The Tabernacle before he catches the train back home. A back door is ajar, so we have quick look inside. A technician is setting-up a sound-system. The musky smell of the past is present in the array of wooden pews that circle the pulpit. A young musician rehearses on stage, filling the space for a few minutes with the sounds of his voice. We stop to listen for a while, to this lone performer, rehearsing. An old sign, written in faded gilt, is positioned at the doorway as we exit. It reads Distawrwydd (stillness) asking that those who enter here keep a respectful silence in this once sacrosanct place.

### **Llandudno Summary**

#### **Reviving Lost Places**

As seen in the opening account of one 'deeply cathartic' cultural experience (recounted by Lee Green), as well as the self-help offered by *The Veteran's Shed*, health promoting activities are as likely to be self-organised as part of any funded arts programme. The strong personal and political commitments brought to these different voluntary initiatives - though opposite in other respects - share this common characteristic. They are sustained by a sense of solidarity and draw on a need for belonging - to 'have your voice heard', or demand better recognition for the causes and solutions to forms of (mental) illness.

This stands in contrast with the more business-minded reasoning that lay behind the bringing together of a 'consortium' of organisations to create CALL. This was assembled as a 'vehicle' to meet funding criteria, forged amongst a set of local stakeholders responding to frameworks set by ACW. Funded opportunities for artists were thus very much shaped by policy frameworks put in place by ACW working in combination, in this case, with private interests. Llandudno emerges as a place that is 'owned' - to an unusually high degree - by one dominant actor,

namely Mostyn Estates. The (vested) interests of this commercial enterprise dictate the terms on which 'culture' is able to take place in the town.

This fact prompts ambivalent feelings: some describe Mostyn Estates in paternalistic terms, as a 'benign dictatorship'. While others point out the irony that 'we wouldn't even be discussing this if they hadn't have funded the project in the first instance'. Opinions differed as to whether Mostyn Estates could see beyond their own business interests to benefit 'causes' other than those that served their (own) needs. One North Wales-based artist made no distinction between public and private interests. 'Mostyn *is* what Llandudno *is*. It is so embedded in its history.'<sup>126</sup> While producer, Sabine Cockrill, held faith that the Mostyn Estate representative 'believes in the *good* that art and culture can bring in the regeneration of a place'.

Cultural values inflect the interpretation of financial value and civic benefit. Historian, Chris Draper, detects 'hauntings' of the Welsh village that was in existence before the town was first developed, when an older way of (Welsh) life was eclipsed. The 'act of legalised robbery' that enabled the early development of Llandudno, remains for him and others, a locus for feelings of loss. 'Emotions show us how histories stay alive, even when they are not consciously remembered; how histories of colonialism, slavery and violence shape lives and worlds in the present' (Ahmed, 2010).

Moments of healing appear to occur when difficult feelings from the past emerge into the present in safe and supported environments. Lee Green, we could speculate, found solace in her expressive acts of poetry and song, as they were linked to an oppositional, if pacifist, tradition present in Welsh history. Perhaps this particular cultural heritage enabled her to withstand the 'othering' she was subjected to by those visitors to the town who told her to 'go home!' at Armed Forces Day. ('I am home!' she had countered.) Such exchanges point to strong internal divisions within the UK, which build out of longer histories of structural violence and inequality constructed across categories of race and ethnicity, gender and class.

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<sup>126</sup> Lindsey Colbourne, who helped facilitate the writing of the town's 'Manifesto for Culture' on behalf of CALL. As far as I have been able to discover, this draft document has not been further developed.

In the draft 'Manifesto for Culture', developed by local stakeholders towards the end of the IPP project, it was stated that 'Llandudno supports the wellbeing of its communities through creative expression'. A 'concordat' for Arts and Health in North Wales was in the process of being developed during the period of the research in Llandudno, led by various arts organisations in partnership with ACW and BCUHB. As a 'category' of work, Arts and Health was represented in the region in this period by key individuals acting in concert in professional roles. Arts and Health is a category not unlike that of 'socially engaged art' in that it is way of conceiving art practice that is only well-understood by select groups. Its rationale is less understood by wider publics. Some of the tensions around definitions of 'art' are exposed when certain practices are examined in different contexts. Arguably, the form of community crafting and social repair promoted by The Veteran's Shed is more in tune with an Arts and Health ethos and tradition than was The Centre for Creative Activism.<sup>127</sup>

The Centre for Creative Activism was certainly a more temporary project, one which fell more easily into state-supported designations of 'art'. Art world orthodoxies - such as the 'artist-in-residence' format - rest on the value of bringing in outside perspectives. But this model runs counter to the idea of 'place-based' community initiatives whereby artists also live where they work. This establishes an 'incongruous relationship between a process based, time-consuming practice and a time and budget specific project' (Hope, 2011: 96). Ailie's appointment was indeed a bone of contention for some artists in North Wales, who did not understand why a 'lead' role had been given to someone living outside of North Wales region. This 'distance' enabled a degree of freedom which Ailie used to 'walk away' from the situation - a fact which prompted another artist to interpret her actions as a 'luxury we can't afford'.

Sustainability - vaunted by ACW as one of their main aims - presented an issue at the end of the period when Ailie's 'lead' role was subsumed in shared activities leading up the protest against Armed Forces Day. Despite Ailie's intention to 'put in place creative strategies that would hopefully carry on beyond the residency', these proved difficult to sustain and relied on a few like-

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<sup>127</sup> Ailie raised her own concerns around a risk of 'pathologising dissent' prompted by my interpretation on her project as one that could be thought of as therapeutic in any way.

mindful individuals. Such tensions draw on longstanding debate around how artists 'try to generate opportunities for people to participate in something we have created' instead of participating in 'what is already going on'.<sup>128</sup>

Allie's residency was shaped prior to her arrival by 'place-shaping' agendas set at a County-wide level in Conwy. These in turn determined the choices she was able to make, as a artist operating within a wider consortium of interest groups. The IPP projects, described by ACW as 'innovative regeneration projects' (2014-2019), relied on certain underlying assumptions around how power is 'passed down' tiers of government and across the 'distances' between governmental bodies before being reaching the artist and art's potential publics.

A so-called 'remit letter' is sent from the Welsh Government to ACW every year to set out priorities for their work. In 2017/18, Cabinet Secretary for the Economy (Ken Skates) outlined priorities to ACW Chair (Phil George) against a backdrop of what he called, 'ongoing pressure on resources'.<sup>129</sup> Whilst supporting 'the arts' (in their own right) the Minister also enlisted them to '*support and enhance other elements of govt policy*' in line with the aims set out in the Well-being of Future Generations Act (explored in more detail in the next chapter), such as the economy and health. ACW was told, in 2017, to 're-double your efforts' to enable the welsh language to be 'used more extensively'. ACW was further encouraged to support the participation of groups in Welsh society who 'feel excluded from cultural venues and activities'.

Such advice takes on a certain irony when considering the example of *The Centre for Creative Activism* where the explicit involvement of marginalised groups - Welsh language activists, peace activists - was first encouraged only to be later denied by a commissioning body supported by ACW. 'Isn't it sad how many people, particularly the funders of projects, can't or won't rock the status quo and just practise conformity' (Wendy Morgan). Such dissonances between policy intentions and its affects are not surprising, perhaps, when considering

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<sup>128</sup> The words on one artist who has written extensively on this point, Anna Lopes de la Torres. See this article:  
<https://www.biennial.com/journal/issue-5/take-five-participate-in-what-is-already-going-on>

<sup>129</sup> The loss of revenue through Lottery income was cited as a key factor in this reduction.

how 'resource providers report upstream to appointed politicians and bureaucrats'.<sup>130</sup>

CALL's 'alignment' of its own agenda with that of ACW and the Welsh government was made through the appropriation of forms of language. We can see this in the reverberative strategy it used which 'played back' the phrases that those in power would wish to hear. But such successful strategies entail that meanings can become difficult to interpret when words are translated into actions. Could this explain the mismatch of aims between Ailie and CALL, which were only discovered, it appears, in the process of 'working together'?

A key proponent of socially engaged art - though one also deeply sceptical of its institutionalisation by government agencies - wonders what happens 'when grassroots projects and cultural institutions adopt the same language' (Kester, 2018). In Llandudno, this comprised various interpretations of structural power and personal agency which came under very similar descriptors - creative *action* and creative *activism*. But these phrases turned out to hold quite different meanings - symptomatic of the 'other effects' created when 'activists acquire important roles in important institutions.' Such progressive-sounding institutions, Kester argues, 'choose to identify themselves with the dispossessed' while remaining 'densely imbricated' in flows of capital and 'the cultural protocols of the nation state' (Kester, 2018).

Rather than representing a mis-understanding or befuddled entanglement, other critical voices might see the Welsh government's demands on ACW as evidence of a more calculated deception. 'The new conservatism' one UK art critic asserts, 'advances its agenda surreptitiously by presenting itself as forward thinking, inclusive and socially conscious'. Such 'unchecked hypocrisies', Morgan Quaintance argues, serve to cover-up the 'exploitative logics that many artists, arts professionals, and a large proportion of the general public are either fighting against, or oppressed by' (Quaintance, 2015). Further points have been raised by curators around what, or who, represents the 'target' for political opposition to forms of 'neoliberal' government. '[The] invisibility of the alternative

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<sup>130</sup> A quote taken from a Scottish contributor to a project devoted to the failure of participation, co-ordinated by artist Anthony Schrag at Queen Margaret University. <https://the-failure-of-participation.com/fop1/>

is calibrated according to the invisibility of the target' (Smith, 2010: 240). They point to the dispersed nature of power in the global age (Phillips, 2012).

Ailie's attempt to lay the problem of social inequality at the door of Mostyn Estate was thought 'too simple' by one local artist. 'The worst kind of activism is where you just point the finger at someone else and don't take responsibility for your own power,' (Lindsey Colbourne). Yet despite disagreeing with Ailie's approach, Colbourne also acknowledges Mostyn as a regressive force, one she sees more as a recessive abstraction that extends too far back in time to disentangle from the present moment: 'old money is now new money'.

Evaluation of the IPP programme was made public in 2019 through the ACW website included as a short video entitled 'Lessons'. This film feels more presentational than substantive, with edited extracts not allowing opportunity for critical issues to be deeply explored amongst wider publics. At no point, for example, was the knitting together of government aims through this arts programme mentioned or examined. Unlike CPP, I could find no academic papers, press, blogs or articles that explored the efficacy of the IPP approach in Wales. I can only speculate on whether this is the result of the small, thin or 'timid' nature of civil society in Wales (Rumbel, 2016).<sup>131</sup> Ailie resorted to published her account of the (difficult) residency on her own website.<sup>132</sup>

The fleeting existence - and now fading memory - of Llandudno's *Centre for Creative Activism* might draw us to conclude that its (premature) ending was symptomatic of wider discussions - taking place largely outside of Wales - around the role of the artist in society. Intense debate raged at this time on the pages of *Arts Professional* around the unethical nature of deals struck between arts organisations, governmental bodies and corporate sponsors.<sup>133</sup> A report raises many points around where commitments and responsibilities lie and to what extent arts organisations have a duty to represent the ideals of the artists they

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<sup>131</sup> <https://www.iwa.wales/click/2016/03/the-trouble-with-civil-society-in-wales/>

<sup>132</sup> She asked me to contribute a piece of writing. <http://www.artofregeneration.info/examples-of-our-work>

<sup>133</sup> <https://www.artspromotional.co.uk/news/arts-sector-fears-being-too-poor-refuse-unethical-donations>

support. <sup>134</sup> One author argues, it is time to admit that ‘cultural organisations aren’t neutral and regularly take positions based on their values,’ (Chris Gerrard). <sup>135</sup> Some evaluators commissioned by arts and heritage bodies allow cultural institutions to reflect on their own values through more open, if also more difficult, conversations with community groups. <sup>136</sup> They argue that there is a strong case for projects to:

find *value* in recognising and exploring conflict and tension and making this conflict apparent through a collective creative process. It is only by coming together on the matters that divide us - matters that are inextricably social and material - that more inclusive and open futures can be imagined (Rooke, 2018:12)

The role of ‘heritage’ plays an important role in these discussions. The *Centre for Creative Activism* served to reveal various hidden histories and ‘forces’ at work in Llandudno, throwing social and financial values into question. This included the value of ‘creative activism’ itself towards promoting the policy aim of sustainability or community well-being.

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<sup>134</sup> <https://www.artsprofessional.co.uk/pulse/survey-report/pulse-report-ethics-arts-sponsorship>

<sup>135</sup> In *No Room for Neutrals*. <https://www.artsprofessional.co.uk/magazine/article/no-room-neutrals>

<sup>136</sup> *The Past Is Now* is one such example, a project which used an art exhibition at *Birmingham Museum and Gallery* to address difficult and hidden histories of empire and colonialism.

## CHAPTER 6 : PRESTATYN, DENBIGHSHIRE

### Introduction

This chapter explores the value accorded to one community-based Arts and Health initiative based in Prestatyn called The Artisan Collective. This case study raises questions around the boundaries and distinctions that can be drawn between formal healthcare services and the social space 'outside' of these in which community health development is understood to take place (White, 2009). The precarious nature of what has been established by volunteers in a former public library is explored by way of the demands made upon it by many external actors - some of whom claim it as a successful example of 'social prescribing'. Although devolution is a 'given' in this context - a topic not requiring direct mention - difference from any English equivalent is established through a distinctive piece of Welsh legislation aimed to promote well-being. *The Well-being of Future Generations Act (2015)* promotes a 'more equal' and 'healthier' Wales, to be brought about by the promotion of what it calls 'cohesive communities'. In line with these goals, the new uses of The Old Library can be seen as the latest iteration of a health centre, albeit an oddly-fitting one within health and cultural policy frameworks (straddling both, but neither belonging to one, nor the other). In existing beyond sectoral definitions and funding streams, it acts as something of a *tabula rasa* (ie, displaying an absence of preconceived ideas or predetermined goals). Yet this same indeterminate status deprives the project of sustained support, rendering it a deeply precarious enterprise.

### Fine lines

'I love coming here', the woman sitting on my right tells me as she refreshes her paint brush in a glass jar. 'You can relax and meet other people. But without any pressure.' I have lodged myself carefully around a long table of people all involved in *Aimee's Art Class*, a group part of a wider programme run by *The Artisan Collective*. Aimee Colville is not a professional artist, but a mum who works part-time as a dental nurse. She hovers around the edges of the table, only checking-in when asked. Each participant pays a small contribution of three

pounds covers the cost of heating, lighting and materials.<sup>137</sup> Jean is happy to chat to me, but continues to paint careful, fine lines with the tip of her sable-haired brush. She is adding the finishing touches to her painting of a lighthouse (a local landmark at Talacre). 'I always enjoyed art when I was a child, but I've only started it again now I've retired... Aimee gives us the suggestions, but we can do what we like really. She doesn't dictate.' Jean points at the enticing array of art materials stacked carefully on shelves around the room. The group work in a companionable but quiet atmosphere. The gentle hubbub of conversation is broken by the sound of the kettle boiling, its switch clicking as steam rises. Despite the interruption of my questions, by the end of my visit, Jean has accomplished some finely-wrought lines.

#### A dramatic backdrop

I attend an event called *Made in North Wales*, at Theatre Clwyd, run by a group called '2025'. This is an initiative designed to address social and health inequalities in the North Wales. Describing themselves as a 'social movement', the group is dedicated to the aim of eradicating health inequalities by the target year of 2025. Peter Grigson, Chair of Betsi Cadwaladr University Health Board (BCUHB) opens the day's proceedings. He describes the arts venue we sit in as 'a run-down community centre'. Some members of the audience gasp, mistaking his comments as referring to Theatre Clwyd, generous hosts of this day-long exploration of 'social prescribing'. But, in fact, Grigson is standing in front of a stage set for a theatrical production.<sup>138</sup> The set designer has crafted details of this generic community hall with artful touches, carefully scuffing walls and re-creating fading paintwork. The stage scenery is an all too accurate evocation of municipal neglect. It makes for an incongruous backdrop to this corporate-sponsored event for which delegates have paid 50 pounds each to attend. A small stall sits stage-right, announcing the name of the company who have sponsored this event.<sup>139</sup>

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<sup>137</sup> The project is self-funded through such contributions. The Artisan Collective, have secured small grants from bodies such as Kew Gardens and The National Lottery. See: <https://artisans-collective.org.uk/>

<sup>138</sup> *Heroine*, which tells the story of a veteran's unhappy return to her home town. <https://www.theatrclywd.com/en/whats-on/heroine/>

<sup>139</sup> The social prescribing software company', Elemental. <https://elementalsoftware.co>



FIG 22. Photo of the stage at Theatre Clywd at the 2017 conference

It's a literal 'backdrop of austerity' that also colours the fate of BCUHB, in deficit by 30 million pounds (for the years 2016 -17). As a result of this financial crisis, the health board - one of seven in Wales - was taken into 'special measures' by the Welsh Government. One local authority leader believes that funding cuts exacted by NHS Wales have now become 'the elephant in the room' - a policy so destructive it cannot be acknowledged.<sup>140</sup> He adds: 'austerity can't keep going on...it sets public services against public services.' If this policy continues the result for Welsh communities will be 'catastrophic'.

But Grigson's 'joke' plays on the fate of theatre rather than that of the health board. Though cutting-edge in its 1970s heyday, Theatre Clwyd does indeed now look a little tired and in need of refurbishment. Its dynamic new director, Liam Evans-Ford, has just secured a substantial capital grant from ACW to upgrade the building. In this way, Grigson deliberately plays the audience - making us laugh at our own silly mistake - before introducing the day, a series of talks by local community health practitioners.

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<sup>140</sup> Anthony Hunt, Leader of Torfaen Council, in an article on the BBC's website, entitled *Cash-strapped Council Leader Attacks NHS Spending*. <https://www.bbc.co.uk/news/uk-wales-politics-41543787>

The chair of the health board is not the only delegate at the *Made in North Wales* conference to make reference to the scenery behind them as they talk. The Artisan Collective are a group of makers, amateur artists and community volunteers who live in Prestatyn. They refer to the stage set not as an amusing conceit but more of a painful reality. Speaking to the confusion over where art imitates life and life imitates art, they say how for them, ‘this backdrop is the place where we exist. It’s a home from home.’ They have spent the last four-years struggling to continue to work out of a former public library in the town, a venue which they have re-purposed as a ‘community hub’.



**Fig. 23. The Old Library, Prestatyn.**

Though much heralded by a range of national bodies, this self-organised ‘grass root’ initiative has proved a precarious enterprise, resting on consecutive two-month leases granted at the discretion of Denbighshire County Council. At the end of their talk, the Artisan Collective make an appeal to the audience to challenge Denbighshire’s recent decision to put the Old Library in Prestatyn up for sale. They see this decision as an act of asset-stripping, one which fails to acknowledge long-term social value over short-term economic gain.

They plead for help to remain at this venue, to make their future secure and sustainable. The Artisan Collective share much in common with other local community campaigners who have sought to retain public space for public use - such as those in Glasgow who fought for the Govanhill Baths. Unlike Ailie's Centre for Creative Activism, however, their project is less concerned to situate itself amid discourses of contemporary art. Rather than using academic theory, the Artisan Collective ground their actions in everyday values, framing their activities as 'a way of life', based on principles of reciprocity and mutual aid.

Their joint venture first took form when they took on a market stall on Prestatyn's high street. Their aim was simply to sell their hand made leather and wooden crafts.<sup>141</sup> This endeavour grew 'organically' in response to other's needs as well as their own, through a process of mutual need. When the town's library moved to new premises, it offered the Artisan Collective an indoor social space. They covered overheads through sales of their crafts, as well as making small charges for workshops people held at the venue (including Aimee's art class). Their group became a Community Interest Company (CIC). One of their proudest boasts is 'we have never done anything that people haven't asked for'.

The neighbouring doctor's surgery presented a particular set of pressing needs. Located in premises no more than 100 meters away from The Old Library, the doctors who worked here collectively resigned in 2014 due to financial difficulties. Along with two others in the area, these reverted into the ownership of BCUHB. A new initiative called 'Prestatyn Iach' (Healthy Prestatyn) was swiftly developed which seeks to establish innovative ways of working in primary healthcare, using a social model of health rather than (solely) a biomedical one. Its originator, Chris Stockport, cites various precedents, including that of the pioneering health centre established in the 1980s at Bromley-by-Bow. The difficulties were so multi-faceted in Denbighshire, 'there was a need to introduce "disruptive innovation" to challenge a number of difficulties...Prestatyn was a 'crisis' we needed' he has boldly asserted since. The Artisan Collective found they shared common links with those involved in Healthy Prestatyn because 'a lot of the cases relating to older people are actually linked to loneliness. So they've been working with us to

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<sup>141</sup> Steve Fenner is a leather-worker, Aimee a painter, while Steve is a former Business Manager.

find activities to help people reconnect within the community.’ In this way, the Artisan Collective openly admit in retrospect, ‘we didn’t even know we were socially prescribing until we met them.’

### Centres of Health

It is difficult to establish the extent to which The Old Library is in a process of being ‘converted’, through its new use, into a re-purposed community health centre. While Healthy Prestatyn claims influences such as the one found at Bromley-by-bow, the status of the Old Library is less easy to claim. Key authors within the field of Arts and Health have long advocated that collective forms of creativity can work as a ‘social tonic’ that keep us well (White, 2013). But the types of ‘hubs’ or ‘centres’ in which such health promoting activities take place have taken diverse form over many decades.



**Fig 24. The Pioneer Health Centre in Peckham, built in 1937**

The earliest, most influential examples - The Pioneer Health Centre (established in the 1930s), and the Finsbury Health Centre, (conceived in the 1940s), were purpose built by architects working to a brief, funded by private sponsors before the creation of the NHS in 1948. ‘The spaces designed for healthcare sit squarely

between the world of science and the world of culture and reflect the inequalities between doctors, health workers and patients' (Gillespie, 2002: 212).

By contrast, emerging out of time of economic depression in a deprived area of London, the Bromley-by Bow Health Centre (established in the 1980s) began in a dilapidated church before raising the funds for a purpose-built extension. Its new design rejected institutional formalities (using no NHS signage) in favour of more flexible arrangements and an informal ambience.<sup>142</sup> In the Windsor Declaration of 2001, both The Pioneer Health Centre and Bromley-by-Bow were championed as models of how 'arts activity may become woven into the fabric of everyday life' (Philipps, 2001: 108). Bespoke Healthy Living Centres (HLCs) went on to be established nationwide in 1999, when the New Labour government-launched a £280 million programme to set-up support 352 HLCs across the UK.<sup>143</sup> The Minister for Public Health, at this time, insisted that these newly-funded schemes must 'belong to the communities that they serve and not be parachuted in from Whitehall' (Jowell, 1998).

This emphasis on 'belonging' was informed by theories which place importance on a sense of ownership to 'practices of health'. The concept of 'salutogenesis' was first coined by the medical sociologist, Anton Aronovsky, to 'denote the creation of health through a process of healing and recovery' over the life course (Aronovsky, 1979).<sup>144</sup> Aronovsky underlines the importance of agency and control, exploring the factors which influence our ability to 'cope' with the stressors that contribute to ill-health. Aronovsky believed that such vital coping resources were to be found 'in one's own hands or in the hands of legitimate others' (Aronovsky, 1990: 79). This theme was later taken-up by the contemporary epidemiologist, Michael Marmot, who similarly emphasises the importance of having a sense of 'control over your life' (Marmot, 2011). Marmot was to set out this approach for government in his influential report, *Fair Society, Healthy Lives*. This calls, amongst other things, for a 'shift of power' in responsibility in order that people feel empowered:

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<sup>142</sup> This prompted one visiting Secretary of State to ask: 'where is the NHS sign?'

<sup>143</sup> Funded by the newly created, National Lottery

<sup>144</sup> I take this quote and description from the Creative Health report.

effective participation in which individuals and communities define the problems and develop community solutions. Without such participation and a shift of power towards individuals and communities it will be difficult to achieve the penetration of interventions needed to impact effectively on health inequalities (Marmot, 2011: 28)

The Founder of Bromley-by-Bow, Rev Andrew Mawson, further advocated self-empowerment through his concept of 'social-entrepreneurship' (Mawson, 2008). Mawson was outspoken in his condemnation of the public sector approach, which he castigated as one informed by 'liberal ideology'. He was determined that his health centre would:

not be another tacky, run down public sector building, but a centre of community and entrepreneurship defined by innovative design, a welcoming environment and quality furnishings, with hard work, enterprise and creativity at its heart (Mawson, 2008: 78)

His highly influential model, however, was not without its critics.<sup>145</sup> Researcher Lynne Froggett points to Bromley-by-bow as a place 'disrespectful of professional boundaries' (Froggett, 2004: 32), where professional and volunteer roles were problematically blurred. She describes a working culture which elicited 'infectious and enthusiastic commitment' but which also left staff prone to suffer 'burn out' (Froggett, 2004: 38). She concludes that it would be 'misleading to represent this as a conflict free environment which seamlessly translates its vision into good healthcare' (Froggett, 2004: 38).<sup>146</sup>

The point at which community-run projects become funded by either local authorities, charities or market-driven enterprises has become ever more difficult to discern in more recent decades, with mixed financial models becoming the norm. Enthusiasm for Tony Blair's articulation of a 'Third Way', personified by Mawson's project, has given way to more circumspect assessments of what some see as a resolutely market-orientated re-modelling of public services.

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<sup>145</sup> Chris Stockport, quotes it as a model that influenced his creation of Prestatyn Health.

<sup>146</sup> This assessment of the model rests on her earlier work on post-war welfare settlements which although 'tainted by paternalism', have been replaced by models informed by 'the new consumerism' which 'undermines the welfare project at its core' (Froggett, 2003).

'Historically embedded welfare state provision, is being discarded in favour of privately capitalised and mixed economy models of cultural and social organisation' (Philips, 2011: 36).

Paying close and careful attention to Aranovsky's concept of agency, the researcher Lynne Friedli for example, further points to a 'fatal weakness' of those working in public health where there 'has been the failure to question the balance of power between public services, communities and corporate interests' (Friedli, 2012: 10). The mixed model has become one that focuses more on 'the operation of the Welfare state as opposed to the operation of the market' leading to the state being 'blamed' for social hardship and inequality - while 'unregulated free market capitalism' is left 'off the hook' (Friedli, 2010: 8). Friedli identifies how 'ideological support' is lent to the latter over the former.

*The Life Rooms* can be seen as just one, very recent example, of a new kind of 'health centre', which addresses hybrid social problems using mixed methods and partnership models. The project was made possible through the conversion a former library in Walton, Liverpool, <sup>147</sup> the result of the Council's decision to cut library services. <sup>148</sup> It was re-modelled in 2016 as "a new centre for learning, recovery, health and wellbeing" through MerseyCare Health Trust. The trust announced that it had diversified activities to better support mental health in the community. They looked to develop this wider focus in partnership with statutory, voluntary and private sector partners which heralded, they claimed, 'the advent of a *genuine* social economy' (my italics). <sup>149</sup>

This particular mutation of the HLC model sees an alliance of private and third sector bodies taking on responsibility for the new uses of building - marking a shift not only in funding arrangements but forms of public accountability and responsibility too. Public involvement here is framed under the auspices of 'participation', measured primarily through visitor figures. Yet while *The Life Rooms* places itself 'at the heart' of the local community, staff here observe the

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<sup>147</sup> Originally funded by the American philanthropist, Andrew Carnegie in 1911.

<sup>148</sup> One of 478 libraries that have closed in England, Scotland and Wales since 2012.

<sup>149</sup> As stated on their website. Thus the re-modelling was framed as being 'not about financial input, but a community focused, asset-based approach.'

signage has proven 'too corporate' for some local residents. It looks 'more like... an NHS office or clinic; thus deterring people from coming in' (Harrison et al, 2017: 19). While the blurring of certain distinctions can offer 'holistic' solutions, such ambiguities can also, as in this last example, prove confusing for publics and potentially disguise motives, intentions and their combined effects.

#### A fight for survival

It is only when you step inside The Old Library that you notice that it is not being used as a library anymore. The stairs are blocked-off by yellow hazard tape. There's a collection of unusual bikes in the hallway. Impromptu signs, stuck on the doors with blue-tack, point you towards 'handmade arts and crafts'.



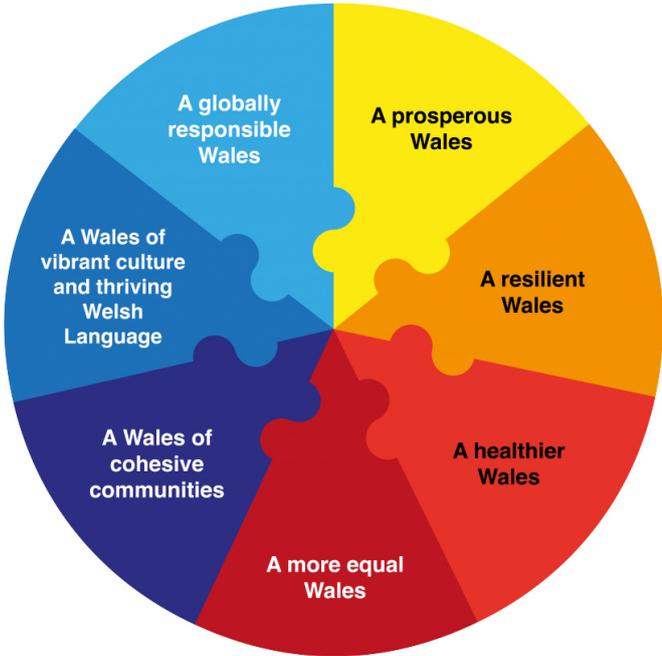
Fig 25. doorway sign in the Old Library

I find Peter Harrison, the public face of the Artisan Collective, in a side room on his lap-top. He immediately jumps-up to shake my hand. I am also met by Reb, a border collie who is introduced as 'therapy dog' Reb. Reb's owner, and Pete's other half in this venture, is Steve Fenner. I fuss Reb as she lies belly-up on the floor. We are joined, intermittently, by Aimee Colville, busy setting-up for the art class in an adjoining room (the third partner in the Artisan Collective team). We

congregate around the library’s former reception desk, where the group often hang-out informally, as first point of contact for visitors.

Yesterday marked an important meeting for Pete and Steve about their future when they met with representatives from the Public Service Board (PSB).

“Because of the Future Generations Act, there are joint boards now in Wales that link different areas of the public services,” Pete explains. These were set up in response to the legal obligation the Act places on local councils to meet the Welsh government’s goals set for inter-sectoral working. Seven policy goals in all, are represented in the form of a colourful pie-chart and include: a prosperous Wales, a resilient Wales, a healthier Wales, a more equal Wales, a Wales of cohesive communities: a Wales of vibrant culture and thriving Welsh Language and a globally responsible Wales.



**FIG 26. Pie chart of the seven goals for Well-being of Future Generations**

The Act has been much heralded as a progressive piece of legislation that enshrines these national policy goals in law, asking all public bodies to evidence how they intend to make realisable these aspirations through action. Conway County Council joined-up with Denbighshire County Council to develop a shared Well-being Plan (2018-2023). This document announces the moment as an ‘exciting opportunity’ to ‘come together to challenge serious problems in our community areas,’ aim to support communities ‘to be prosperous, resilient and

healthier.’ As part of the plan, some stark statistics are also provided. Across these two local authority areas and their combined population of 211,300 people, 30 per cent of children live in poverty. Those treated for a mental illness represent 9.8 per cent of the population in Conwy (and 11.6 in Denbighshire). Pensioners comprise a quarter of the population, with 40.9 of them not owning a car, ‘bringing a risk of isolation.’ In conclusion, the report says, how ‘we will explore ways to make the most of social prescribing, supporting people in their communities to improve well-being.’ This is one of the ways the council will ‘develop new ways to promote health and well-being’ that ‘help people be less reliant on health and social care services”.

Pete picks up the story again, telling me he plans to ‘give ‘em a presentation’ so that representatives on the board can see how the community hub they have set-up here squarely meets these publicly-stated aspirations. He says this with great confidence, even while acknowledging how the Property Department of Conwy Council is ‘trying to close us down and sell the building from under us’. ‘We haven’t been nasty with any of them. We will work with all council departments. We hope we can convince them of our value.’

Pete is full of praise for those third sector bodies who have supported The Artisan Collective. ‘It’s been amazing and surprising where support has come from. We work closely with Denbighshire Voluntary Services - they are good but have gone through their own turmoil too. Because it is all down to short term funding. The way we have survived though, is not relying on funding. We have done it without funding.’

Pete gives an example of one national charity who tried to set-up a local ‘Men’s Shed’ in the town. Only 2-3 people turned-up. When I ask whether this failure to attract people was to do with putting resource in the wrong place, or a question of mis-used resource. He is clear about the urgent need to connect meaningfully with local people on any number of different levels. ‘We reckon we are the most engaged organisation when it comes to using social media, for example. We also have a good relationship with the local press. This is where the building works so well, location-wise. It’s in the middle of town, closest to the car park and train station too. People can drop-by very easily...’

As though on cue, a man enters The Old Library, asking for directions. Pete breaks from our interview to patiently direct the stranger up the road. He is a consummate 'people-person' who has time, not just for me, but everyone who walks through the door. On his return, he tells me about the local GP surgery, which I spy from the window. 'What happened was that the doctors who were running it - who were all self-employed, if you like - said, we don't want to be running this anymore. Prestatyn was left doctor-less overnight. So the health board comes in. The guy that was heading up the Health Board at that time, had this vision around social prescribing. That was the big theme...'

This vision, though, also held some challenges. 'It's like that meeting yesterday. It's all very high falutin, you know? It was all to do with corporate or governmental policy. Institutional talk. But we pulled them aside and said, lets talk about what's happening on the ground, at the grass-root level. It's all very well talking about it like that, but the patients have to buy into it too...' Steve chips in at this point. 'They spend most of their time talking about how they can quantify it.' Steve and Pete experience first hand, in human terms rather than through metrics, the picture set out in the local Well-being Report. 'Prestatyn is a retirement town. So there is a lot of social isolation. Because there are banners outside, people literally walk-in. Sometimes they pour their hearts out to us. Sometimes that is what they need to do. We have set-up a bereavement group for example. We call it something else, The Coffee Pod, a place where people can come in and swap numbers. For us, it's less about setting targets. More about trying to provide the things that people need.'

The Coffee Pod is just one of a range of initiatives that now take place at the Old Library. These include its other uses as a Foodbank collection point, a venue for carer and dementia groups, a diabetes group, photography and walking groups, today's art class, a Men's Shed plus all the individuals who have been referred over the road from the GP surgery (who constitute around a third of the total). Of the latter, Pete says: 'It's about stopping the white coat syndrome. It's more like, just come in and have chat with the lads. It's not like going to the doctors here.' I ask about their capacity to take on all this work, which has incrementally grown around around them over the last four years. 'It's a lot', Pete concedes, who tells me that he has his own health problems to contend with. 'But the main thing is,

we are having to fight for our survival here in this building as well. If that pressure was taken off us - then it would release to do what we want to do.'



**Fig 5. The badge of 2025**

2025

'There is a lot to learn from the Life Rooms.' I talk to a former manager once involved in 2025. He admires the way there is no stigma attached to mental health in this freshly-conceived context. Such models, he believes, can only work when they are not presented as a psychiatric intervention, so much as a health promoting community hub. It is important that 'the building must not be a 'health building''. He explains how the '2025 movement', came about when 'social housing landlords approached the health board.'

2025 was set-up in 2015, by Clare Budden, the Chief Housing Officer at Denbighshire Council, along with freelance consultant, Ken Perry, working with BCUHB. The health board's priority, at that time, was squarely focussed on the three hospitals and meeting the urgent emergency needs arising at these points. There was less emphasis on population health and social inequality, or 'how reducing inequality could improve the health and well-being better for people living in North Wales.'

He describes the legacy of the closure of heavy industry in some areas in the 1980s (the steelworks at Shotton) and the 'poverty of aspiration' it has left down the generations (using the phrase coined by Tessa Jowell in 2005). The two counties of Denbighshire and Flintshire are where the majority of the population of North Wales live and it is an ageing population. The older people who live here comprise 'not just those originally from the area, but those who have relocated here following retirement' (as Pete and Steve have done). 'Often they don't have the social networks here to sustain them.'

The core founders of 2025 met initially at Glyndwr University. Entrepreneur, Ken Perry, was brought in because he was seen as having a 'clean pair of hands' - someone neutral who could facilitate the conversation between various stakeholders around these potentially controversial themes. 2025 was met with resistance and suspicion by some within the Health Board because 'it didn't have proper rules or governance.' There is a layer of middle management in NHS Wales that want to 'damp down' innovation. 'Leaders at the highest level - the Chief Execs of the councils and other senior public sector figures. They *do* understand that public services need to change.' 2025 is a 'loose coalition of the willing' as he puts it. 'That's one of its attractions. People don't have to come to meetings. They can just be on the receiving end of emails.' Three hundred people are currently on their membership list which is administered through Ken's company, titled, *Do-Well*.<sup>150</sup>

I ask if he is familiar with Helen Bevan, the figure who has led on 'innovation' within NHS England? Arguably, Bevan has more influence in Wales than her namesake, the founder of the NHS Nye Bevan, despite being less well-known. She established a *School for Health and Care Radicals*, also helping to inform the current NHS £3 million initiative aimed to promote 'health as a social movement'.<sup>151</sup> Although familiar with Bevan's work, he insists rather regretfully that 'none of that goes on in NHS Wales.' But he is more than happy to label himself using a term much used by Helen Bevan, 'a systems disruptor'.

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<sup>150</sup> <http://www.do-well.co.uk>

<sup>151</sup> This initiative will be comprehensively explored in a later chapter. <https://www.england.nhs.uk/new-care-models/about/empowering/social-movement/>

Curious about links in attitudes between professionals who sit across the border, I further mention Mike Sweeney's name. Sweeney is a leader at nearby Halton Clinical Commissioning Group (CCG) who has won awards for his work innovating NHS services there. He describes himself as 'a revolutionary' and helped to publish a local *Manifesto For Cultural Well-being* - the first such localised Arts in Health policy document of its type (Ward, 2017).<sup>152</sup> Perhaps the public in Wales are not aware of this radical new revolutionary agenda being pursued within the NHS, I suggest? Perhaps they are more worried about further cuts to existing services? 'It's hard to sell isn't it?' he replies. 'A lot of people are stuck on 1948 model'. Austerity imposes a 'hamster wheel' mentality on staff, as they try to meet impossible demands. By contrast, 2025 has given workers within NHS Wales 'an opportunity to think about other ways of doing things. By coming to the gatherings they give themselves permission to get some head space.'

### Healthy Prestatyn

Healthy Prestatyn is housed in a nondescript building that sits across just the road from the Old Library. I am here to interview Alex Conn, an Occupational Therapist who commonly links the two buildings through his work. He picks me up from the busy reception desk, where a woman sits behind the counter, in an altogether more formal manner compared the Artisan's desk over the road, aided by the beep of an electronic queuing system. We go upstairs to the office of his manager, Chris Stockport, the GP who drove the 'Healthy Prestatyn' concept forward. It is now cited by the Bevan Commission, as aiming to effect a 'step-change' in primary healthcare approaches in Wales (2017).<sup>153</sup>

Alex is highly articulate setting out the case for Healthy Prestatyn and outlines his precise role within it. He first points to the importance of the social environment to health outcomes before explaining how in Prestatyn, the traditional primary health care model completely broken down. The former GP surgery was "run as a self-employed business. They were under huge pressures and they couldn't recruit GPs to this area." Two other local surgeries followed the collapse of the

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<sup>152</sup> In a talk Dave Sweeney gave at an event I attended run by Dementia Connect in 2017.

<sup>153</sup> Stockport has since become the Executive Director of Primary & Community Care at BCUHB.

initial one - with all three practices merging into one large-scale practice that now has 24,000 people registered.

Alternate models - including that of Bromley by Bow - have informed the new model being tested here which draws on a multi-disciplinary team approach. 'We try to meet needs as effectively as possible,' Alex asserts, whose method involves listening carefully to what people say in hour long conversations, acknowledging that 'GPs aren't best placed to meet everyone's needs'. He doesn't much like the term Social Prescribing but hopes that 'at the core of that idea is people being able to have a better conversation together about health.' Rather than being directive, he sees this conversation between a health professional and client as one that can allow for a more balanced power-relationship, than one that always assumes that 'doctor knows best'. Such an approach acknowledges choices around managing one's own (mental) health - rather than the bald option of deciding to take 'pill or no pill'.

In his role as a careful listener, Alex says he is able to assess some of the (social) environments within which people's (personal) distress and stress take place. Acting on this information, he is able to make informed suggestions in any number of directions - to the library, or council - and now, Artisan Collective too. The Artisan Collective weren't initially part of the plan, he explains, but fitted the primary aim to meet social need through 'community solutions'. The nearby proximity of the two bodies was 'a happy accident' that allowed this link to be made. 'We act as the bridge' he elaborates on the role that occupational therapists play between the surgery and the old library - between formal NHS structures and informal community-based networks.

As our hour together draws to a close, Alex is keen, to underline the distinction between the 'service' and the 'community', despite any shared intent. It is important, he believes, that they are physical and financially separate' because 'there is a huge risk in getting it wrong. It's not about us trying to make communities for people. Communities make themselves.' Problems can arise from 'telling people what to do.' He sees this new model as enabling a 'breaking down of power imbalance' through respecting and honouring what already exists, instead of trying to 'do it all again' for people. He is skeptical and deeply cautious

about creativity as a catch-all solution. 'It depends on the person.' That is 'where Amy's Art Group works so well,' he believes. 'It's not about producing proper art.' To aim for that would be to 'completely miss the point'.

Following my visit with Alex, I pop over the road to see Pete and Steve again. They tell me they have are having more meetings with a range of powerful people. This time though, Pete is sounding less optimistic about the future. One council official had told him that they could do a lot of these activities someplace else. But 'it has become part of a bigger thing now,' he protests. 'We don't want to give up the building.'

He tells me about one offer they had from a private investor, which would have seen the Old Library converted into a retail unit, with a separate entrance for people coming to visit Artisan Collective from the Health Centre across the road. This suggestion was turned down flat by the council. Despite these set-backs, Pete goes on to list some of the recent positive press the Artisan Collective has also received. He sees this accumulation of positive publicity as a defence against the decisions being made - behind closed doors - by council representatives. The contradictions between public words and private deeds, he argues, can only become more apparent through such a strategy.

Filming had just ended for a short film made by Public Health Wales. In addition to this exciting publicity development the Older People's Commissioner in Wales, spoke about the Artisans Collective work at the Senedd in Cardiff. She had read out a section of the *Ageing Well in Wales Report (2018)* which mentions the example of their work and that of Healthy Prestatyn. Such publicity builds on previous plaudits at the highest levels of Welsh government including a prize from the *Welsh Audit Office for Good Practice Exchange*. This acknowledges:

Public services working in partnership for better health and wellbeing under the principles of the Wellbeing of Future Generations Act and the Social Services and Wellbeing Act.

I ask Pete why he thinks the Artisan Collective are getting so much praise and yet are not able to attract practical support of the type that would allow them to

fundraise. 'Maybe some of people in town council, maybe they think oh, they are running the show more than we are...perhaps they want to take ownership. We honestly don't know.'

### Social Prescribing

The combined examples, of Healthy Prestatyn and Artisan Collective, were championed side by side at an International conference on Social Prescribing, held in Salford, in 2018. An academic based at Bangor University, David Evans, has been researching the Artisan Collective project for some time now. Along with Chris Stockport and Alexis Conn, Evans created a poster which proposed that the Artisan Collective represented a necessary tonic in the current (dysfunctional) healthcare system that should be carefully nurtured.

Some theoretical models are further set out on the poster by which to explain this relation. Occupational Therapists (OTs) can be seen, in this instance, as 'boundary objects' who act as mediators between formal health settings and the local community. Instead of downplaying any risk, a danger is highlighted here that social prescribing can be 'appropriated into a medicalised health model', rather than serve to widen the biomedical frame.

In a seemingly contradictory manoeuvre, such an appropriation might occur precisely at the moment that it makes a 'challenge to the natural order'. This danger is further characterised by Evans, as a 'hijack' - an act of forced capture, rather than by way of any consensual 'co-design' of services. In championing the Artisan Collective's use of the Old Library in relation to the GP surgery, the authors of the poster seek to protect this 'meaningful space' against such a potential fate. It is a space that is essential to retain, in this way, because it can '*broker the needs* of health system and the community through practical solutions,' (my italics).

In prioritising the 'needs of the community over the biomedical needs', David Evans proposes a necessary weighting in favour of those with less power in this negotiation of needs, one struck between medical professions and volunteer citizens. Far from needing to create any new form of standardisation, 'This is the happy ending' for social prescription, his poster underlines.

## The Concordat

Nearly a year after 2025's *Made in North Wales* event, I spy Pete and Aimee sat at the back of the audience for the launch of the *Concordat for Arts in Health in North Wales*. I pull up a chair and sit down next to them as this event begins. The Concordat is a short document which aims to assert the value of the Arts in Health in the North Wales region across a range of local organisations who hail from diverse sectors. It invites them to sign-up to its aims and make a public pledge of commitment.<sup>154</sup> It is an initiative that has been brought about, in part, by the strategic Lead for Arts in Health at BCUHB, Liz Aylett. A long-standing advocate and commissioner of Arts and Health projects, she has worked alongside officials from Public Health Wales and Arts Council Wales to drive this agenda forward at the highest level of Welsh government. The intimacy of the Welsh network has helped achieve this, she believes, though this latest joint endorsement is unprecedented.

Today, those advancing the Arts in Health agenda sit alongside those who have spear-headed the drive for social prescription. Both respective 'movements' appear to have moved a little closer together, since a year ago, when they acted without reference to one another. I hear mutterings from one source who claims that the latter are trying to 'take over the agenda' from the former. But it is unclear, from the outside, which stalking horse belongs to whom. (This is a refrain that has been articulated at a national level too: the arts have 'been too much downplayed in the campaign for social prescribing' (Howarth, 2017).

The Head of Regeneration at ACW, Sian Tomos, kicks-off the event by saying how the *Well-being of Future Generations Act* now plays an 'essential' role in the field of Arts in Health in Wales. A number of invited guests - including representatives from Bangor and Glyndwr Universities, are also in attendance, along with those who hail from various local authorities and the voluntary sector. Today's star guest, however, is Vaughan Gethin, the Cabinet Secretary for Health and Social Services. Gethin is a very high ranking Welsh government official (second only to the First Minister). He controls the largest slice of the devolved

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<sup>154</sup> See details here: <https://www.wales.nhs.uk/news/49529>

budget. As Liz ushers him into the room, he carries a palpable sense of the power his role enables, snappily dressed in a blue suit.

Gethin begins by mentioning his flight up from Cardiff, a 'scenic' journey over the North Wales mountains. He quotes the well-known Welsh painter of Snowdonia, Kyffin Williams, on the reason why he took-up painting: 'my greatest fortune is that I was ordered to take up art on behalf on my health'.<sup>155</sup> Mindful, perhaps, of his own commanding powers, Gethin adds an off-the-cuff comment: 'it didn't seem to do him much harm!' Gethin picks this opening anecdote shrewdly perhaps. ACW holds a somewhat ambivalent attitude towards the field of Arts in Health, which it has supports only to a degree. Projects must meet the threshold of 'excellence' in order to secure their financial support. 'We're only interested in supporting the best' was how Phil George, the chair of ACW, staked his claim to the field in a recently published report (ACW, 2018). This discerning and realistic attitude - or viewed alternately, as disdainful and expedient - is further reinforced when, Nick Capaldi, chief executive of ACW, gets up to speak.

Capaldi also begins by talking of 'doing no harm', affirming the value Arts in Health by way of some oddly-assembled observations. 'This connection between arts and health is as old as time". He invites the audience to "think about the caveman.' There is a brief reference to Aristotle ('our souls undergo a change on hearing melody') as well as reference to the latest evidence supplied by neuroscientists. This is followed by a quote from Professor Dumbledore, of Harry Potter fame. 'Ah, music, a magic beyond all we do hear!' This last reference draws a murmur of amusement from the audience. They seem better-disposed towards the wisdom offered by this wizard than the other sources of authority Capaldi draws upon (or perhaps they are laughing at him, as much as with him).

Half way through his fifteen minute slot, Capaldi loses the lyricism to become more practical in relation to how ACW aims to support the Arts in Health agenda. He refers to the mapping report which he says has given him the data he needs to make choices about where to best allocate resource.<sup>156</sup> One recommendation,

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<sup>155</sup> Williams had suffered from epilepsy and was told to try painting by his doctor in the 1940s.

<sup>156</sup> I was myself commissioned to undertake the first stage of this research for ACW in Spring 2017.

that all Welsh health boards should appoint full-time Arts in Health co-ordinators, has now been agreed between the NHS Confederation and ACW. This will establish a consistent Arts in Health offer across the whole of Wales. The equanimity reflected in ACW own funding strategy, however, would be more restrained. Capaldi repeats the report's conclusion that he 'mustn't encourage the impression that it (ACW) can support a universality of provision in the many healthcare settings across Wales'. Instead, 'we have to be selective about the projects we support.' He stresses, how his 'hands are tied' by funding cuts implemented by the Welsh Government, rather than by any choice of his own making. It is austerity, rather than ACW, which '*governs* the types of projects we are involved in' (my italics).

ACW can only fund those Arts in Health projects which 'advance practice and address strategic priorities, those that establish a benchmark.' Furthermore, they must link to 'high-quality, large, quality mainstream services'. This will help 'scale-up' this area of work to a national level. On listening to his criteria, set out in this way, it appears certain that the Artisan Collective would not qualify for ACW funding, even though they might meet the criteria for 'exemplary projects' set out in the mapping report. I recall the paintings of the lighthouse at Talacre, by the many members of Aimee's art class, more Alfred Wallis than Kyffin Williams. These artists were proudly amateur.

After Capaldi's talk, others follow. 'We are all leaders,' announces Nina Ruddle, the Public Engagement Manager of Glyndwr University. Hierarchies are established at this event, it seems, in ways that simultaneously disavow them. After the most important guests speak from the podium, 'creative formats' are dictated for delegates who speak from the floor. A creative presentation technique, called *Pecha Kucha*, allows 6 minute slots which can include up to 20 slides. This strict format for delegates could be seen as a response to the need to break out of scripted roles, as it promotes improvisation over the reading out pre-determined texts. It stands in contrast to Gethin's speech, which had long been predicated as a political gesture that would see him 'pour warm words on Arts in Health'.<sup>157</sup>

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<sup>157</sup> An anonymous source

The event ends with a 'creative intervention' by a community theatre group comprised of the over 55s, based at the theatre.<sup>158</sup> They rush noisily into the audience, inviting us to befriend the person sitting next to us and join hands. It makes for a bemusing and embarrassing escapade for some of the delegates. While open to any attempt to innovate conference formats, these delegates were not so keen to hold hands with strangers on demand. 'Officially orchestrated sham spectacles of being together' (Iles & Berry, 2009: 14). Like me, Pete listens carefully to all the speakers, skipping this last hand-holding exercise, in favour of becoming the first to claim the free lunch laid-on upstairs.

### The Art of The Possible

I squeeze into the back of Pete's car against a collection of gardening equipment. The strimmer leaves a strong smell of petrol, which Pete says he hopes I can tolerate. 'That's where Reb usually sits,' he further apologises. But St Asaph business park is impossible to reach by public transport, so I am grateful for the lift as I don't own a car. We are on our way to the final 2025 event that I will attend - passing the many single unit bungalows that comprise Prestatyn. 'The highest density of people in Denbighshire,' Pete informs me, a strange fact given that the town is host to so many lonely, older people.

The 2025 movement organisers have centered this next event around the theme of 'communities of practice'. They host it in partnership, once again, with Glyndwr University. Today's format appears to take its cue from the one adopted at Theatre Clywd. But here, the exercises are less animated, conducted by academics rather than the joyful amateur actors at the theatre. Delegates are once again invited to speak from the floor, in no more than 5 minutes, (no slides). This time around, some delegates complain of having to speak 'with their backs to the audience'. Pete, taking-up one allocated slot, shows polite anger when the promised video he provided doesn't work - an unlikely disappointment in this award-winning centre for cutting-edge technology. Another delegate from the third sector remarks how 'we did all this long before it all got called social prescribing'. One woman claps furiously on hearing his remark, then ever more

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<sup>158</sup> Called Cwmni 55 / Company 55. <https://www.theatrclywd.com/en/get-involved/take-part/company-55/>

slowly, as she realises she is the only one to do so... It feels like an awkward moment in a social environment where similar-thinking and similar-enthusiasms are utterly (and prohibitively) assumed.

No-one can question the direction of future research when another speaker announces that substantive funding has been secured for Welsh universities to make the delegates here an 'offer'. Twenty project leaders are needed to volunteer to take part in a study to help formalise and identify best practice, so that a 'certificate in social prescribing' can be developed. They are working with the Future Generations team to do this, part of a wider project titled, *The Art of The Possible*. This initiative says it takes 'a partnership approach to shining a light on great work that is improving well-being in communities across Wales.'



Fig 28. The post-it notes replying to the question, 'who is missing from the conversation'

Afterwards, I spot a question stuck-up by the organisers in the corridor outside. 'Who is missing from the conversation?' To my surprise, it has elicited many answers. Although this question is inaccurate - no open, free-flowing conversation had been facilitated - delegates have used the post-its notes

provided to make their points. <sup>159</sup> 'Citizens'. 'Students'. 'Project Participants'. 'Artists'. 'Poets'. 'People who disagree'. 'Those in need of the services!' (an exclamation mark added for emphasis). The colourful squares quiver in a draft of air, threatening to fly away completely as the sliding doors open for our exit.

### Trick or Treat

In a personal blog written to mark the four year 'anniversary' of their time in the Old Library, Pete muses on where this journey, a 'struggle for survival' as he puts it, has taken him. One thing that 'cannot be taken away', he insists, is the 'personal creativity and love of our town that pulled us together 6 years ago.' This marks a 'common thread that needs to be respected and defended.' A keen motorsport fan, Pete refers to the end point of this process as one which will involve the Artisan Collective passing 'the chequered flag', a finishing line they have yet to reach, but towards which they are now 'getting closer'. He will know this winning moment, he says, as one when the future sustainability of the project has been secured, (perhaps beyond his own involvement in it, he hints). Yet despite this fighting talk, I suspect Pete may also be tiring of having to repeat his case to so many different representatives. Many of the high-ranking executives, at both the health board and at Denbighshire council, have changed position since he first lobbied them a year ago. The town's mayor, likewise, is an annual appointment, requiring he must make these key relationships 'all over again'.

Some commitments have been secured. The council has suspended the sale of the Old Library. <sup>160</sup> The new Council proposal will see their project accommodated within a new social housing unit, converted to residential use. This plan must be further developed in a scoping report, then go out to consultation, before it can go forward to any planning stage. This all feels a long way off in the future for Pete and Steve. They are also unsure whether this commitment will be kept and they wait on a series of pending decisions. They appear to exist, now as before, in a state of perpetual limbo. I suspect there is a sense in which the effect of being subject to discussion of speculative value, as

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<sup>159</sup> Though there is much illicit gossip, as a result, between confidantes.

<sup>160</sup> An affidavit in place which does not allow for complaint should they be evicted at any time.

well as the first line of response to other's needs, has exacted a price on the Artisan Collective.

In his blog, Pete refers to having a 'five year plan'. This jokey pretence of communist central planning perhaps belies the degree of uncertainty and lack of control he might actually feel he has over his own future and that of The Old Library. It remains uncertain to what extent he feels empowered - or disempowered - by the experience of volunteering here over this period of time. I am not sure for how much longer he can sustain the effort at the Old Library without some personal cost to his own well-being and health. 'We are not getting any younger.'

I also become aware of time passing, as my time as participant observer at The Old Library draws to a close. The Prime Minister announces an initiative to end loneliness 'in our lifetimes'. This feel like a very long term goal, one unattainable, perhaps, for those who age faster and or who die younger than others through the result of being born or living in poorer areas. 'The expansion of social prescribing across the country will change the way that patients experiencing loneliness are treated' she announced in 2018. 'It is only the beginning of delivering long and far reaching social change in our country - but it is a vital first step in a national mission to end loneliness in our lifetimes' (May, 2017: 2).<sup>161</sup>

### Child's Play

My final visit to the Old Library coincides with Halloween. Families queue around the building to sign-up for a treasure hunt. The place is teeming with kids in a range of costumes, playing the roles of witch, werewolf and skeleton. One child arrives as the grim reaper himself, complete with scythe. 'It's a lot of fun' Pete admits, also adding craftily, that the treasure hunt 'helps support small businesses on the high street.' (Gifts have been hidden within these shops).

After organising this busy day, he rests awhile, propping-up the reception desk again, greeting a woman in her 60s. From the snippets of conversation I overhear, I suspect she is suffering a bereavement. 'The grandchildren keep me

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<sup>161</sup> Teresa May's words in the forward of *A Connected Society, A Strategy for Loneliness*, October 2018.

going' she tells him. 'Plus I've gotta get up in the morning to walk the dogs.' They laugh together about a person who is spoken about in the past tense. Pete reassures her as she departs, 'you know where we are' (if you need us). She smiles back gratefully. Pete confides as she leaves the building that she found her disabled son, dead in his bed, only a couple of weeks ago.

On hearing this sad and shocking news, I watch the children gather excitedly to watch the puppet show. They are drawn into the directives of the puppet master who picks out his helpers 'from the ones sitting down, with their arms crossed and mouths shut.' The trick he performs involves a ghost who is able to slide between his own haunted house and the house belonging to the neighbour next door. The kids scream with delight as they spy the fiendish wooden figure crossing from one front door, over to the next, across the track of a rickety prop. All the time the puppet master engineers this trick, he tells the children how the ghost would never do such a thing, because he has been told not to go to the neighbour's house. 'There he is!' they scream, dubbing him in, pointing the finger of blame, with uncontainable glee.

This morality play has been put together especially for today's event, part of an initiative between the North Wales Police and the Artisan Collective to promote safe and responsible 'trick or treating'. It is designed to help stop such festivities sliding into anti-social behaviour, as children knock on the doors of those who are elderly, lonely or vulnerable. Many of the pensioners in the town are fearful of cold callers, of the fictions of fear, as much as their potential realities. I think of the maxim delivered by Franklin D. Roosevelt, when he launched his 'New Deal' to tackle the Great Depression of the 1930s: 'The only thing we have to fear is fear itself.'

'The best thing about it,' Pete tells me 'is that we paid for this with villain's money! The Puppeteer cost a couple hundred quid for the day, but we paid for it out of the proceeds of crime.'<sup>162</sup> This fact does indeed make for a neat and satisfying circularity. Re-directed money from those caught benefitting from crime is returned to a place in the community from which crime might be prevented in the

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<sup>162</sup> The North Wales Police have a pot of money for good causes which is funded by the proceeds of crime.

future. I suggest to Pete that he could devise a puppet show based on the story of The Artisan Collective's struggle to stay on at The Old Library. That story would have a happy ending. 'I wonder if you would get any of the money recently promised by the prime minister, for that?' He laughs off my suggestion with just one word, a staple cry from the hungriest character in the Punch and Judy show. 'Sausages!'

## **Summary of Prestatyn**

### Surviving a precarious place

Different social and financial values were attributed by different public bodies to the activities hosted by The Artisan Collective in Prestatyn. The story of their occupation of the Old Library emerges as a narrative of endurance as much as 'resilience' - one of the seven goals set for public bodies by The Well-being of Future Generations (Wales 2015). The Artisan Collective's continuing commitment to continue to work out of the Old Library was one that did not come without cost, depleting the morale and sense of agency of those operating this multi-award winning third sector project.

Aimee's Arts Class was just one aspect of a broader programme of activities developed by the organisers, who deployed what they called a 'different kind of creativity' to grow and generate this 'community hub'. Their project can be aligned more to *The Veteran's Shed* than to Ailie Rutherford's *Centre for Creative Activism* : the group were less concerned to connect with discourses around social art practice than to meet the needs of others through everyday activities - walking, talking, making, gardening. Peter Harrison saw his interventions as non-political and assumed that support would quickly be forthcoming once the nature of their voluntary work was spelt out to the local authority. When this support was not forthcoming, it led the Artisan Collective to campaign and advocate more widely in Wales, meeting the Commissioner for Older People at the Senedd, and enlisting the press and social media to establish popular support for their 'cause'.

But the amateur art activities on offer in this context did not meet the threshold of innovation or excellence that could entitle them to support from ACW. This type of project is left un-claimed - and tacitly disowned - by ACW, as it does not constitute what Alexis Conn called, 'proper art'. His further comment, that to see Aimee's Arts Class as such, would be 'to completely miss the point', could be directed at ACW's public commitment to Arts and Health - which history has shown to be intermittent and reliant on passing ministerial favour. ACW, responding closely to Welsh government fluctuations, has not offered sustained support for Arts and Health over time.

The 2025 movement, working within BCUHB, emerges as a hybrid initiative, as much managerial as grass root, with a focus on 'leadership' over participation (and sometimes prompting misleading conflation between the two - such as when Nina Riddle claimed that 'we are all leaders'.) This grouping largely comprises of managers, who appear to have retained managerial approaches, albeit those that might promote 'systems-thinking' beyond formal institutions. This is reflected in the name '2025', set as a target at an arbitrary point in time in the near-future - as opposed to the far off time when 'future generations' will be in place to feel the effect of long-term policy decisions and outcomes.

Others at the health board, like Occupational Health worker Alexis Conn, took a more practical approach to achieving these same aims. The Artisan Collective project proved an unforeseen and complementary addition for those working in the Healthy Prestatyn GP surgery, who recognised the value of this community 'hub' as a human resource that could improve health for local people. Acting on opportunity and happenstance, The Old Library became a part of Healthy Prestatyn's new way of conceiving healthcare over time, providing a useful adjunct to the work undertaken here.

Unusually, perhaps, the relationship between health services and community activity was one whose boundaries were closely protected in this instance. Alexis Conn acted in line with Anton Aronovsky's belief that 'coping resources' are best found 'in one's own hands' or 'in the hands of *legitimate* others' (Aronovsky, 1990: 79). He was mindful to keep a distinction drawn between 'services' and community based projects, not in order to save money, so much as enable a

sense of autonomy and agency. He identified a 'huge risk in getting it wrong' as 'it's not about us trying to make communities for people. Communities make themselves.' Researcher David Evans, likewise points to dangers of co-design being used to 'hijack' projects - an emotive term to describe forced co-option.

Good faith was eroded over time, as the County Council failed to match its own policy aspirations through its actions. The Artisan's Collective's relationship with Denbighshire County Council was not one based on mutual trust. Their ability to (self)fund was hampered by short-term rolling contracts on the building which were never extended beyond a two-month period. This resulted in the group operating in a state of ongoing limbo. While undoubtedly inhabiting a 'run down public sector building' (as Andrew Mawson might characterise it), the Old Library nevertheless provided a sheltering space for varied expressions of human contact and care that the organisers were keen to retain through the central location this building offered. The terms of 'ownership' once again became a matter of dispute. <sup>163</sup>

The relationship to national policy frameworks was mediated at a local level with great difficulty. Admittedly, this account of the relationship between a third sector organisation and a local Public Service board (PSB) was made at an early stage of contact. PSBs were set up following the passing of The Well-being of Future Generations Act (Wales, 2015) to plan and measure the progress of local stakeholders working together. However, by taking steps to audit the project with a view to sustainable development, negative affects were transmitted to those whose own continuing ability to 'carry on' had already been put at stake. 'They are more interested in measuring us than supporting us' (Steve Fenner).

Such feelings of disempowerment align with more academic critiques that are emerging around The Well-Being of Future Generations Act, These critiques point out that hidden 'tensions' (Wallace, 2018: 158) lurk underneath well-intentioned policy frameworks. Jennifer Wallace observes that 'much of what makes life worth living' lies beyond the scope of government and cannot be subjected to performance measures. 'If governments were to be truly

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<sup>163</sup> Albeit one that arises in this case, as a result of The Old Library being surplus to requirement. The new Library was a £1 million conversion of former offices, 'half the cost of a new build'.

transformative in their approach,' she suggests, 'they would also recognise the contribution of the people.' Government could adopt a different role - as an elected power that 'contributes to social progress rather than *owning* it' (Wallace, 2017: 158 *my emphasis*).

One activist detects 'self segregation' amongst ruling political classes, which can effect the construction of policy. This distancing of policy-makers from grass root initiatives 'magnifies the myopic aspects of strategy... Strategy becomes dangerously self-referential' (Goff, 2012: 269). The recognition of this gap between human experience and policy making intention might entail taking a more realistic assessment of the use of The Well-Being of Future Generation Act in relation to arts in health in Wales. Rather than being seen as the successful conclusion of the matter, it enables only the beginning of better mutual understandings and conversations - not one-sided commands for compliance. 'It's all very well talking about it like that, but patients have to buy into it too' (Peter Harrison). Not unlike devolution itself, it is the application of policy, not merely its creation through a devolved system, that determines how it is judged over time. <sup>164</sup>

The Welsh government's move to enlist Welsh universities to standardise and measure the effects of community-based work also has a coercive dimension. These bodies of learning are working to legitimise and sanction the meaning of community-based activity by developing a 'certificate' building on existing knowledges. Normally a certificate would be awarded in recognition of knowledge acquired, indicating that this is not merely a misunderstanding of certification, but a costly and needless form of 'rubber stamping', underwritten by coercive intent. The official website for the *All Wales Social Prescribing Research Network* uses behavioural economics to further ask of this area of work : 'what *nudges* are needed?' <sup>165</sup>

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<sup>164</sup> Speaking retrospectively on the devolution project in Wales, Ron Davies ruefully observed how outcomes have been sadly 'ineffective'. 'My attitude towards devolution was that we needed constitutional change – to address the issues of democracy, of accountability, bringing government closer to the people and so on....But all of that was for a purpose...It was so that a new institution could deliver better outcomes for the people of Wales' (Davies, 2017)

<sup>165</sup> See *Social Prescribing in Wales, Primary Care Hub, 2018*.

By way of contrast, Dr David Evans at Bangor University suggests that the standardisation of such social practices does not present a 'happy ending' for social prescription, but rather an *unhappy* one. He sees the current approach as one that could prove counter productive in the longer term, because it serves to affirm biomedical models rather than widening them to encompass social value. Michael Marmot insist that public health must involve a 'shift in power' for 'community solutions' to become meaningful (Marmot, 2011). Yet the shift in power identified through this examination of the actors in North Wales appears to be travelling in quite the opposite direction to the one stated by its sponsors:

Social prescribing is part of a wider movement that signifies a shift from traditional top-down models of care delivered in hospitals and GP surgeries to a non-medical, more networked approach by placing the patient at the centre of their care, promoting independence and personal responsibility, and contributing to the common good (Primary Care Hub, 2018: 7)

Key factors in explaining this distortion, even reversal, of stated priorities is the alignment of these power structures with austerity, which forces a prioritisation of funding above other criteria. For instance, funding structures can be seen to dictate the relationship of researchers to community groups. In an academic paper focussed on one Welsh community Arts and Health project, Professor Gill Windle and others note how a volunteer objected to 'spending large amounts of money on research' which would be better 'be spent on initiatives in this area instead.' It is perceptively noted that this comment 'misunderstands the nature of research funding', but 'coming from a third sector organisation looking for alternative funding sources, particularly in a period of financial austerity, it is *an* understandable comment' (Newman et al., 2015: 8). Such 'understandable' observations could in fact be allowed to inform – and also challenge - choices on resource allocation at differing (unequal) scales. Community groups are not able to negotiate as partners on these unequal terms, raising ethical concerns around the creation of new income streams for universities that depend on the compliance, rather than co-operation of local community representatives.

Such power imbalances might explain the sense of frustration as much as 'opportunity' and 'possibility' experienced by delegates at the 2025 event in 2018. 'We were doing this before you came along and called it social prescribing'. The ambiance and tenor established at these public events - one of affirmation and celebration - served to cover up the expression of such 'ugly feelings' of complaint which might enable the expression of legitimate concerns around co-option and control. Techniques designed to counter social exclusion and foster a sense of togetherness thus paradoxically served to reinforce a sense of being controlled, with delegates at conferences only being allowed to speak in certain prescribed creative ways - not freely or openly.

I found feelings of exclusion and disempowerment evident amongst third sector workers in North Wales, alongside other affects identified in this narrative - resignation, weariness and a lack of trust in what the authorities say (as opposed to what they do). The Lancet Commission on Culture and Health notes that 'trust in governments and institutions in times of great economic stress and societal change' can 'be paradoxically eroded through the very actions designed to enforce fiscal responsibility' (Napier et al; 2014: 1620). It continues:

Emphasis on data more than basic human interaction—at home, with neighbours, or in clinics—contributes not only to devaluation of personal meaning, but also to widening of health disparities. When once-informative personal engagements are limited or eliminated, methods emerge that sometimes only favour those who make and use them' (Naper et al: 2014: 1626)

As the research of the *All Wales Social Prescribing Research Network* continues, it remains unclear as to whether the Artisan Collective will remain in the Old Library, in its current form. The Prestatyn story then, one of a gradual depletion in energies, could further be interpreted as illustrative of a broader erosion of trust. The good faith required for partnership working was only secured amongst certain parties (not others). Various 'framings' were attempted by external agencies to describe the work of the Artisan Collective, resting on conflicting interpretations of culture and health.

This project exposes the gaps and conflicting premise of a national policy for well-being, as much as its successful integration at a local level. Scant consideration was given by government representatives at either level, with those in other positions of authority, to the fragile and finite nature of human resource. Nor was any thought given to the motivational impetus that sits behind voluntary labour - which though freely given, is not without expectation of reward.

The harmful effect of praise, when unaccompanied by respect, might present neglect as a preferable option over the controlling attention deployed by the authorities. This is hardly the 'happy' ending' for social prescribing that David Evans might have had in mind. But at least it would be one that would allow those making commitments of care to others here to concentrate on this task - rather than waste their resources defending their right to exist. These volunteers don't need 'radical help', nor do they offer it, we might conclude. They simply require a modest degree of understanding and respect.

## CHAPTER 7 : WIGAN, GREATER MANCHESTER

### Introduction

This chapter explores some of the events that led up to the announcement of The Cultural Manifesto in the Borough of Wigan in 2019. Rather than focus on a single case study, it explores interpretations given to the idea that health can be promoted through social movements - as advocated by an NHS £3 million sponsored programme titled, *Health as a social movement* (2016-19).<sup>166</sup> Two distinct but related initiatives that adopt this terminology are explored. The first is *Live Well Make Art* (LWMA), a grouping brought together in response to GM devolution and the NHS programme. This aims to 'grow a social movement for a healthier Greater Manchester, through arts and creativity'. The second is Wigan Council's much heralded *Wigan Deal*, also cast as 'the start of a movement in GM', which aims to effect a 'different' response to policies of austerity through adopting 'community solutions'. Chief Executive of Wigan Council, Donna Hall, instigated a new 'psychological contract' between the local state and local citizen. Arts in Health is offered as a 'critical link' in this delegation of control and responsibility, with LWMA leaders keen to see Hall's new proposals combine with longer traditions of community art. Wigan Council's cultural manifesto, thus claims to give 'power to the people', according to the council's chief executive. Local mythologies inform this narrative of aligned 'agendas', drawing on working class, Northern values. These values act as a source of local pride, but also give rise to feelings of shame, connected to histories of poverty and the stigma.

### The Fire Within

I hear the poet, Louise Fazackerley, long before I see her. She is on stage at an event called *The Fire Within*. This is the unusual name of Wigan Council's new cultural manifesto launched in the town's shopping mall by way of an art exhibition and series of live events. The title matches Louise's physical style of performance. She swirls her arms, her tone sometimes slipping into high-pitched parody, as she takes on different dramatic personae. As I move through the

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<sup>166</sup> This choice came about due to late withdrawal of permission to use materials from a case study based in an outer borough of Wigan - as discussed on in Chapter 3.

crowd to catch sight of her, she is easy to spot in a dress of bold stripes. But despite her best efforts, she struggles to be seen and heard above this mixed crowd - Saturday shoppers, as well as invited guests. Her hands sculpt the air to convey her meaning as she calls out the stereotypes ascribed to ordinary people, simply because they are poor:

They don't want us to be winged horses  
They want us to be wolves or sheep  
Easily led or benefit cheat.  
But we rise,  
We rise from Benefit Street  
To find constellations to leap

Hearing these lines - in whose cadences I hear echoes of Maya Angelou - some in the assembled crowd clap and whoop in delight.<sup>167</sup> Louise drops her hand from the air into which she had thrust it, to tuck her hair behind her ear and murmur a quiet 'thank you'.

#### Non-participants

As well as protesting against class discrimination, Louise's performance also marked a moment of celebration. Wigan's cultural manifesto had been long in the making, involving a range of local arts bodies as part of a lengthy consultation process. As well as promoting the arts *within* the Borough of Wigan, this document was also designed to draw in those with power and finance from *outside* the borough too. Wigan Council were, at this time, in the process of leading a consortia of organisations to apply for a £2 million pound grant from Creative People and Places (CPP). Unlike its Welsh equivalent (Ideas, People, Places), this ACE funding scheme was set-up to fund projects specifically 'based in areas where there are fewer opportunities to get involved with the arts'.

Such targeted initiatives have provoked critical scrutiny amongst scholars, some of whom question how cultural 'participation' can be measured. In detecting 'low'

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<sup>167</sup> Maya Angelou's poem 'Still I Rise' includes the line: 'You may write me down in history With your bitter, twisted lies, You may tread me in the very dirt, But still, like dust, I'll rise' (Angelou, 1978).

levels of cultural participation in poorer areas, some groups of people have been categorised as ‘non-participants’ (Stevenson, 2019). Culture is defined in a way that excludes marginalised groups of people, according to the researcher, David Stevenson, who argues that everyone has a cultural life of some description that should be respected and counted. As a result of exploring the construction of this ‘non’ category, he contest that ‘state subsidised practices contribute to the maintenance of a status-quo’ through supporting only those ‘who accept the values of those who exercise the most power’ (Stevenson, 2016: 1).

Praise was heaped upon *The Fire Within* at the launch event by ACE chief executive, Darren Henley who told the assembled audience: ‘We want to invest in Wigan’. His words suggested that ‘culture’ was being presented here in a way that conformed to the expectation and values of ACE. As well as input from artists living in Wigan, a trio of arts consultants had also been hired to help put together the cultural strategy for the borough.<sup>168</sup> These strategists enlisted the help of internationally-acclaimed artists (now) living again locally to help create the Manifesto. It is an artful document, bejewelled with emojis by the artists, AL Taylor & AL Holmes (a duo known for their surrealist style films and performances).

Health forms a central component of *The Fire Within*, a strategy which is projected over five years. The year 2021, will be devoted to creative explorations of ‘health and happiness’. The rationale for the adoption of this theme is lightly spelt out in the manifesto, by way of reference to what are called ‘local mythologies’. ‘The culture we create focuses on the people of Wigan, stimulating stories that have meaning and purpose, fuelling local mythologies which lead to social happiness and health’. Such affirmations are made in the knowledge perhaps of less happy local mythologies. The town of Wigan first became associated with the stigma of poverty as the result of George Orwell’s classic book, written in the Great Depression, *The Road to Wigan Pier* (1935).

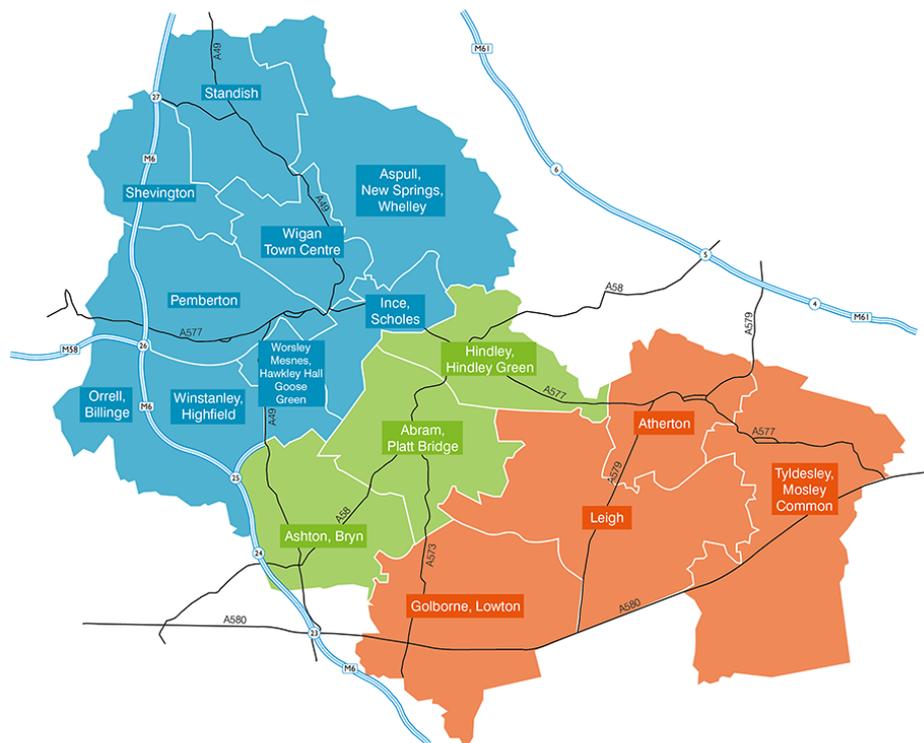
In seeking to write about the local Arts and Health formations here in 2018, I join many others aware of the influence this book has exerted on the popular imagination down the decades. Beatrix Campbell (re)visited Wigan in the 1980s

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<sup>168</sup> Sue Potts, Maria Brewster and Debbie Chan. <http://www.ruleofthrees.co.uk/people/>

to explore the textures of poverty in a period of economic recession, from a socialist-feminist perspective (Campbell, 1984). While another author has more recently tried to wrestle new relevance from old tropes, re-visiting Wigan to explore poverty in an age of austerity (Armstrong, 2012). Both books were roundly criticised by one reviewer for misrepresenting Wigan from an ‘outside’ perspective, adding to stigma as much as absolving it. Writer Stuart Maconie suggests ‘another George’ - 1930s movie star George Formby - as a preferred local hero over the figure of George Orwell. Formby ‘projected a much more positive image of the townsfolk’, albeit one that presented them as ‘happy dolts’. This was a preferable characterisation to the more usual one of ‘downtrodden serfs’, he suggests, not without frustration as well as humour (Maconie, 2012).

Local government policies have sought to address poverty and disadvantage in Wigan through adopting what are described as ‘community solutions’ alongside ‘place-based’ strategies. One of GM’s ten boroughs, Wigan divides into three ‘localities’.



**Fig 29. The Three localities of Wigan, sub-divided into ‘places’**

'Localities are how the Council group areas together to help deliver an efficient service.'<sup>169</sup> These have been further divided into 'places'. 'Places are a new concept to help demonstrate what it is like in our borough at a community level', according to information on the Wigan Council website. Within these differing localities and places, relations of inequality emerge through my research. One theatre practitioner based in Wigan, for example, distanced herself from any stigma attached to Wigan by passing it on to an outlying town, seven miles away. 'Leigh is Wigan's red-headed step-child.'<sup>170</sup> Through such comments, I begin to understand how the relationship between places within the borough are as marked by competitive tension as collective solidarity. The Director of the Turnpike Gallery, based in Leigh, believes that residents are as 'bitter' as any who live in Wigan about the 'stain' left by Orwell's book. She says that people living in Leigh 'want to shake-off the book's legacy' (Stalker, 2017).

### Rousing Emotional Support

I am on my way to the Turnpike Gallery, in Leigh, to attend the second event hosted by the informal network, and self-styled 'social movement', *Live Well Make Art* (LWMA). As I travel to this venue on the train from Wales, I become aware, through the register of other passenger's accents, that I am entering another country - though one that distinguishes itself from Southern England though a 'Northern' regional identity.

Echoing Raymond Williams, the contemporary comic performer Kate Fox, perceives a 'Northernness effect... based on historic conceptions of a *subaltern* North of England' (Fox, 2017: 55). She describes this effect as ones that can be recognised through 'embodied elements, particularly accent' which 'automatically convert higher legitimate cultural capital into lower cultural capital' (Fox, 2017: 56). Cultural capital is linked in The North, she asserts, to 'values of authenticity, community, humour and lack of pretension' (Fox, 2017: 56). While these qualities might be positively embraced or embodied by Northerners, Fox also observes that they can induce negative affects when transposed elsewhere: 'stereotyped

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<sup>169</sup> <https://www.wigan.gov.uk/Council/Data-Statistics/Borough-Story/Locality-map.aspx>

<sup>170</sup> The anonymous source was paraphrasing Andrew McMasters comment on improv theatre from 2002: 'Improv has long been treated as the redheaded stepchild of theatre.' I had asked, 'What is Leigh to Wigan?'

as stupid or lacking authority,' or being 'mocked' for one's accent or feeling 'stigmatised' as a result of coming from a 'disadvantaged place' (Fox, 2017: 57). Leigh is often described as disadvantaged place in the national press.<sup>171</sup> Unusually for a town of its size, it has no railway station, so I must catch a bus from the railway station at Newton-le-Willows. Google maps reveals that this is the quickest route to take today, a bright morning in May 2017.

LWMA first came into being when The Director of Public Health in Oldham - Alan Higgins - invited cultural leaders, academics, artists and health professionals, to explore the new potentials for Arts in Health offered through regional devolution. He was keen to 'test and develop our understanding of what arts-based social movements for health might mean' and how any 'collective intelligence' could be pooled to 'create a vision and model for acting together,' (Higgins, 2016). This collective intelligence was focussed through a 'core group', comprising mainly cultural leaders drawn from central Manchester, who secured funding against LWMA's main aim.<sup>172</sup> 'To 'grow a social movement for a healthier Greater Manchester, through arts and creativity'.<sup>173</sup>

The event at Leigh has been funded through another ACE funding scheme, called Great Places (ACE, 2016). This funds 'new approaches that enable cultural and community groups to work more closely together and to place heritage at the heart of communities.' LWMA's activities comprise one element of successful bid made by GMCA fund called *Stronger Together*. GMCA was awarded £1,489,255 over three years with LWMA's strand supporting 'a sustainable future for arts, culture and heritage while also promoting the health and wellbeing agenda.' A series of events have been arranged to take place in cultural venues outside of Central Manchester by LWMA in order to reflect the more 'culturally democratic' offer that advocates for Arts in Health seek to enable.

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<sup>171</sup> <https://www.theguardian.com/business/2018/oct/27/wigan-council-cuts-end-of-austerity-public-service>

<sup>172</sup> The 'core' group was comprised of Dave Moutrey (Chief Executive of HOME and Director of Culture for Manchester), Esme Ward (Director, Manchester Museum); Inga Hirst (Royal Exchange Theatre), Rick Walker (Director, Cartwheel Arts) and Gerri Moriarty (independent arts consultant); The health and social care sector: Alan Higgins (freelance public health consultant), Andrea Fallon (Director of Public Health, Rochdale), Steve Goslyn (health and Third Sector specialist) and an academic specialist Clive Parkinson (Manchester Metropolitan University) and Zoe Williams (Cultural Lead, Manchester City Council).

<sup>173</sup> As stated by Alan Higgins in a LWMA event in Thameside in 2017.

Writing a book on the subject of Cultural Democracy, LWMA core group member, Gerri Moriarty, spells out a long-standing injustice whereby 'many people have little opportunity to practise the arts due to a lack of resources and opportunity imposed on them by unequal distributions of social and cultural capital' (Moriarty & Jeffers, 2017: 1). Such concerns have become better evidenced and more pressing in recent years, following searing indictments proffered through reports on inequality and the arts (Warwick, 2015: Brook et al, 2018). These showed the degree to which funding was unequally distributed across regions in the UK.

Devolution was presented in GMCA's application to ACE as much as a risky gamble, as exciting opportunity. Social and economic inequality was observed to be widening, not narrowing across and between Greater Manchester ten boroughs. <sup>174</sup> 'Devolution will only work if its benefits are felt in all areas of our Combined Authority' the applicants warned. <sup>175</sup>

LWMA planned to better 'connect people' and forge new partnerships across the ten boroughs, providing 'a place-based focus' for events in Tameside, Wigan, Oldham and Salford. LWMA didn't aim to make a case for Arts and Health so much as make use of emotions based around shared needs and desires. 'Peer-support networks provide emotional and practical support between people with shared experiences and concerns' (Castello et al, 2017: 28).

The event in Leigh was designed, as Alan Higgins put it, to 'fire people-up' by way of 'themes which could rouse emotional support and interest at a local level.' As with an earlier LWMA event, he wanted those attending to come away 'brimming with enthusiasm', 'full of ideas and a belly full of fire' (Higgins, 2015). The arts can 'engage people in ways not accessible by other means... Emotions are important to health, well-being and life' (Higgins, 2015).

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<sup>174</sup> A document I accessed through becoming a 'participant observer' at LWMA core meetings.

<sup>175</sup> A report by *The Resolution Foundation* was quoted: 'there is a danger that sustained improvements in living standards will only benefit those in the regional centre and south of the region.' <http://www.resolutionfoundation.org/app/uploads/2016/11/New-order.pdf>

## Manpool

Leigh is located in relation to not just one, but two cultural ‘centres’. It is equally-distanced between the two city regions of Liverpool and Manchester. It is also one of the few constituencies that can claim to have always elected Labour political representatives to parliament. Andy Burnham represented Leigh as its MP before becoming the Metro Mayor in 2016, a post created through city-wide devolution in 2015.<sup>176</sup> Alongside an agreement to make cuts in budgets, a ‘democratic mandate’ was also put in place by George Osborne. He had demanded a elected representative as part of making the ‘city deal’ more accountable, albeit using the kind of *doublespeak* worthy of Orwell:

With these new powers for cities must come new city-wide elected mayors who work with local councils. I will not impose this model on anyone. But nor will I settle for less (Osborne, 2015)

Much was made of Burnham's Liverpoolian credentials for this role at the time.<sup>177</sup> Indeed, he joked about the rivalry between the cities on being elected, announcing a ‘one-nil win’ for Manchester.<sup>178</sup> Other political strategists sought to dispense with the rivalry between the two cities in the name of economic growth. Jim O’Neil, the first government minister appointed to lead on the *Northern Powerhouse*, tried to combine the two cities in his role as Chair of The City Commission, nick-naming this urban conurbation ‘Manpool’.<sup>179</sup> No-one I mention this term to, living in either Leigh or Wigan, has ever heard this expression (though it does make some of them laugh.) One artist I meet in Leigh comments on how she lives in the town because she can ‘hedge her bets’ between work opportunities offered by the gig economy in either city. Transport was presented as a key component of the *Northern Powerhouse* package, connecting regions

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<sup>176</sup> The first of many to be taken up across the UK, lessening any specific ‘Northern’ distinction.

<sup>177</sup> <https://www.theguardian.com/uk-news/2017/may/05/andy-burnham-elected-mayor-of-greater-manchester>

<sup>178</sup> Liverpool adopted its own city deal not long after Manchester in 2016, electing its own mayor.

<sup>179</sup> <https://www.ft.com/content/71b4f830-9d42-11e3-83c5-00144feab7de>



**Fig 30. Computer generated image of the future railway station**

and localities into an 'agglomeration'. Osborne suggested that the Northern Powerhouse could be built by 'joining' Northern cities together:

not physically or into some artificial political construct but by providing the modern transport connections they need...step one in building the Northern Powerhouse is a radical transport plan so that travelling between cities feels like travelling within one big city (Osborne, 2014)

But the transport infrastructure in old. Newton-le-Willows station was built when the line between Liverpool and Manchester was laid down in 1830. Only first class train passengers were allowed to alight from this stop at this time, an era when social inequality was designed and built into such projects and 'Britain's trains were the class system on wheels'.<sup>180</sup>

<sup>180</sup> According to novelist, Andrew Martin. <https://www.theguardian.com/inequality/2017/sep/11/segregation-or-acceptable-luxury-should-first-class-train-travel-be-abolished>

On the day I alight, the station is full of workmen undertaking improvements in the name of the *Northern Powerhouse*. Osborne's oratory has been translated into hard cash here, appearing as a blue logo on the makeshift hoardings surrounding the site. Contemporary urban theorists refer to 'spatial imaginaries' as a way to understand the structural role that space plays in political life. 'Spatial imaginaries' are actively 'mobilised' through everyday experience that prove key in 'the iteration of space as place', (Boudreau, 2000). These imaginaries:

correspond to residents' everyday experience, referring more to mobility flows, residential and natural landscapes, brands, and economic icons than to specific boundaries or borders (Boudreau, 2007: 2593)

Passing through Newton-Le-Willows I identify the Northern Powerhouse logo as an 'economic icon', a brand that does indeed make me feel like the *Northern Powerhouse* is something tangible (an investment that might improve the transport system). I take a photograph of the proposed new architectural design for the station, where a lone female passenger ghosts through an improved future (see above).

From here, I board the number 34 bus, which quickly speeds across a surprising rural expanse of open farmland and fields. We drive past semi-detached houses from the 1930s, bungalows from the 70s, as well as new builds and Victorian brick terraces. There is a curious lack of local vernacular to any of them. Global brands provide an occasional splash of colour: Texaco, Starbucks, Sky Sports. Soon after we cross the busy M6 road, a sign indicates we have arrived in the town of Leigh. It announces itself as 'the home of super league rugby' on a large sign. Brick terraces prevail now. Barges are moored on the canal at the Waterside Inn and as we pull into Leigh's Civic Square.

### The Power of Art

The Director of the Turnpike Gallery announces the brutalist building in which we sit as 'bold and ruthless'. It was built out of the confidence of a time when the coal industry was still very much alive in Leigh, says its Director, Helen Stalker.



Figure 31. The Turnpike Gallery

The event today is part of a larger project to ‘bring back confidence in the power of art in difficult times.’ Her welcome is followed by an introduction to the day by Donna Hall, the Chief Executive of Wigan Council, a role which sees her also act as the lead on ‘Culture and Art’ on behalf of the GMCA. Donna explains how she ‘works for Andy’ (Burnham). The organisers are very lucky to have her support, they acknowledge. ‘It was given right at the start of Live Well Make Art,’ Alan Higgins acknowledges in his introductory welcome.

As a former director of public health in the Borough of Oldham, Alan is well-versed in public service reform. He has played a key role in ‘positioning’ arts, culture and heritage more closely to public health within his own council’s strategic priorities. Higgins has also made the case at a national level for more ‘integrated’ approaches across departmental ‘silos’ which, he firmly believes, can be effectively achieved through devolution across Greater Manchester’s ten local authorities (Higgins, 2017). The connection between Art and Health must be made ‘explicitly and ‘intentionally’ in such local contexts, rather than simply by

way of 'leaving it to happy accident' (Higgins, 2017). (Or indeed, unhappy accident: austerity is not an intentional policy of Labour-run local authorities, so much as one that has been foisted upon them by a Tory central government.)

For the benefit of this audience - a mixture of arts professionals and clinicians drawn from central Manchester but others based locally - Donna begins her talk by explaining the rivalry between the towns of Wigan and Leigh. Miners in Leigh stayed out longer on strike than those in neighbouring Wigan in 1925, leading to them eating 'humble pie'. Wigan-ers are still famously called 'pie-eaters' by those in Leigh, suggesting a more resilient edge to this town over the other. Rapport established, Donna's attention then quickly turns to finance. She mentions the seven million pound distributed by the *Culture and Social Impact Fund* by Wigan Council. Arts and Health is a 'critical link' in a region suffering from lower than average mortality rates. The cost to the council is better borne here, at the point of prevention, than 'down a medical or criminal justice route.'

The working model developed here in Wigan is interpreted by this audience as one that is exemplary. Donna claims how it shows that there is 'a different way of managing' the current crisis of austerity, through utilising what she describes as 'community solutions'. Community assets are being passed from the council and 'over to the community' because 'they make a profit and we [the council] made a loss'. She heralds these bold moves at a time when councils nationwide are 'falling over' - citing the recent case of Northamptonshire Council which had just declared itself bankrupt. By contrast, Wigan Council is viable and influential. Even neighbouring councils from Liverpool 'are coming over every week to turn this into a plan for their city region too.' A short film tops-off her contribution to the day which is themed on the topic of loneliness. The clip seeks to show the beneficial effects of taking part in local community events for people diagnosed with dementia. Two old ladies enjoy being part of social events at the local rugby club. 'In Leigh, *rugby is art*,' Donna quips, once again eliciting warm laughter from the audience. Throughout the day, the economic and cultural landscape of the borough emerges as one of continued competition - not so much between striking miners, or their rugby teams, as larger and smaller arts institutions based in Central and Greater Manchester.

One contributor to the day, Tracie Daley, Programme Leader for Communities at the Royal Exchange Theatre, rings a rare note of concern, rather than celebratory affirmation. She points to a 'saturation of the cultural offer in Manchester.' Competition over resource is harmful when it exists between cultural bodies who arrive from the centre and those who survive at the periphery, she suggests. This charge is one that could also be levelled at the LWMA organisers whose decision to visit outlying boroughs was arrived at by leaders of cultural venues based in the city centre.<sup>181</sup> Tracie goes on to say how she worries about 'sustainability' when the funding generated for community projects comes into these outlying areas but then goes out of them again. 'It is cruel for it to go back to the way it was before' she protests. Short term arts interventions can only add to the sense of 'complete distrust' between residents and local authorities. The 'power of art' could become problematic, she further warns, if perceived as one belonging to powerful elites. As her own upbringing in Moss Side had taught her, the arts were not always something which working class communities felt 'belonged' to them. She speaks as someone who used to think that 'culture was not for me. But it is.'

The LWMA event ends before lunch with a participatory arts activity for those in attendance. We are invited, by a facilitator, to write a collective poem on the theme of 'loneliness' through examining its 'tastes, smells and textures'. A little reluctantly, I act as a scribe in this task, not feeling part of the social movement enthusiastically promoted by this group. I feel isolated in my role as a 'participant observer', one charged with bringing critical scrutiny to proceedings, rather than respond to appeals for 'emotional' support. Austerity appears to play an active, even enabling role, in this context. One speaker, high-up in the GMCA hierarchy, concludes as part of a final 'dream time' session, that 'we don't need new resources, just a new mindset'.<sup>182</sup> On hearing this remark, I worry that these words might suggest that material needs could be perceived to be the result of residents own failure to 'be creative' or 'live well'. 'As material inequalities grow, so the pursuit of non-material explanations for health outcomes

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<sup>181</sup> I later learn, from one local person in attendance, that this was something that was indeed noted on the day with a degree of (unspoken) resentment: 'They were speaking at us, not listening to what was going on in Leigh. The talks did not relate to what was already happening in the borough and showed little knowledge of that.'

<sup>182</sup> Nick Dixon, Senior Advisor for Person and Community Centred Care for Greater Manchester.

proliferates' (Friedli, 2012: 1). I also find myself questioning the use of the pronoun 'we' in this context. What is the 'mindset' that 'we' need to lose? Which aspect of my attitude do I need to lose in order to gain another?

### Re-framing the NHS

The first mention of 'social movements' by an NHS chief executive came with Simon Stephens *Five Year Forward Plan* (NHS, 2014). It was first suggested here that the NHS can be seen 'as a social movement', by which it meant an institution undergoing 'a shift in power to patients and citizens' (NHS, 2014: 14). But further research into the use of this term by NHS managers reveals a long history of 'thought leadership' intended to shape attitudes towards change.

The emergence of this particular framing of the NHS can be tracked back to 2002 when a meeting was held in the U.S. which drew together healthcare managers, policy makers and academics around the possible use of social movement theory in relation to NHS improvement.<sup>183</sup> Self-styled 'thought-leader', Helen Bevan, was leading NHS England's innovation programme at this time, focussing on how to reduce patient waiting times. She had been an advocate for 'systematic improvement programmes' but ultimately felt that 'some additional *motivational* element was needed' to make these plans realisable (my italics). She casts this post-millennial moment as a 'cross-roads' for the NHS, one that prefigured the emergent 'improvement revolution'.<sup>184</sup>

Research was undertaken into social movement theory in relation to the future of the NHS. The resulting report, *Towards a Million Change Agents: a review of the social movements literature: implications for large scale change in the NHS* (Bate & Robert, 2004), charted social movements from different periods of history. These are conflated with what these authors call, 'near movements', listed as 'health care coalitions, community networks, collaboratives and communities of practice' (Bevan et al, 2004: 4). The authors explain how this research aimed to

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<sup>183</sup> As recounted In a blog Bevan wrote in 2015, which has subsequently been taken down.

<sup>184</sup> The first adoption of 'social movement language' is credited, by Bevan and her colleagues, to a Labour government: report published by the Department of Health called for 'a *revolution* in quality and a step change in results' (Gov, 2000).

test whether 'it is possible to apply knowledge from Social Movement research to help create or - perhaps more accurately - unleash movement-like dynamics' within the institutional framework of the NHS (Bate & Robert, 2010: 189).

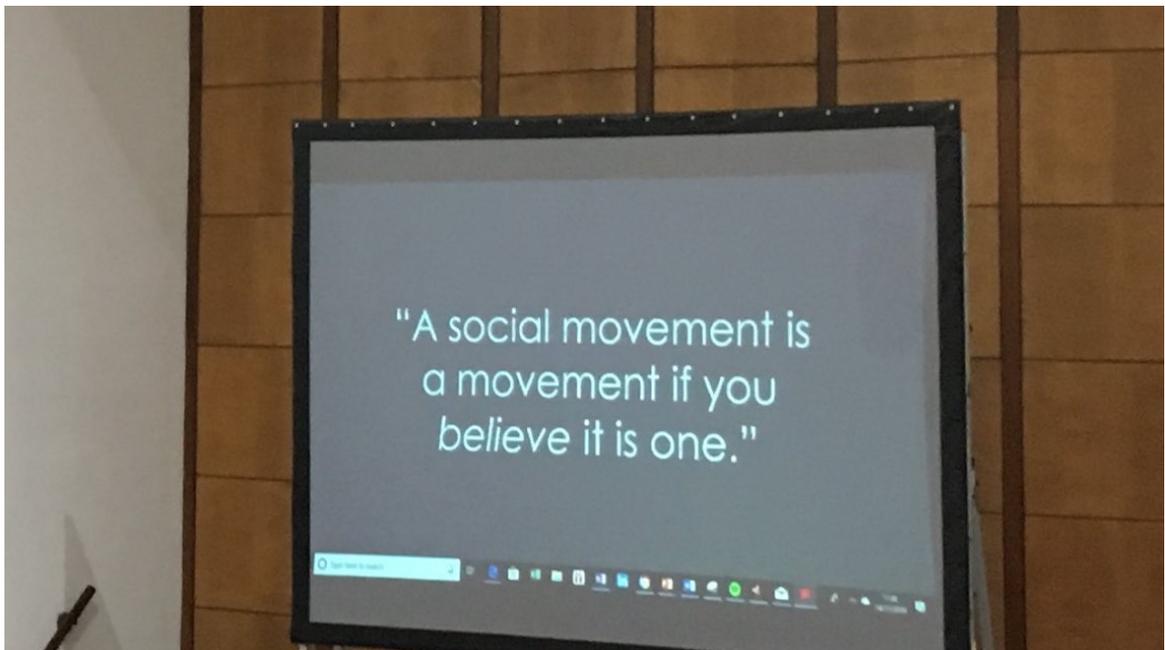
They highlight the work of an American sociologist, Meyer Zald, one of the first to propose that 'social movements or phenomena resembling them occur in organisations' and not just in the wider society in which these institutions operate (Zald, 1976: 824). Protest within organisations can take various forms, Zald points out. It can include such phenomena as *coup d'états*, whistle-blowing, and other forms of what he calls 'bureaucratic insurgency' such as managerial takeovers (Zald, 1976). Bate and Robert adopt Zald's approach, insisting that it could lead to quicker, more effective organisational change within the NHS. This process would see the useful capturing of energies for change, including feelings of anger. Anger is, it is rather dryly noted here, a characteristic of 'grievance or protest-based movements... often concerned to correct an injustice' (Bate & Robert, 2016: 21).<sup>185</sup>

Amongst wider academic literatures, divergent understandings exist around how social movements relate to institutional structures. Social movements can be engaged in either 'political or cultural conflicts meant to *promote or oppose* social change' it has been noted by the authors of a key textbook in this field (Della Porta & Diani, 2016: 21). Della Porta and Diani's definition of social movements is one of 'informal networks based on shared beliefs and solidarity which mobilise around conflictual issues and deploy frequent and varying forms of protest' (2016: 22). This definition appears to rule out forms of 'protest' from within state structures. One critical reviewer of Bate and Robert's research for the NHS asks if social movements, specifically those in healthcare settings, have 'reduced or increased health inequalities in the population? Have movements decreased or increased the power of corporate interests?' These pertinent questions remain unanswered by current research (Panofvsky, 2011: 686). Other academics, situated in the field of critical public health, have more emphatically ruled out the adoption of social movement theory by governmental

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<sup>185</sup> One of the first effect of the report was on the NHS Modernisation Agency who began to re-frame itself as an 'improvement movement'. It was to later outsourcing itself from the NHS to become an independent CIC, called 'Horizons'. <https://nhshorizons.passle.net/u/102eq4b/helen-bevan>

agencies. They detect 'bureaucratic logic in new social movement clothing' (Stevenson & Burke, 1991: 281). Government campaigns promoting 'health as a social movement' conducted in Canada in the 1990s, for example, were subsequently critiqued by political scientists for appropriating social movement theory in misleading or superficial.<sup>186</sup> 'We must be vigilant that the new health promotion is not just a revolution in professional discourse' (Robertson & Minkler, 1994: 309). While not mentioning this Canadian precedent, Bevan et al insist that such criticisms draw 'too much of a distinction between social change and organisational change' which 'need not be mutually exclusive' (Bate, Robert, Bevan, 2004: 64). Other enthusiasts in the UK take a more *laissez faire* approach to such distinctions, abandoning the rigour of academia. They simply insist that social movements can be whatever you believe them to be.<sup>187</sup>



**Figure 32. a social movement is defined by those who participate within them**

Yet such differences in understanding the terms on which social movements can be defined make it difficult to ascertain their purpose. It also makes it difficult to distinguish social movements which take place within institutional structures and those that act in opposition to them. This blurring was in evidence in the latest

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<sup>186</sup> This Canadian initiative warrants further attention, which I am unable to give it here.

<sup>187</sup> The role of academic discussion in this field remains questionable when so much resource is given to 'think-tanks' rather than independent researchers with no direct financial stake in the field. This point raises ethical issues of its own, something which one critic pointed to by headlining his article on the NESTA report: 'Health as a social movement or just more jobs for the boys?' (Benson, 2016)

NHS initiative which saw Bate and Robert's 'experiment' rolled-out through a fully-funded NHS programme. In 2015, a three million pound programme, over three years, outsourced the promotion of the idea by way of three national 'think-tanks' (namely the NEC, RSA, and NESTA).<sup>188</sup> Building on previous conceptions of 'people powered health', NESTA published a report entitled *Health As A Social Movement : the power of people in movements*, (Del Castillo et al, 2016). Despite being initiated and fully-funded by the NHS, this document asserts that social movements:

bubble up outside of formal institutions and from beyond established power structures. They challenge and disrupt. They are restless and determined. They often make society, elites and institutions deeply uncomfortable as they challenge accepted values, priorities and procedures (Del Castello & Kahn, 2016: 5)

Change in the NHS is said to depend upon a shift in 'mind set'. In a revisionist manoeuvre, the founder of the NHS, Nye Bevan, is credited as undertaking 'an ambitious re-framing of the relationship between state and individual,' which relied on 'a social movement pursuing the ideology that "good healthcare should be available to everyone",'. Rather than representing a departure from his avowedly socialist 'ideology', social movements in healthcare today are presented as part of a continuum: 'The UK health system could be thought of as a persevering "health movement" which continues to evolve through engagements with movements' (Del Castello et al, 2017: 11). This process then, is presented here more of a process of evolution and not one of 'revolution'...

### The Old Courts

I take a wrong turn walking back to the station to catch the bus from Leigh to Wigan. On Railway Road, I walk past many charity shops which sit alongside brands such as Greggs, The Money Shop and Poundland. Outside McDonalds, a young woman sits cross-legged, head down on her chest, behind a plastic cup. I cross to road to avoid a group of street drinkers gathered outside the

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<sup>188</sup> Each of these was tasked with slightly different emphasis - leading to tension between them as the project unfolded.

betting shop, whose odours cross my path. I don't take photos here. I worry to what extent I am engaged in staging a 'Poverty Safari', to coin the title of a recent book on the subjects of class and poverty.<sup>189</sup> I stop to ask directions in a small cafe. The owner is friendly. He tells me that there are 'little shoots' of growth and recovery in Leigh, amongst which he counts his own cafe. His cafe is themed with 'retro' musical posters from the 1960s and 70s, including those that picture famous *Wigan Casino*. The musical theme continues as I eventually catch my bus to Wigan and spy an advert above me on which George Formby's upbeat lyrics has been used to make a point about road traffic safety.



Figure 5. George Formby's image on a council road safety advert

Wigan, on arrival, feels like a much bigger town than Leigh, built on a grander scale. The Old Courts are an imposing example of gothic architecture from the Victorian municipal past. They also the venue for an arts centre that harbours grand ambitions for the future.<sup>190</sup> On entering the door to meet Louise Fazackerley, I pass under a sign that announces the building's new use as an *Arts & Entrepreneurial Centre*. We walk down a long corridor past various rehearsal rooms, where electric guitars test out chords. It feels exciting to wander

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<sup>189</sup> The deliberately provocative title of Darren McGarvey's book - a biographical account of growing-up in a poor household in Glasgow, which won an Orwell Prize for literature in 2018.

<sup>190</sup> <https://www.theoldcourts.com>.

behind the scenes, not knowing who is up to what in these rehearsal spaces. Louise takes me a flight of stairs to an attic room to get some quiet space to talk.

She got involved in The Old Courts, she explains, through hiring a room here for a drama group. She now works part-time for the charity who run the space. I mention the sign at the entrance. She is behind this business ethos, she tells me, 'one hundred per cent'. She had previously attended a *School for Social Entrepreneurs* a training programme offered by Wigan Council.<sup>191</sup> This forum spawned a number of Arts and Health initiatives in the borough. The council offered the training, she believes, 'with a view to setting up as many Community Interest Companies as they could' in anticipation of the dismantling of the public infrastructure brought about by continuing policies of austerity.

Louise tells me something of her own career path, one that eventually led her to becoming a professional poet living 'still living in Wigan'. It has been an unusual journey in that she recognises that 'most people have to leave' because of the lack of support for such a choice. She moved across from being an operations manager at a local hospital to becoming a performer when she realised she could actually earn a living as a writer. She now leads a number of different writing groups, some which use writing as a therapeutic tool for people suffering from (mental) health problems.<sup>192</sup>

'I started through volunteering for the literature festival... I saw Mike Garry perform. He is a very working class Northern man who wrote about things that interested me. I thought, I can do that....' Was that the 'click' moment, I ask? 'Yes, definitely. He is a support act for John Cooper Clarke. We all write about the same world. Not just a working class world. It's lower than that. An underclass world...' Although she says initially wrote as a form of 'self-therapy', it was the realisation that she could earn money out of writing that made the choice to become a poet a 'practical one...I could not have carried on otherwise.' We talk about the recent TV adverts for The Nationwide Building Society (which feature performance poets from the North). Louise was sorry to miss out on the

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<sup>191</sup> The council engaged a company to deliver these workshops. <https://www.the-sse.org>

<sup>192</sup> At a local community arts venue called Sunshine House

opportunity to appear in one herself when the 'guy who organised the Nationwide ads asked me for me details.' She was so busy at the time, 'I never sent them to him...I don't view the adverts as selling out. It's work,' she affirms, pre-empting any negative judgment. Not defining poetry as paid work just 'puts down the working classes and is just part of an oppressive regime.' I ask about her sense of herself as being working class and how 'oppressive' this feels when you are part of a cultural scene where the tastes and habits of the middle classes still overwhelmingly predominate (Brook, Brian & Taylor, 2017).

Louise replies that, yes, she has experienced the stigma of class, but that this is not mentioned much in public discourse. 'I don't want to be "us" and "them" about it, because that isn't helpful,' she is careful to prefix her comments. 'But why would it be mentioned? It is difficult for the middle-classes to acknowledge class. Its okay for me *to be* working class. But it is difficult to understand it if you don't mix between the two worlds...Orwell says how he was taught to believe that the working classes were smelly and dirty. He was quite open about the values passed-on to him as a middle-class man.' An attitude of visceral distain is still very much alive towards the working-classes, she believes, through 'caricatures, such as those in *Benefits Street*,' (I feel a moment of shame as I think back to the aversion I felt on encountering the street drinkers in Leigh.)

Does she sign up for The Wigan Deal? the new 'social contract' being made in the borough by chief executive, Donna Hall. 'Yes I do' Louise replies without hesitation. Even though it doesn't challenge austerity? 'Well, what else can you do?' Louise asks. 'I am not saying you can't change it in terms of national policy,' she corrects. 'But they can't say, no, we are not having the cuts. They can't say that...Donna puts it very plainly. I prefer that honesty.' She acknowledges, speaking very honestly herself, that not everyone sees it like she does. She knows of people - friends who are social workers, youth workers - who are set against The Wigan Deal. 'Because of the cuts... some people feel like when the council recruit, it's by way of new rules. You have to have a can-do, make-do attitude. Which is great if you are young and haven't had the money before - if you don't know what is lost through having that level of experience...'

Louise's characterisation of other people's objections to the deal match my desk-based research on the topic. I discover that in addition to the deal aimed at local residents, there is a matching 'deal' for council staff. Every person at the council must undergo a training programme called the *Be Wigan Experience*. These training days set out the attitudes the council wishes to cultivate in their staff: 'We want staff to "think" Wigan and feel committed to our Borough so that they continue to offer great service to our customers and residents...' <sup>193</sup> Judging from this document, The Wigan Deal demands *emotional labour* as much as mere conformity to any employment contract (Hochschild, 1988; Ehrenreich, 2009). It requests that staff must never 'speak about the Borough in a negative way'.

Is The Wigan Deal controversial? Louise doesn't think so. 'People either don't know what it is. Or they are profiting from it. Or they are working for council and thinking, hm, what else can we do?' I point out that some of the people who have been made redundant have returned to work for the council, as freelance contractors. 'That's why the deal is good - people with the expertise are doing it cheaper, quicker, better because they are putting in the passion.' The only query, as Louise sees it, is 'governance. How do you govern what the CIC and charities are doing?' This question is not one she connects to devolution. 'I don't know anything about devolution.' I suggest that perhaps devolution takes the form of an undeclared intention? 'To rewire local and regional health economies, by allowing local agencies to work out for themselves how to integrate and reconfigure' (Harrop, 2017). 'Maybe then' Louise listens, 'if you call it something else...'

### The Wigan Deal

'The Wigan Deal is the start of a social movement,' Donna Hall proclaims in an online video, set to soon 'spread across Greater Manchester'. <sup>194</sup> She is speaking to the Chief Executive of the Kings Fund, Chris Ham. They sit opposite each other in a book-filled study. This is the faux-academic setting for a staged online

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<sup>193</sup> <https://www.wigan.gov.uk/Council/BeWigan/Be-Wigan-Experience.aspx>

<sup>194</sup> In an interview with Michael Little of Ratio. R talks aim to explore 'relational social policy'. <https://soundcloud.com/user-434237982/wigan-deal-re-designing-the-relationship-between-state-and-citizen>

interview, more promotional than journalistic.<sup>195</sup> She continues: 'The Wigan Deal can be seen as part of radical histories', mentioning the historic figure of Gerrard Winstanley, a 'leveller' of the 1530s.<sup>196</sup> Striking a more contemporary note, she also acknowledges that others are doing similar work in other regions of GM - such as Oldham, where the Council have adopted what they call a 'co-operative' approach to public services. The Wigan Deal represents a composite of influences, drawing especially on Hillary Cottam's book on the subject of welfare reform, *Radical Help* (Cottam, 2018). Chief Executive, Chris Ham, hails The Wigan Deal as 'a fascinating story that lots of people will be interested in'. But his admiration extends beyond mere curiosity. A report commissioned by the Kings Fund, has been designed to test public opinion on if the model established through The Wigan Deal can be rolled-out nationwide (Ipsos Mori, 2018).

The story of the evolution of The Wigan Deal is intricately linked to policies of austerity. 'We were told by the Institute of Fiscal Studies that Wigan would be the 3rd worst affected place by austerity in the country,' Hall recalls. '160 million pound had to come out of the budget.' This was the moment when 'we realised we needed to re-invent our relationship with citizens - not just the council, but the NHS too...across all the whole public sector, everybody in the locality.'

The Wigan Deal is very much 'a partnership between the state and the citizen,' as she would have it here (elsewhere, she describes it as 'asset-based demand-reduction model'). 'We have frozen council tax. We make sure we keep to that part of the deal.' While the 'resident's part of the deal is about behaviours - recycling, looking after your neighbours, keeping yourself healthy and well.' In other interviews, she describes The Wigan Deal, as 'a psychological contract', one which involves 'behaviour change'.<sup>197</sup> The social contract is represented visually, by a logo, a graphic which depicts of two hands shaking on 'the deal' in an echo of the larger 'Devo-Deal' struck by the GMCA with central government and George Osborne.

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<sup>195</sup> In what appears to be an adoption of older style of TV 'interview' format, such as *Face to Face*.

<sup>196</sup> Winstanley opposed the privatisation of common land made through the early Enclosure Acts.

<sup>197</sup> Here: <https://soundcloud.com/user-434237982>



Fig 34. The logo of the Wigan Deal which takes the forms of handshake of trust

In its suggestion of an equal balance between citizen's 'responsibilities' and citizen's 'rights', the Wigan Deal is an approach that matches, in its rhetoric, both Tony Blair's vision for a 'stakeholder society', as well as David Cameron's conception of a 'Big Society'. It appears in tune with the aspirations set out by Cameron to enable communities to be 'given more power and take more responsibility' (Cameron, 2012) though this is a reading of The Deal that Hall denies. Wigan Council Leader, David Molyneaux, affirms the reverse to be the case: 'David Cameron's idea came from a Labour policy in Wigan... In fact, we run it a lot better than David Cameron ever had any vision for.'<sup>198</sup>

#### Evidence 'it works'

Hall affirms that far from merely halting or mitigating inequality, her policies have led to improved health outcomes and levels of satisfaction amongst residents. She refers to statistical data to demonstrate this last point. 'Life expectancy has improved in more deprived communities through working differently... We are also the happiest place in Greater Manchester.'<sup>199</sup> A local health plan was devised on the basis on The Wigan Deal in 2015, one which places a focus on 'what keeps people well and in control of their lives' called *Further Faster Towards 2020*. This strategy is also framed to 'champion a local movement that will see residents take charge of their own health and wellbeing and that of their families and communities.' Supporting this approach, a national newspaper report repeated this claim that Wigan had achieved more, with less, by 'spending

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<sup>198</sup> <https://www.theguardian.com/business/2018/oct/27/wigan-council-cuts-end-of-austerity-public-service>

<sup>199</sup> One GM manager I spoke to, based in another borough, questioned this claim. Improving life expectancy is so multi-factorial and generational, 'I would have a cynical view of any causation attributed between the deal and living longer' he cautioned. 'I would challenge the idea of such a significant and fast impact.'

money on changing the way staff think,' (Vize, 2019).<sup>200</sup> The article was titled, by way of a cheeky nod to Orwell, 'The Road to Wigan Cheer'.

Another online video offers insight into the relationship of The Wigan Deal to evidence and research. Stuart Cowley, Director of Adult Social Care and Health at Wigan Council, spoke about 'social care in times of austerity', a key note for other health and care managers at a conference held at Chester University in 2016.<sup>201</sup> He fully utilises the 'Northernness effect' in his talk when he disarmingly presents The Wigan Deal as a way of working simply based on 'what works'. Evidence for it could not be secured in advance as Wigan Council didn't have the luxury of 'time for Randomised Control Trials'. After initial conversations together, even the think-tank NESTA 'went back to London on their uni-cycles' he jokes (prompting laughter from this audience).

The radical changes made through The Wigan Deal have had to be implemented with 'just enough evidence. Evidence, led by innovation, if you want to make that distinction.' He touches very lightly on theory and politics, concentrating more squarely on practical applications that are 'place-based', though he also acknowledges in his talk how 'some places work, some places work less well.' The 'culture of the workforce' being developed at Wigan Council, he openly acknowledges here, is a little coercive. It 'needs to be a crusade, a cult if you like.' This is because it is 'essential that staff are given the permission to be creative...It is all very well saying "you can say 'be creative",' he points out, but there needs to be a 'political appetite for risk'.

Cowley doesn't bother to deny the link with David Cameron's concept of the Big Society. Wigan has a 'long-standing Labour Council with a big majority.' But while other Labour councils 'marched down Whitehall' to protest against austerity, Cowley pointedly confirms that Wigan wasn't one of them. 'Privately,' he confesses on this open platform, 'we would never go back.'

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<sup>200</sup> <https://www.theguardian.com/society/2019/jul/05/wigan-council-transforming-lives-despite-cuts-austerity>

<sup>201</sup> <https://vimeo.com/223422407>

## Disruption

As the LWMA programme drew to an end in 2018, I catch-up again with those still involved in this 'social movement', especially those who belong to the 'core group'. I am keen to find out the precise relationship to social change LWMA are seeking to establish. What do they support? What do they oppose? Each member of the LWMA core group appears to bring a different emphasis in their opinion. It proves difficult to gain a single definitive answer to these questions: rather I find a diverse variety of opinions.

Steve Goslyn happy to go on the record with his own views. He brings former experience as a manager in the third sector, a role which deeply informs his understanding of the recent NHS 'health as a social movement' programme. He jointly led on a project directly funded by this scheme which aimed to tackle isolation and loneliness through various community-based initiatives across Stockport and two neighbouring GM boroughs. It was through links forged through Goslyn's association, that LWMA was able to explore shared interests, commitments and resources. He described Alan Higgins' decision to add the prefix, '*Arts in health as a social movement*' as a 'clever move'. Now retired, Goslyn says he can look back on the services he developed over the course of his career, and see how they have always shown a 'creative side'. All of his roles have involved 'helping people to enrich their own lives - rather than bring an institutional or bureaucratic response.' He describes how, when he set out, many of the institutions established in the Victorian era were still in existence, built on the distinction between the deserving and undeserving poor. 'In the 1970s a lot of those older institutions were still there... when I look back I never really got the idea of 'strengths-based model'. I didn't name it like that anyway. It was more of a deficit model then. Always putting people in categories, labelling them...' Goslyn describes this as 'doing for' not 'doing with'.

His knowledge of 'asset-based' approaches to public health were only gleaned in more recent years, when the concept has gained more currency. Stockport in an area of GM which pioneered 'social prescribing' in the 1990s. This was a time when Goslyn was involved in the *Supporting People Programme* which unwittingly, he feels in retrospect, 'maintained more of a deficit approach'. He

was later involved, from 2014, in the radical overhaul of public services in Stockport when substantial cuts were made to both the Supporting People and voluntary sector grants. The commissioning plans that followed on from this, were cast as an act of 'planned disruption' by his colleague, the former Commissioning Manager for Stockport, Nick Dixon.<sup>202</sup>

'We set up a strength based service working with vulnerable people across the whole borough. We tried to reduce demand on the system by helping people to help themselves...I was one of the movers and shakers I suppose.' The experience was 'quite political' he says, 'very interesting' but also 'a big risk'. It 'led to lots of ill-feeling' from some people within the system', he frankly admits. He speculates that perhaps these 'defensive forces' don't have the 'headspace' to do anything other than simply manage services in crisis, rather than innovate them to better effect.

He says he has encountered people who 'spend time trying to stop ward closures, things like that. But they don't want to talk about other ways of doing things. They are not switched on to that. That would weaken their case, you see? People like me may be unpopular. But I am just saying there might be other ways of doing things.' Considered, nuanced debates, can all too quickly descend into knee-jerk 'battlegrounds'. Goslyn believes that devolution in GM represents a new landscape for system change which has attracted NHS Managers from London to take-up positions here. The *GM Population Health Plan* highlights the role of social and community support structures which makes possible these more radical approaches.<sup>203</sup> Though semi-retired, Goslyn says he is keen to stay involved in developments which, although challenging, remain 'exciting'. It is difficult to capture evidence of change for social movements spread by passion and energy, intended to be infectious rather than planned. Using fiery metaphors, he says how 'We lit sparks. And those fires are still burning...'<sup>204</sup>

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<sup>202</sup> Dixon has since become a Senior Advisor on Health and Social Care in GM, where 'asset-based approaches, health prevention and behaviour change' have all become core 'reform principles'.

<sup>203</sup> Greater Manchester Health and Social Care Partnership (2017) *The Greater Manchester Population Health Plan 2017- 2021*. [www.gmhsc.org.uk/assets/GMPopulation-Health-Plan-Full-Plan.pdf](http://www.gmhsc.org.uk/assets/GMPopulation-Health-Plan-Full-Plan.pdf)

<sup>204</sup> Helen Bevan has also used motifs of 'fire' in her NHS work. A quote on her twitter feed advocates that: 'Real sustainable change comes not from building fires underneath people but from lighting *the fire within*'. This is a piece of advice she adapted from US motivational guru, Bob Nelson.

## The Fire Within (a refrain)

I find out about the forthcoming launch of *The Fire Within* from the Director of an Arts and Health organisation based in an outer area of Wigan borough. He has decided to withdraw permission to use materials I had written following visits the year before. I try to negotiate my own 'deal' over what selected materials we might agree I can use for the thesis, but to no avail. Through this difficult exchange, he alerts me to the cultural manifesto as proof of all the positive things that are happening in the borough on which it would be best for me to focus and celebrate.

On the way to the launch, I walk down Wigan High Street again, this time passing municipal banners that have been hung from every lamp-post. 'Every human being is an artist' the flags read (no mention here of 'non-participants'). The logo for this event is a pale moon on which the name of 'Wigan' has been written in a futuristic type-face. The lunar design makes for an arresting set of allusions and cultural references. The shopping centre, built in the 1980s, is typical of many dated retail developments failing across the country. Inside a series of empty shop units have been carefully curated works of historic and contemporary art.

The (new) chief executive of Wigan Council is present along with staff from the Culture Team.<sup>205</sup> The manifesto has been trailed in the local press by the leader in resolutely democratic terms: 'written by the people, for the people'.<sup>206</sup> The show and its vivid marketing has been brought together through lead artists on this project, AL Taylor & AL Holmes. This creative duo established a successful career as film-makers internationally, exhibited in premier galleries in London and New York, before returning to Standish (an area of Wigan).<sup>207</sup> In one of the rooms, I catch sight of the artists as they give interviews to the press. I introduce myself as a PhD researcher and we chat about how the Manifesto came about. 'Basically, it was an internal political document' they tell me. It was their idea to transform it into something altogether more unorthodox and public-facing. 'I said

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<sup>205</sup> Donna Hall retired as Chief Executive of Wigan Council in 2018, replaced by Alison McKenzie-Folan.

<sup>206</sup> Borrowing Abraham Lincoln's words at the Gettysburg Address.

<sup>207</sup> It was the ill health of one other mothers that brought them back to Standish, a borough in Wigan.

to them (the council) why don't we make it into a public declaration of intent?' They re-conceived not only the visual look of the text - scattered with colourful emojis - but its wider purpose. As gay men growing up in Wigan, they tell me they had indeed felt 'alien' here in the past. But today their place in the life of the town is one that celebrates their status and talent. They have selected various iconic heroes from Wigan's past to highlight the borough as a place of potential and promise. I was curious to see George Orwell selected as one of these. Was he not a controversial choice locally? 'Not for us... The book is about a struggle for liberation from the constrictions of class. That sounded old fashioned. But when I read it, it isn't. This is still real.'

For one of their exhibited works, the artists have placed an original edition of *The Road to Wigan Pier* underneath an image of Orwell. His face has been overlaid with the lines of a biometric mask applied by contemporary surveillance technology. According to the interpretive text, it is 'a mask which fits Orwell's work as he continues to influence popular culture, his name birthing 'Orwellian', the term which entered language to describe totalitarian or authoritarian social practices'. On reading this interpretive panel, I can't but think of Wigan Council's rather authoritarian injunction that staff must never speak ill of the borough.

Another 'local artist', though one now long dead, gives a portrait of local authority power through another art work hanging in the room. Theodore Major was an associate of L. S. Lowry and lived all of his life in Wigan. He didn't depict people as 'matchsticks' (as the hit song of the 70s jauntily described Lowry's figures), but as diminutive skeletons. These figures act as comic, satirical counterpoints to his subtle portraits of the human face. The artists' sense of outrage over the privations of his fellow citizens is palpable in his portraits, which are as full of dignity as they are of pain (he cited Rembrandt as one of his greatest influences).

One large painting at the Fire Within presents a haunting landscape. It shows the canal with a series of figures assembled on top a rickety pier. A skeleton dives off the end as though the jetty were a diving board. On closer inspection, the painter has added a line of municipal dignitaries who carry the symbols of local government - a mace and gold mayoral chain. 'What about these figures?' I ask AL Taylor as we scan the detail painting together. 'What do you think the artist

was trying to say here?’ I point to the tiny trio. He throws back a wide grin. ‘Ah, well. I will let you make your own interpretation of that...’



**Fig 34. Theodore Major's haunting portrait of the Wigan Pier**

## Summary

### Shaking off stigma

This chapter highlights a striking congruence between Arts and Health practitioners based in Wigan and the values and policies promoted by Wigan council leaders. A shared upbeat assessment emerges around the opportunity to forge closer links between community art practices and the promotion of 'community solutions' for public health, made explicit in *The Wigan Deal*. Yet the existence of a counter-narrative to this 'miracle' story of doing more with less - can also be observed, if indirectly, through secondary and sometimes also anonymous sources.<sup>208</sup>

More than one commentator described Chief Executive Donna Hall's approach as an 'honest' and 'practical' response to local problems created by national policies of austerity. 'They can't say, no, we are not having the cuts... Donna puts it very plainly. I prefer that honesty,' (Louise Fazackerley). These human qualities have been identified by another researcher as distinctively 'Northern' forms of social capital (Fox, 2017). Hall's particular Northern inflection on the implementation of policies of austerity perhaps enabled their acceptance - avoiding any antipathy towards Conservative policy in this Labour Party stronghold. It was George Orwell who speculated that 'actions are held to be good or bad, not on their own merits, but according to who does them, and there is almost no kind of outrage... which does not change its moral colour when it is committed by "our" side' (Orwell, 1953). Yet even amongst Hall's supporters, there were those entrepreneurs who admitted that the situation felt 'morally awkward' (Chris Dabbs).<sup>209</sup> The invitation to make positive gains from negative losses provoked ambivalent feelings, not only 'Wigan cheer' (Vize, 2018). Hall's Northern credentials - and her Northern style of leadership - are pertinent to her success in that they help establish the grounds on which her claim to be doing things 'differently' in Wigan rest.<sup>210</sup> She cites the scale of the financial challenge presented by austerity to explain and justify her cultivation of a 'can-do' culture

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<sup>208</sup> There is also the possibility that my status as an 'outsider' may have worked against my gaining enough trust to encounter residents and artists with the latter point of view.

<sup>209</sup> A secondary source. Chris Dabbs, chief executive of social enterprise, Unlimited Potential. <https://www.manchestereveningnews.co.uk/business/business-news/cuts-unleash-unlimited-potential-877012>

<sup>210</sup> Hall was brought up in Bolton, a neighbouring borough to Wigan.

within the council and in wider local communities, one motivated by a sense of (self) 'belief' and 'passion'. Using the reasoning of devolutionary discourse, she proposed that Wigan demonstrated that there is a 'different way of managing' austerity, one that has been forced / enabled by national policies austerity.

The degree of intentionality surrounding this challenge / opportunity proves an intriguing issue. Alan Higgins insist that the explicit connection between Arts and Health must not be left to 'happy accident' (or unhappy accident). Austerity is characterised by others, more directly responsible for making cuts to services, as an act of 'planned disruption' (Nick Dixon). This term turns out not to be an arbitrary one, but a strategy promoted within the NHS which encourages leaders to consider how 'system disruption' can help 'cure' already-broken healthcare systems (Christensen CM, et al, 2002).<sup>211</sup> According to author Hilary Cottom, human potentials and energies need to be championed over the 'irksome rules' of (state) systems which are now held to be 'beyond reform' (Cottom, 2018). But Cottam's critique of the state - as paternalistic, overly-directive and unkind - does not extend to the 'unseen hand' of the market or describe how mixed economies combine to 'govern' which projects receive funding and which do not. Lynn Friedli believes such one sided critiques amount to 'ideological support for the retreat of state provision' which lets 'unregulated free market capitalism off the hook' (Friedli, 2012: 8).

The Director of Adult Social Care and Health in Wigan, Stuart Cowley, describes the working culture cultivated amongst council staff as one necessarily resembling 'a crusade' or 'a cult'. Only a zealous approach, he proposes, can foster 'risk taking' and allow staff to 'be creative'. This assertion raises questions around who is able to take risks and who is not - as a result of structural inequalities, as much as personal reasons of motivation. Valorisations of risk, found in neoliberal discourses, re-cast life challenges as opportunities. Rather than serving to harm publics and their health, austerity thus acts as a disciplinary catalyst for behaviour change: psychological constructs, such as 'self-reliance' and 'resilience', are promoted. The new subjectivities brought about by such discourses bring with them an 'embrace of the necessity of our exposure to dangers of all kinds as a means by which to live well,' (Evans and Reid, 2014: 5).

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<sup>211</sup> This Harvard business paper was included in the list for NHS managers, as part of a leadership course.

The local arts infrastructure in Wigan was in the process of being 're-wired' through the cultivation of new CICs and charities to replace public services (Harrop, 2017). A training course facilitated a sense of entrepreneurial risk taking which helped create a number of new Arts and Health groups in the borough. While this could be seen as a preventative measure to ameliorate the ill-effects of austerity - it might also be seen as a form of pre-emptive 'de-institutionalisation', delegating welfare services to the third sector (Gilbert & Peck, 2014: x). No longer under the management of the local state, these Arts and Health third sector groups now compete for funding at a local, GM and national level. <sup>212</sup> The 'playing field' on which funding is secured for the arts is far from level. As the theatre practitioner, Tracie Daley pointed out, larger cultural institutions located at the centre of GM hold an advantage over those smaller bodies that struggle to survive in outlying poorer boroughs. When projects 'out reach' from the centre to people living in these boroughs, only to withdraw from once short-term funding ends, it can lead to negative affects. 'It is cruel for it to go back to the way it was before' (Daley). Such unequal exchanges add to the sense of 'complete distrust', as Tracie Daley portrays it, that exists between residents and the authorities. Her own sense of entitlement is one she feels moved to qualify by way of reference to her former attitude of self-exclusion. She claims her status as a former non-participant: 'I used to think that culture was not for me. But it is.'

Aside from the practical steps aimed to 'empower' local artists and cultural workers through the creation of CICs, a wider, more central social contract has been formalised around the concept of the *Wigan Deal*. The 'nudge' theories demanded by the Welsh government in relation to social prescribing have been more actively embraced by council leaders in Wigan through this branding exercise, which is frank in its commitment to bringing about behaviour change. Hall describes it variously as a 'psychological contract', a 'partnership' and an 'asset-based demand-reduction model'. Yet while the Wigan Deal is presented to local residents as an agreement made between two partners, it is hardly a choice on which individuals are able to negotiate or reject.

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<sup>212</sup> As with the Artisan Collective in North Wales, many of the voluntary groups working across GM take an altruistic approach to 'filling the gaps' left by public services. 'I don't want to reinvent the wheel or be in competition in any way'. This comment was made by Donna Harris, Director of the Anthony Seddon Trust, Thameside in 2017 at a LWMA event.

It proved difficult to find people who were willing to offer (honest) reflections or assessments of The Wigan Deal. One project leader who did air many nuanced points, later withdrew permission to use this material - revealing perhaps the level of pressure and (self) censure felt necessary to continue working here successfully. The council's deployment of positive psychology extends from punitive injunctions - 'do not speak negatively about the council' - to the invitation to 'believe' in Wigan. This is very different kind of request to one that asks people support a cause through the making of any argument. Not to 'believe' in The Wigan Deal risks being framed as a disbeliever, one whose disloyal words or actions could 'sabotage' potential income streams. Unlike the nationalist position articulated by Aaron Wynne in Llandudno, there was no objection in Wigan to 'our culture' being 'sold' to outsiders in a celebratory fashion, however much feelings of defeat or demoralisation were re-packaged as positive affect. Kate Fox suggests that Northerners can be 'complicit in playing up to the stereotypes and stigmas they struggle with' (Fox, 2016: 54). She also encounters performers 'who knew that Northernness conferred an amount of cultural capital upon them, which could sometimes be converted into economic capital,' (Fox, 2016: 58).

The evangelical tenor of Wigan Council's mission appeared to dove-tail - at the event in Leigh at any rate - with the desire of LWMA to make its own 'emotional' appeal in the name of Arts and Health. The types of language used by council leaders, GM cultural leaders, public health officials and NHS managers share similar 'fiery' motifs, suggestive of the motivational business literatures from which they are derived. Business guru, Bob Nelson, identifies the need to turn away from managerial strategies of 'command and control' and instead proposes the creation of 'supportive environments' - which can quickly shade into forms of manipulation. Louise Fazackerley points to a lack of awareness amongst the majority of residents of their being enlisted into any popular movement. Most people 'don't know what the deal is', they just know when 'the bins aren't getting collected'. The Wigan Deal is not generally perceived as politically controversial, or if it is, then merely through the parochial lens of what some call 'parish-pump politics' (Clements, et al, 2008).

Mental health campaigner, Lynn Friedli, makes the case that certain public health discourses have led to the 'silencing of political struggle' rather than their

effective articulation. Writing critically on the concept of 'asset-based health', she makes a careful distinction between social movements for social justice, on the one hand, and public policy articulations of 'strength' and 'asset-based' approaches to health on the other. 'The celebration of the power of the human spirit, recognition of people's strengths, resourcefulness and creativity and the empowering nature of collective action are common features of social movements and traditions of struggle for social justice' she writes (Friedli 2012: 4). But 'asset-based approaches' can ignore or downplay 'people's capacity for resistance' which is often re-cast as 'resilience' (Friedli, 2012: 4). This downplaying of the conflictual nature of social movements, she further argues, precludes the formation of movements for public health which can draw on 'expressions of class solidarity', noting the 'the marked absence of either trades unions or street protests from public health's iteration of asset approaches' (Friedli, 2012: 5).<sup>213</sup>

The inherently oppositional nature of the political realm is addressed by LWMA 'core' member, Steve Goslyn. He responds openly to my question around what kind of 'opposition' the *Health as a social movement* programme had enabled or failed to enable. He distances his own activities from those social movements which directly oppose financial cuts to the NHS, seeing the latter as indicative of a 'defensive' mentality. This proves a revealing distinction, in that it highlights the positioning of this type of sponsored 'social movement' as one that does not make alliance with those opposing financial cuts within the NHS. The NESTA publication does not include anti-austerity groups in its list of examples of health as a social movement. Rather, it cites historic and contemporary examples of single issue campaigns (e. g. the emergence in the USA of the Open Data movement or 'Adverse Childhood Experiences'). The publication also omits mention of those social movements for health that have fought to mobilise mass support for the extension of universal healthcare cover in the USA - which have proven so enlivened and politically contentious in recent years. These broader coalitions demand 'healthcare for all' enacted at a national level. They work against the negative portrayal of the NHS in the US as an example of 'socialised

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<sup>213</sup> Curiously, it was through the Kings Fund own report on The Wigan Deal, published in 2019, that it is revealed that some of the main opposition to the The Wigan Deal come from trade unions and GPs (Naylor & Wellings, 2018).

medicine' (Reagan, 1962).<sup>214</sup> US researcher, Beatrix Hoffman points out how 'single issue improvements in health care delivery as impediments to, or distractions from, more comprehensive reform.' (Hoffman, 2009: 76). Health reform campaigns in the 20th century, she claims, 'were initiated and run by elites more concerned with defending against attacks from interest groups than with popular mobilisation' (Hoffman, 2008: 82).

These are relevant histories and critiques to bring into the public realm in the UK, as they are not readily aired or answered though current NHS discourses or campaigns. NESTA continues to select and fund certain Arts and Health projects, over others on the basis that they are expressions of 'health as a social movement'.<sup>215</sup> But do such sponsored movements decrease or increase the power of corporate interests, not merely the powers extended by the state? (In 2019, NESTA's new 'social movements for health' programme was funded, not by the NHS, but by an independent medical body - The Dunhill Medical Trust). These are broader issues which remain unanswered by current research into the efficacy of social movements for health, especially their influence on health inequality (Panofvsky, 2011). But such research might prove necessary if the Mayor's claim that GM is a 'Marmot city-region' - actively working against health inequalities - can be believed on the basis of evidence and not merely 'belief'.

Andy Burnham has subsequently hailed Donna Hall as 'the service pioneer and the architect' of what 'health devolution can mean' in GM (Burnham, 2018).<sup>216</sup> In using The Borough of Wigan as an exemplar, he is confirming his support for the approach taken here and its likely adoption across the rest of GM. The Wigan Deal is one of the many ways, he claims, 'in which Greater Manchester is redefining how we build new systems of support for the times in which we live' (Burnham, 2018).

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<sup>214</sup> Reagan rejected plans for what he thought away compulsory health insurance by the state, warning his fellow Americans that such a decision would 'take away their freedom' in a 1962 speech.

<sup>215</sup> A linkage reinforced by the appointment of key figures drawn from the field of arts and health into this area. Damian Hebron heads up this latest NESTA initiative, former head of London Arts and Health London.

<sup>216</sup> Her work has been recognised and confirmed by many powerful bodies. She was rewarded with CBE in 2011 and in 2019 was awarded the role of Honorary Professor of Politics at The University of Manchester. This year also saw her appointed as Chair of the Bolton NHS Foundation Trust. She is also Chair for The Local Government Network and has advising Birmingham Council, as a freelance consultant, on 'governance and culture change'.

## CHAPTER 8 : MANCHESTER CITY

### Introduction

This chapter explores the context for a socially-engaged arts project which sought to use the arts to enable recovery for a group of men all of whom had a 'dual diagnosis'. Social stigma once again arises as an aspect of this work through the shame and stigma associated with addiction. Working with digital artists, this group of 'recoverists' - as described by the project co-ordinator - developed an online game called *Smack Man*. This attempted to illuminate both the human experience of addiction as well as signposting healthy routes out of destructive habits. This project was part of a wider programme run by Portraits of Recovery, (PORe) an arts organisation based in Central Manchester. Although not centred on 'place', the project encouraged the enactment of potential subjectivities, promising participants ways of behaving that could move them out of fixed identities and a 'rock bottom' place. The 'choice architecture' of the virtual game is contrasted, in this narrative, with the architectural spaces of Manchester city centre. Many buildings were in the process of being built and redeveloped at this time, including cultural spaces such as The Factory, a 180 million component of George Osborne's devo-deal. Devolution offers, according to policy makers based here, a chance for culture to be integrated into 'all stages of the life cycle', in what the GM Mayor now describes as a 'Marmot-city region'.

### Picturing Addiction

I visit the archive of the Whitworth Art Gallery. This space was created as part of a re-vamp instigated by former Director and 'Devo-Deal' power-broker, Maria Balshaw.<sup>217</sup> She led on the transformation of this Victorian red-brick building into a stylish new arts venue, located just off what local's call the 'curry mile'. One journalist suggested that, from here, you can smell 'a whiff of garam masala if the wind is blowing the right way'.<sup>218</sup> But the day I arrive, there are no earthy smells

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<sup>217</sup> Balshaw was a key figure in the negotiation of the devo deal' securing 78 million for a new city centre venue called The Factory. She subsequently left Manchester to become Director of Tate in 2017.

<sup>218</sup> <https://www.theguardian.com/uk-news/2015/feb/09/maria-balshaw-whitworth-manchester-art-gallery>. & <http://www.designcurial.com/news/the-north-is-risen-4786358/>

blowing across from the South Asian food outlets, only cool surfaces. My hands run over the polish and silver of the gallery's luxury finishes.

Various works have been pulled out of storage today. One painting, by artist Ian Davenport, comprises a slurry of matt and gloss paint. It has been selected by Mark Prest as an example of a work of art that speaks to his experience of addiction. A small strip of bare canvas leaves a 'small space of hope,' he says, in an otherwise entirely black field. Mark is the Director of *Portraits of Recovery* (PoRe). He is hosting this event dedicated to the theme of addiction and recovery, exploring the forms of creative expression best able to capture this destructive human experience.

By contrast, a garishly colourful work, by the artist Gillian Ayres, has been chosen by Mark's companion, performer and drag artiste, David Hoyle.<sup>219</sup> David reads 'exciting energies' into Ayres strokes. He also reveals at this point in his talk, that he is 'unrecovered' (meaning he still sometimes drinks). This fact did not prevent him being engaged by Mark as lead artist for one of PoRe's projects, *My Recoverist Family*, the title of an accompanying film due to be screened later that evening. David's face becomes very animated as he talks about Ayres painting. He seems irresistibly drawn into performing in front of our small group, a force of nature hard to ignore next to his more deadpan companion. But Mark brings his own power of drama to the fore when he shows us a sketchbook by 'outsider artist' Carl Peploe.<sup>220</sup> He explains how one of Peploe's poems, written in the early 1990s, speaks of the lack of human connection, a key feature of addiction. He compares these private feelings of isolation to aspects of the current political moment, one of Brexit and national 'isolationism'.

Don't have sex with anyone  
or you'll end up getting AIDS  
It's getting dangerous to fuck  
We're getting so afraid

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<sup>219</sup> Hoyle garnered notoriety, as well as critical praise, for his former stage persona *The Divine David* - a ferocious drag act that established his reputation on the gay circuit in the 1990s.

<sup>220</sup> From The Monika Kinley collection of 'outsider art', which is now held at the Whitworth Gallery.

So wank, wank, wank  
In your lonely room  
toss, toss, toss off  
Safe from your doom...

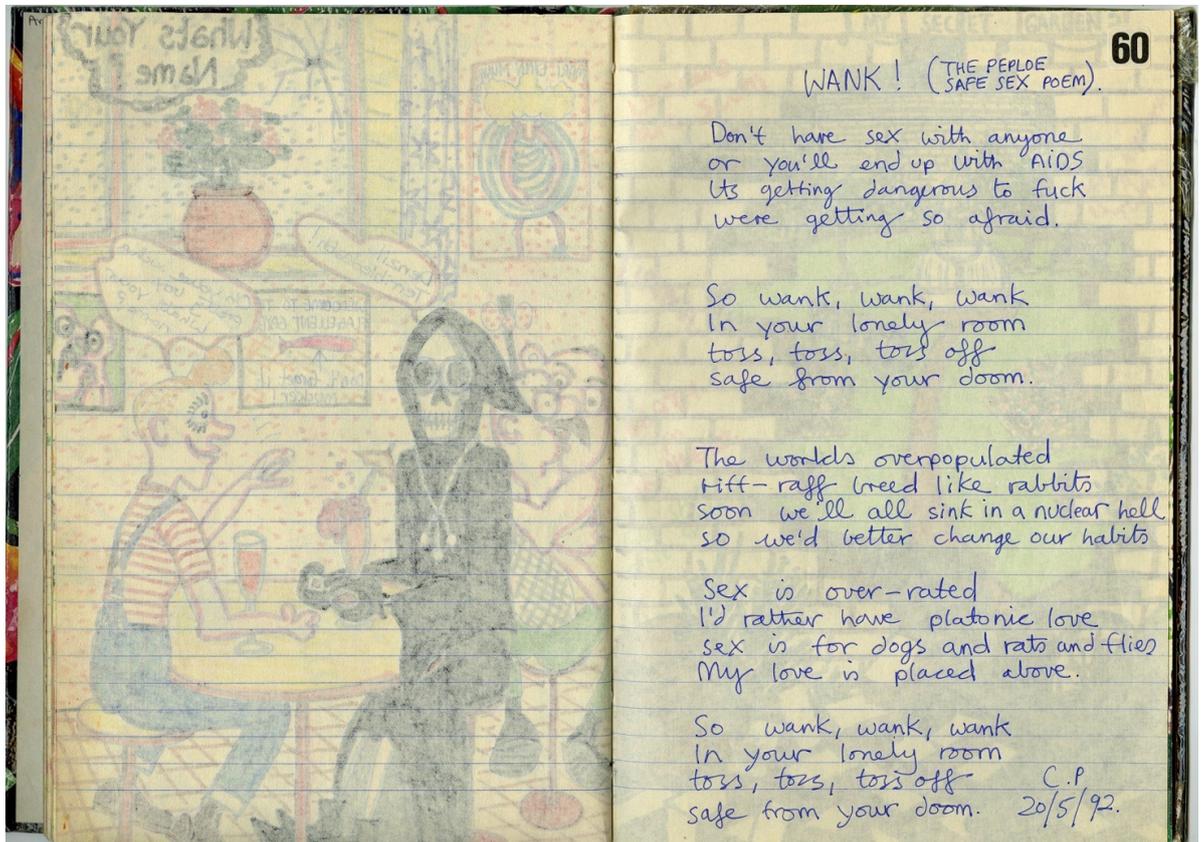


Figure 35. A page from Carl Peploe's Diary written in 1992

'Well, *thank you Mark!*' David draws in response to this riske poetry recital, releasing the audience into laughter, breaking embarrassment. These two men make for an unlikely double act. It is one of many provocative Arts and Health moments staged by Mark over a year long programme titled, *UNSEEN : simultaneous realities*.

### A hidden community

Creative explorations which describe how belonging, identity and community are mediated through processes of loss and recovery lie at the heart of PoRe's work - a Manchester-based charity whose scope also extends nationally and internationally. Experiences of 'place' are not directly enlisted as the link between

any 'local community' and 'local culture'. Instead, it is the breaking-down of divisions between differing categories of people that is a recurring theme in a series of commissioned art works involving 'the recovery community' or 'recovery movement' as it is also known. One participant, for example, writing a response after taking part in a PoRe project, invites us to 'imagine a culture that shares common values, despite class, gender, colour, belief, sexuality, disability, nationality or any other label you care to mention.'<sup>221</sup> While hope is offered, by another, that such divisions might be 'overridden by shared (and often hidden) experiences of pain, loss, survival and repair.'<sup>222</sup>

The private nature of suffering is purposefully addressed by PORe through its deployment of collective forms of arts practice. According to one artist engaged by PORe, this offers opportunities through which 'the speaking and enacting of potential subjectivities can be productively explored' (Manchot, 2013). In an academic paper, Prest and colleague Alistair Roy assert the value of socially engaged art practice through which 'liminal spaces' are opened up, allowing 'people can creatively explore notions of self and to reconfigure facts, fictions and addictions' (Roy & Prest, 2014: 187). They quote Grant Kester, to propose that such 'generative process that can help us speak and imagine beyond the limits of fixed identities, official discourse, and the perceived inevitability of partisan political conflict' (Kester, 2004: 9).

The *UNSEEN* programme (2017 - 2018) was so-called because unlike other communities, due to stigma, the recovery community is little known amongst broader publics. Mark believes that dozens of AA meetings take place every week in GM, 'but its underground, so no-one knows about it.' Further impetus for the programme was an exploration of how different types of communities across GM - the LGBT and South Asian communities - might intersect through cultural values and beliefs around addiction.<sup>223</sup> A third, mental health strand, based

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<sup>221</sup> A quote from a piece of writing by Michaela Jones, following her involvement in PORe project, *Wonderland*. <http://www.art.mmu.ac.uk/wonderland/essay-michaela-jones.html>

<sup>222</sup> The words of Amanda Ravetz, long-time collaborator with Mark Prest. Quoted on website, listed above.

<sup>223</sup> The first of three commissions within the overall UNSEEN programme.

around those who had been given a 'dual diagnosis' was also proposed for 2017, funded by various bodies (including ACE).

### Promoting healthy homosexuality

City Councillors have long played a role in the development of social movements in GM. But their support for those seeking LGBT rights in the 1980s was forged very much in opposition to central government. In 1986, Mrs Thatcher abolished the city wide Greater Manchester County Council because she perceived it as a focus for opposition to her administration as in London, (whose Greater London Council, or GLC, met the same fate).

Over 20,000 people marched through the city to protest against the proposed Clause 28 of the Local Government Act of 1988 in the biggest public demonstration of its kind in the UK up until that point. This discriminatory piece of legislation purportedly upheld 'family values', preventing education about homosexuality in schools. But 'section 28' as it became when passed into law acted as a catalyst for mass protest. As one community organiser, active at the time recalls, bar owners in the gay bars 'agreed to stop the music so that we could speak about the march'.<sup>224</sup> In this way, the need for social contact merged with the need for political activism: 'identity politics' were squarely aligned with demands for human rights and equality before the law.

A new Greater Manchester Combined Authority (GMCA) was created in 2011, by which time, Canal Street had become a motif of successful urban regeneration. New glass-fronted bars were established which aimed to banish the illicit shade offered by the canal, once used for clandestine pick-ups. Instead, these 'out' commercial establishments made visible the social exchanges taking place within. The village became more commercialised around a drug and alcohol fuelled scene in the 1990s when 'broader urban social and economic processes' saw 'gay villages incorporated through the neoliberal policy initiatives of the entrepreneurial city' (Nash & Gorman-Murray, 2015).

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<sup>224</sup> Paul Fairweather, speaking in the Guardian in 2018.

The gay flavour of Canal Street is still in evidence today, though much degraded. For many LGBT people living in Manchester, the creative character of the Northern Quarter has superseded Canal's Street's downmarket lure. Promotional offers for cheap drink take priority over any need to promote homosexuality itself and the odour of stale beer seeps out from the venues, lending a distinctive 'morning after' smells. Writing in *Drink And Drug News*, Mark Prest elaborates on how he experienced his gay and recovery identities to be at odds. 'Even now, nine years on, I'm still feeling conflicted.' The fact that he belonged to a gay (sub)culture was not seen as relevant by his drugs and alcohol counsellor, a lack of acknowledgment he takes issue with. 'Twelve step and other recovery values such as an abstinence-based lifestyle, self-honesty, personal responsibility and the need for healthy loving relationships don't rub along well with the hollow quick-fix 'Grindr fuck' and the substance-orientated, hedonistic LGBT+, objectified world and lifestyle norm.'

Mark aims to disrupt both norms - orthodox recovery models, as well as gay 'lifestyle norms'. The film, *My Recoverist Family*, (Ravetz & Wahl, 2018) follows a group of LGBT people in recovery as they forge new relationships to themselves and each other through talking about, and playing with, social roles (through costumes, make-up, performance). In one scene, David Hoyle has his garish stage make-up removed in an act of restorative humanity by old friend, fellow artist Jackie Haynes. Jackie tells David - and the assembled crowd of onlookers gathered at HOME's art space - that 'what I am doing now is an un-painting of David.' She tenderly wipes away the make-up around Hoyle's eyes and mouth. 'This is also the story of our friendship - which is also in recovery', she admits. Such were the public rituals generated in this creative exploration of 'being human' which asked how we might discard (past) versions of ourselves in order to create new, more compassionate forms of human exchange. Directors Amanda Ravetz and Huw Wahl also acted as participant-observers within this group whose relationships were forged through the making of the film, which serves as the document of these reflexive processes. It plays on the idea of the 'performance of everyday life', blurring public demonstrations of strength with moments of private vulnerability. 'A layered film...one which allows you to be in

the presence of intimate conversations.’<sup>225</sup> The film seeks to demonstrate, ‘how socialisation is at core of the recovery process’.<sup>226</sup>

### An open call

A fresh cohort of people drawn from the recovery community were invited to take-up the the third and final project developed by PORE in the UNSEEN programme. Entitled, 4 Track, this set out to enable the telling of multi-strand narratives through digital media. An open call was put out through various agencies in the North West to draw a group of self-referring participants. The workshops would be facilitated by artists from *Invisible Flock*, a new media company known for its innovative use of digital formats. Participants needed ‘to have been in an abstinence-based recovery programme (with a minimum 6 months clean time),’ and ‘be creative or have an interest in the arts’. Over three weeks in the summer of 2018, any prospective participant could ‘explore themes of voice, choice and recovery identity’. It would allow those taking part to ‘*find a sense of place* within community and the wider world’ (my emphasis).<sup>227</sup>

More specifically, 4 Track was aimed at people who have received a ‘dual diagnosis’. This medical phrase is used to describe people who have both mental health and substance use issues. It is a category recognised by NICE as bringing particular challenges as this group of people are at particular risk of ‘falling through the gaps’ in services. NICE guidelines recognise that services can be ‘fragmented’ and ‘inflexible’ as the needs of this group of people are often complex and intertwined. Other commentators note how flexibility in this context can be further ‘lost when services face drastic cuts’ as this leads to ‘exclusion criteria being used to preserve core business’ (Hamilton, 2015). They believe that as much as the problem is one of costs, ultimately solutions are ‘less technical and more human’ (Holland and Hamilton, 2015). The approach taken through the UNSEEN programme drew on this holistic aspiration for ‘integrated’ services.

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<sup>225</sup> As described by Prof Jackie Stacey, who chaired the panel discussion following the screening at the Whitworth Gallery. Its directors, Amanda Ravetz and Hugh Wahl, acted as participant-observers within this group of people whose relationships were forged through the making of the film.

<sup>226</sup> As phrased by the author, Will Self, who was on the panel that evening along with Mark Prest.

<sup>227</sup> Text taken from publicity flyer distributed by PoRE.

## Urban Fabrics

The relationship of 'community' to 'place' continues to evolve along Canal Street, an area of the city now subject to intense urban development. Many reasons have been offered to explain the demise of the gay village, not least that of the 'digital revolution' which has seen dating opportunities go online (Mowlabocus, 2010). Some more directly blame the physical encroachment of the area by high rise flats which threaten to overwhelm the smaller-scale terraces that comprise Canal Street (Kaye, 2017).<sup>228</sup> When one property developer published a brochure which sought re-brand the area *The Portland Street Village*, it sparked public opposition. A petition signed by over 2500 people lodged objections to the plan which would see luxury flats, a hotel and a multi-story car park built opposite Canal Street. 'LGBT people will not be written out of our own area. Our history, our lives, our deaths are in these streets.'<sup>229</sup>

Similar processes of gentrification have been identified in other cities undergoing similar forms of urban development in the US. Sarah Schulman, an activist and author based in New York, casts 'the destruction of culture and relationships' enacted through such processes as harbouring 'profound consequences for the future of cities' (Schulman, 2011: 14). She has charted how changes in the urban fabric can inform the 'internalisation of feelings of alienation', pointing to a 'lost imagination' brought about by economic forces that promote homogenisation (Schulman, 2011:15).

Objections to the Portland Street plan also came from sources concerned more broadly concerned with issues of social inequality. One GM research body challenged the basis of the economic case adopted by Manchester City Council for the proposal. *The Centre for Socio-Cultural Change* (CLES) analysed whether aims to promote economic growth would be met by these types of large-scale mixed-use housing developments. 'The new town of office blocks and adjacent flats' could, they warned, 'format the city for exclusive growth' (rather than

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<sup>228</sup> According to Joanne Roney, speaking to the guardian in 2018. <https://www.theguardian.com/uk-news/2018/aug/25/fears-for-manchesters-lgbt-hub-as-cranes-swing-in>

<sup>229</sup> Activist Los Kaye speaking to the Manchester Evening news. <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/huge-plan-portland-street-gay-14181742>

'inclusive growth'). The report advises a 'reset' of city region policy, one less reliant on 'property development as the accelerator in the centre' (CLES, 2017).

One political theorist compares British forms of urban development with those in America, probing the pervasive influence of 'neoliberal' thinking across recent decades and different political administrations. Timothy Weaver argues that the concept of 'neoliberalism' cannot be understood as a 'top down imposition' instigated by ideologues governing from the centre. It must instead be understood by way of the re-shaping of local institutions and the attitudes of the local 'ruling elites'. Weaver highlights the bipartisan nature of the 'neoliberal turn', making a distinction between policies that are intentional and those that allow such developments to occur by 'default'. He charts what he calls the shifting 'ideational assessment' of the 'plausible alternatives' to 'political, institutional, and financial constraint'. The tend to 'privileged neoliberal policy ideas over others' (Weaver, 2017: 10). His 'grounded account' of ideology, like the gritty human observations made by Sarah Schulman, point to the triumphal effects of neoliberalism when 'plausible alternatives' to city development become impossible to imagine.

## Language

'I don't know if you like reading strategies. But if you do, its a belter!' Anne Marie-Daley, a cultural policy officer for GM makes her hearty recommendation. She is talking about *Our People, Our Place* (GM, 2017), the strategic plan for the city-wide region. This is a 'really, really, lovely thing' she effuses, speaking on a panel convened to discuss 'inclusive cultures', part of a conference dedicated to exploring *Inclusive Devolved Futures*.

I turn-up to this event, in 2018, expecting a dry discussion of policy-making, but this panel has turned out to be far more robust than I had anticipated. The chair laughs at this description of the policy document as a belter.<sup>230</sup> But Anne Marie shoots straight back. 'Yes, I am full-on, brand CA!' (Combined Authority). She

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<sup>230</sup> Abigail Gilmore, a senior lecturer in policy at Manchester University.

raises her arm up in a fist.<sup>231</sup> If she is using the 'Northernness Effect', then she is doing so with an ironic nod, even a feminist twist. <sup>232</sup>

Anne Marie-Daley can recall passages of *Our People Our Place*, by heart: 'To make GM one of the best places in the world... A place where all children are given the best start in life...and grow up inspired to exceed expectations...A place where people are proud to live, with a decent home, fulfilling job, with stress free journeys...But if you need a helping hand, you will get it...a place of ideas and invention...with a modern productive economy...a place where people lead healthy lives... where older people are valued...and working together we can share our future.' Culture, she ends finally, 'threads' through all these aspirations, across all the life stages. There is no single moment when lives are 'transformed' by culture. It ought to be an ever-present resource for everyone at all times in their life.

Following on, Alison Clarke, speaks a little more falteringly in her capacity as Lead for Skills and Training for The Factory - a project that is legacy of Maria Balshaw's deal with George Osborne (the 110 million arts centre is currently being built, funded through a 78 million pound grant from central government). 'Cultural policy is place policy,' she affirms. She urges that we take a 'future facing' approach as 'looking back can sometimes hold (us) back'. GM is so much 'further ahead because of devolution.'

The penal session erupts into a heated debate (which the chair tries to quell) when community arts consultant, Gerri Moriarty, makes a passionate critique of the narrow basis on which she believes current cultural policy is being made. She sees cultural opportunities 'vanishing from localities' in favour of the those being built up at the centre. A cultural deficit across GM has been caused by 'disinvestment and the closure of local venues - such as local libraries' in favour of a focus on large scale venues.

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<sup>231</sup> 'We can do it!' [https://en.wikipedia.org/wiki/We\\_Can\\_Do\\_It!](https://en.wikipedia.org/wiki/We_Can_Do_It!) This is a political slogan which President Obama mutated for his own election campaign: 'yes we can'.

<sup>232</sup> There is indeed a whole feminist discourse around GM devolution. Donna Hall is part of a collection of female leaders showcased on the 'Northern Power Women' website.

She mentions LWMA as a response, in part, to ‘appalling health inequalities’ (a group for whom she has acted as administrative lead). ‘The clues to what we are actually engaged in are littered in the language. We ‘recruit’ volunteers; we have ‘target’ audiences; we want people to ‘consume’ culture, not create it...we boast about ‘take-over events’ when young people are allowed to programme for one week out of 52. This is the language of colonialism not of transformation!’<sup>233</sup>

‘I don’t think it is colonial’, Clarke holds her composure calmly, though stiffly. ‘We see The Factory as part of the cultural ecology in GM’. Anne Marie Daley, comes to her defence. ‘There will be opportunity for a young person from Wigan to come for training at The Factory - as well as at The Oldham Coliseum. If we don’t pit one area against the other, then I think we might get to a healthy place.’

### Introductions

‘It doesn’t feel like our city anymore’, says Craig, smoking a cigarette a little anxiously on the corner of Oxford Road. ‘Not in the centre anyway. It’s full of cranes and tourists now.’ He isn’t talking about Manchester but his home city of Liverpool. He is one of four men I meet the first day of 4 Track. They have made the trip over from *Tom Harrison House*, a treatment centre for ex-military veterans with drug and alcohol problems, based in Anfield.<sup>234</sup> It’s a measure of their commitment to the recovery process that they make this journey across the North West to arrive at an unknown place to start the project today.

The semi-derelict space of the former Cornerhouse Gallery, sits just opposite us as we chat. It has been squatted by the homeless, who have improvised a number of signs in the windows. ‘We came, we made this our home. We will fight for our rights.’ Another banner reads: ‘Affordable social rented supported living is the only answer to the word housing crisis since the second world war.’ This sight makes for a rather arresting contrast, to the newly-built, re-branded ‘HOME’ arts centre, now housed in a black glass box that sits a

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<sup>233</sup> Although taking on the role of provocateur today, I know Gerri to also be capable of being a patient advocate and quiet persuader, one who works closely with cultural leaders in the core group.

<sup>234</sup> Liverpool has one of the largest recovery communities in the UK. Add link



Figure 36. The former Cornerhouse Gallery, squatted by GM's homeless

short walk away from its former site on Oxford Road. It makes an intriguing example of a 'left behind' space to the more 'future facing' new building, a short walk away. Like the Whitworth, this art institution has undergone an upgrade through a major capital project. It is headed up by another influential GM figure, Dave Moutrey, appointed to replace Maria Balshaw in the role of Director of Culture in 2018. In this strategic role, he sees his priority as facilitating 'the impact of arts on healthcare, and the impact of arts on communities and housing... We want to work closely to make sure arts and culture get involved in all areas of activity and we join those agendas up.'<sup>235</sup>

We gather together for the first time in a room, a borrowed space within Manchester Metropolitan University. I buy a round of coffees for the six men in total who have turned-up this morning. I become suddenly very aware of the caffeine and sugar I bring to the table. Somehow the spectre of alcohol and drugs

<sup>235</sup> Quoted in an article in Arts Professional in 2018. <https://www.artsprofessional.co.uk/news/dave-moutrey-appointed-director-culture-manchester>

looms large through this hospitable, but very necessary, act of substitution. I also become aware of being one of only two females in the room, which is soon filled with the boisterous banter between the men. We sit around a table set-up with laptops before formally introducing ourselves.

Mark also becomes one of the participants, or rather, he talks openly about his own experience of being a man in recovery, guiding areas of conversation within the group. With this common ground established, he facilitates wider discussion around the men's own recovery journeys which are all at different stages. (Mark is also the project commissioner, so quietly advises the artists throughout the session too.) I am introduced as a researcher. Artists Ben and Victoria set out their skill set as the creators of online digital art. This makes for an usual dynamic between us all, with distributions of power exerted through friendships as well as dedicated 'lead' roles and differing areas of professional expertise as well as personal experience.

Together we sample various examples of 'interactive fiction' suggested by Ben and Victoria. These contain different scenarios and roles, complete with sound effects set to stories and narratives. These samples are very much part of a new culture around what are termed 'serious games', some of which challenge the precepts of gaming as entertainment. They are deployed in therapeutic and educational contexts. Some of the examples we test take us into areas of mental health. *Depression Quest* is billed as an 'interactive (non)fiction about living with depression'. While another game asks players to click on difficult choices against the clock, prompting some anxiety in one participant who compares it directly to his own experience of addiction. 'Choices about using or picking up - it all happens so quickly - as if there is ten seconds between you and the end of the world...' (Victoria will later raise concerns about exposing participants to work whose features may exacerbate undiagnosed symptoms of Post Traumatic Stress Disorder.)

It is one of many conversations that open-up throughout the afternoon which explore possible links between the re-telling of one's own personal story (in a recovery group context) and the creative options opened-up by digital storytelling. The latter prove multiple and open - exerting some tension within more

orthodox 12 Step recovery programmes which prescribes rule-bound routes out of addiction (Public Health England, 2013). This becomes evident when Ben gives out postcards with 'creative exercises' written on them - to generate shared material amongst the group. Simon's postcard playfully invites him to tell the story of his life through a series of song titles. Craig's creative exercise is more constrictive: he can only tell his story though using a list of one-word answers. Whilst John is invited to tell his story through a series of choices. We all fall silent with concentration before reading our responses aloud to out to one another - prompting more quiet silences as well as bursts of laughter and more banter. Their answers chart dark, narrative arcs, with notes of hope offered in conclusion. Simon's is cleverly assembled:

Born to be wild  
Just another brick in the wall  
Bad (by Michael Jackson)  
The smooth criminal  
We are in the army now  
I can see clearly now

While Craig's words are blunt and diminished. (He says before reading his work out that "I've only had 19 months clean time since I was 14".)

Addiction  
Overdose  
Homelessness  
Hell  
Recovery

John sets out his choices with a measure of judgement, evidencing his capacity to take responsibility:

Needed to drink  
Chose to do it  
Chose to isolate myself  
Burnt bridges (continued regardless)

Stuck to guns

Seeked help

Went into recovery

During the break, the group exit the room to congregate once again on the corner of Oxford Street and share cigarettes. I ask the artists if this way of working is familiar to them. 'This group is actually relatively easy for us,' says Ben, who appears to feed off the nervous energy of the men, which matches his own restless inventiveness. 'People can be demanding in different kinds of ways. The last group we worked with had dementia.' He discusses the merits of *Twine* software as a medium for this type of work: an open source tool for creating text-based games. It allows 'multiple routes through any kind of subject... We have used it a lot in our work previously.' Far from proving addictive, Ben believe that twine provides a useful space for exploring emotions. 'The conditions and allowing players to experiment with choices in the face of difficult circumstances' (Salter, 2016).



Fig 37. Walking past the sign in the window of the Righton Building, at MMU.

## Recoverism

I talk to Mark at the end of the day whilst reflecting together on how the workshop went. He recounts his own personal journey of recovery in the designated 'chat zone' of Manchester Metropolitan University's main Library. We have just walked passed the branded slogan of MMU's Fashion Institute. The corporate slogan - success in individual - makes for an uncomfortable reminder of the values held dear in the knowledge-economy within which my thesis will inevitably circulate. But in speaking to Mark I am reminded of the companionable collaborative processes which make research possible.

We ease out into what feels like a more natural form of human exchange after navigating the artful tensions of the workshop. Speaking about the illusion of an 'escape from reality' that addiction offers, he asks the (rhetorical) question: 'how are you meant to have moments of escape without using artificial means? Lots of people are able to go home to switch off from the working day... they can relax with a glass of wine. But I couldn't. Being in recovery is about living life on life's terms.' Addiction hollows out humanity: only 'a void' is left afterwards. Mark's personal aim as he struggled to recover from the 'ravages of active addiction' was 'to become more human'.

Being a facilitator requires heightened attention to other people's needs, Mark acknowledges, tired but relieved. 'Sometimes I find people's conversations about recovery quite linear,' he confesses, a comment which reinforces some of my observations on the workshop. This is the case because 'the narrative is borrowed from the initial treatment process...' Mark describes the Alcoholic Anonymous' 12 step programme as one that 'suggests that, if you follow it, that will do it... To go off programme is seen as rebellion. That you are not working that script.' He describes this recovery pathway and process as almost 'liturgical', one full of exhausting repetition and constant 'self-invigilation'.

Together, we compare the process of becoming part of any new community for the first time - testing if the process of 'becoming clean' shares some of the characteristics of 'coming out' into the gay community. Both can become quite formulaic in terms of adopting a new identity, with prescribed behaviours and

habits. 'I am not a conformist' Mark admits, before qualifying this point. 'Well, I did go through a rather doctrinaire period when I would lecture my mother,' he laughs. 'But I soon came through that.' He begins again, with more seriousness: 'I am more interested in queerness in relation to recovery - because of the conflict within me around that....I am the project and the project is me - it is driven by my own recovery,' (he went into rehab in 2008). 'But then it developed into a broader interest to want to redefine that process through art.' Drawing on his former work experience as a curator, he wanted to re-use his professional experience within the scope of any new identity that he could forge for himself. 'Although I had to re-invent myself, I didn't want to leave everything behind.'

'Recoverism' is an invented term, one which seeks to change language as a way of changing our experience of the world. Mark says how he wanted it to play on the 'isms' of various other art movements - such as futurism, expressionism or impressionism - and align this idea next to the concept of recovery. He is very open in terms of its potential scope to embrace a wide spectrum of the experience of distress. 'Recoverism seeks to acknowledge the principle that we are all in recovery from something: the idea that addiction is as symptom of the pain of living.'

The ambition for 'recoverism' to become a social movement was further promoted through Prest's support of the work of Clive Parkinson. *The Recoverist Manifesto* was edited and published through MMU (Parkinson, 2016). In this way it built on previous manifesto's developed out of the long-standing organisation, *Arts For Health*, which asserts the broader field of practice as a social movement. This collaboration preceded the NHS initiative, a point which prompts Prest to admit that Alan Higgins re-framing of 'arts and health as a social movement' was a joining-up of political agendas which perhaps tried to 're-invent the wheel'. For Mark, at least, it had 'scent of a local authority' initiative, a 'naive' interpretation of social change. Initially, LWMA sat uncomfortably with his own reading of the ways in which art could usefully complicate our understandings of human behaviour - as much as it could also underline simple health promotion messages.<sup>236</sup>

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<sup>236</sup> Mark went on to develop a good working relationship with Gerri Moriarty of LWMA.

In *The Recoverist Manifesto* (2015) the rationale for recoverism is set out, one based on the position that there is a fundamental lack of acknowledgement of addiction as a socio-economic or cultural issue.

First hand accounts of those involved in *The Recoverist Manifesto* would suggest people are rarely treated holistically and more often than not, treatment comes via a crisis or an infringement of the law with the tabloid media largely portraying people affected by addiction as at best a health problem, at worse a criminal one, and very rarely acknowledging addiction as a socio-economic or cultural issue (Parkinson, 2015: 5).

This is seldom an acknowledgement that the local authority is able to concede. Mark tells me that his experience of working with services has been negative in the past. He sets the attitude of Manchester City Council in the context of changes made by National Government, when The Coalition published a drug strategy in 2010 (Gov, 2010). 'Gone are the days when central government tells communities and the public what to do,' Teresa May asserted in the forward. 'We are setting out a clear and ambitious vision for the future direction of travel, and it will be for local areas to respond to this and design and commission services which meet the needs of all in the community' (2010: 2). But in Manchester City, Mark says, the recovery community that was in existence, 'changed overnight' as a result of this push to 'reduce demand' on services. 'The whole thing hijacked by government. It was all meant to be about service cuts - if we can get these people into absence based recovery, then they won't need services...But what about your service just putting people into crisis?'

### Smack Man

Mark is not able to attend the second workshop of 4 Track which takes place in the same room at MMU. Since my last visit, the occupation over the empty building over the road seems to have ended. All the signs have been removed. It is unclear who has erased this public protest. But Craig returns, fresh with many questions from the last session. He asks Ben 'What is your end goal?' Ben replies that he thinks 'Mark is interested in communicating portraits of recovery, showing what that process is like... but honestly, warts and all.' The group chats

about a previous arts-based project they had all joined which culminated in a public dance performance. Tony, a robust figure whose arms are covered with many inky tattoos, admits that 'dance' wasn't something he thought that he would ever find himself doing. He further reflects, more sadly, that since that time last year, 'two people who took part have died'. This opens the way for Simon to tell us that one of his own friends also died earlier in the week (an army colleague who took his own life).

I absorb this shocking piece of news as Simon goes on to say how he holds those in authority responsible for his friend's death. 'People in power have a lot to answer for. They train soldiers up to kill people then do nothing to de-escalate them. He was the second in our battalion to go that way.... I believe that if you are willing to make the ultimate sacrifice for country - you should get something back. I am not saying you should be rewarded with a house and jobs necessarily - but you should be considered. It's just wrong...' His words bring home the realities which these men continue to grapple with, carrying inner conflict within them long after they have exited the 'theatre of war'.<sup>237</sup>

Ben gathers the group back together to focus on the 'game' in hand, one that he is mindful should not reduce or 'belittle their experiences' in any way.<sup>238</sup>

Throughout the session, the group works with Ben to try and construct for themselves their own internal architecture of choice, testing out metaphors and models to reflect the state of (self) confinement which addiction creates. One sketches a (stick) figure confined in a cell which can only be escaped by answering questions embedded in the wall. The room is one that surrounds the player on all sides, posing as a kind of existential jenga. The building blocks are resonant of the process of self (re)construction on which they are all embarked: they must both 'knock things down' in order to 'build them back-up again'.

This creative exercise in 'building' the self through a game of difficult choices makes for an unlikely counter-point to George Osborne's mantra that 'we are the

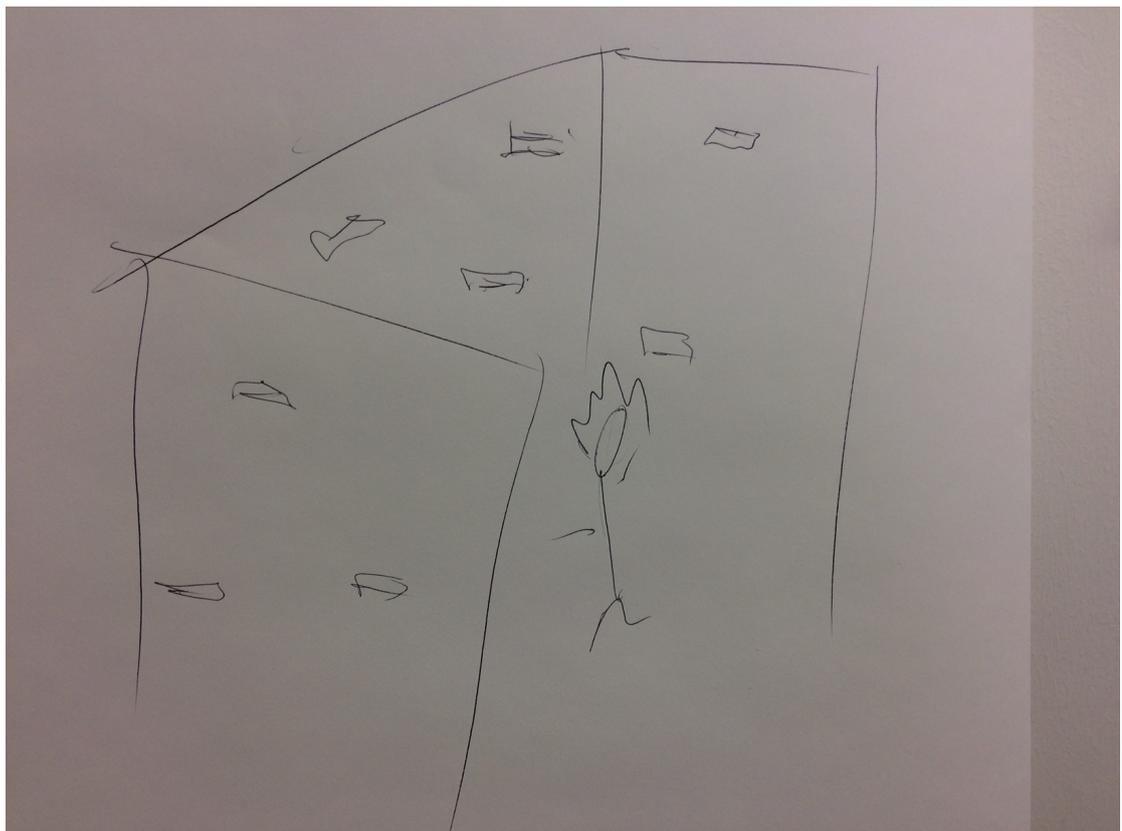
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<sup>237</sup> As with the group of veterans in Colwyn Bay, suicide emerges as a common occurrence amongst this particular recovery community, one comprised of military veterans with mental health problems who also use drugs and alcohol.

<sup>238</sup> I later find an academic article on the therapeutic potentials of game-making that speaks to his worry. It is titled 'Contemplating life and death in a medium that has frequently trivialised both.' (x)

builders'.<sup>239</sup> Amongst these sketchy diagrams, internalised 'architectures of hope' tentatively emerge through the construction of options for making better choices. The small stick figures are also resonant of Theodore Major's satirical skeletons... devoid of their full humanity but in this case, looking to act in ways that can release them from their schematic diminishment.

For his part, Ben maps their experiences against the formats provided by of any potential 'game'. Simon references *Packman* as one of the first games he ever played as a child when it came out in the 1980s. 'You had to collect all the yellow dots and avoid the ghosts. The ghosts chase you around and you had to run away...' He draws on series of post-it notes as he talks us through the aim of the game - a round mouth that eats its way along corridors filled with both novel rewards (cherries) and annihilating risks (death a the hands of the ghosts).



**Fig 38. Simon's drawing on a post-it note, of himself trapped by his choices**

This draws the whole group into a lively discussion about the rules of the game (and when to cheat them). Simon uses military metaphors to describe the level of

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<sup>239</sup> This refrain ran through his speech at the Conservative Party Conference in the autumn of 2015. 'Some stand on the sidelines. Some want to knock things down. But we – we are the builders.'

self-scrutiny he must employ. 'It's like a minefield. You have to be constantly vigilant'. While, for others, the routes of escape present themselves more neutrally 'like a crossroads'. The stark space of choice found in moments of despair - between life and death - is described as hitting 'rock bottom'. It was at this point that Simon explains how he now looks back to identify his own moment of 'surrender' when he arrived at this end place. 'I never used to like the term surrender - what do you mean 'surrender'? It was not an option for me. I am ex-army. I never knock my king down, even when I play chess! But now I can see it is about admitting you are beaten by this on your own...'

Amongst these very emotionally charged discussions, the men continue to joke amongst themselves. Tony teases Simon about owning the rights for his game-design. 'We got a patent on that. You are not getting a look in...you are not getting a penny!' By the end of the session, all the participants are in favour of Simon's renamed version of the game: *Packman* morphs into *Smack Man*. Twine software is abandoned in favour of a bespoke design solution which will draw on composite experiences of addiction (rather than just one person's story). Ben becomes the 'translator' of these intimate conversations, responsible for creating the game that can reflect their experiences and present this 'choice architecture' (Thaler & Sunstein, 2008). It seems that almost too many ideas have come out of the discussion, many of which stray from Mark's initial intentions. But Ben ends the sessions seeming quite content saying: 'Complexity is good'.

### The World Healthcare Congress

Other digital architectures from those deployed in *Smack Man* are proposed in 2018. I note that at *The World Healthcare Congress*, based in GM, a key note will address 'The Future of Community Health in a digital age'. John Rouse, will speak on this theme, the figure most responsible for realising the promise offered by Manchester's regional devolution deal (bar perhaps, from the Mayor himself). This fact places him on a par with the Health Minister for Wales, in terms of the size of his budget.<sup>240</sup> It further positions him, according to his billing here, as a 'leader of innovation' in healthcare worldwide.

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<sup>240</sup> Compare size of their budgets and respective populations. 2.8 million in GM. 3 million in Wales.

On entering the Manchester venue, delegates bags are thoroughly searched. It's an uncomfortable reminder of the attack, only a year ago, in which 22 people were killed in an terrorist bomb attack at the Arena. Rouse is introduced as the man who has already brought about 'unprecedented advances in care' in GM. Reference is also made to his new title as 'Commander of the British Empire' or (CBE). This imperial plaudit strikes an odd note at this international conference - one where many tickets have been left unsold due to the impact of Brexit.<sup>241</sup> The convenor, from Manchester University, talks to a thinner-than-anticipated audience about the city's motif of the honey bee as a 'symbol of solidarity'. In all of these gestures, the host city is presented by way of reference to new political vulnerabilities as well as old imperial strengths. The government logo, splashed on the website, registers some of the sense of peril and pathos of the current political moment.<sup>242</sup>



Fig 39. The UK branding used at the Global Healthcare Conference in GM.

It's an unexpected position and place that Rouse finds himself in today. While George Osborne enabled the regional opportunity of devolution, this same administration also took the high risk of making possible the exit from the European Union. It is an irony not lost. Rouse will later plead for foreign nationals to 'bear with us... We are losing an enormous amount and will need to re-set our relationship to the rest of the world.' The fact that that this state of affairs has

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<sup>241</sup> Delegates totalled 400, instead of 1000 expected, with many citing brexit as a reason not to attend.

<sup>242</sup> '24 days to Brexit' as Rouse puts it, rather like the pop song '24 Hours to Tulsa' .

been brought about by a democratic vote - unlike Devo-Manc - is a further point of *shadenfreunde*. However, far from representing a loss, Rouse saves face by casting his own project as successful. 'We are winning' he says (meaning those city leaders in the world who have adopted similarly healthcare models).

It's a model with potential wins for those in Arts in Health too. Unusually for a conference aimed principally at clinicians and healthcare providers, the arts feature prominently in today's proceedings. Clive Parkinson has played a key organising role in this event along with other cultural and civic leaders in the city, as well as national leaders in the field of Arts and Health. The Arts in Health agenda - and associated projects, including PORE - will feature in the programme as the three days unfold. Few voices I hear in GM express any doubt at the wisdom of entangling the Arts in Health agenda so closely with the devolution project. But I also wonder how they could not combine in this intensely collegial environment, one informed by deals struck amongst many intimate groups of decision makers, all of whom must depend on one another and subsequently *deal with each other*. Devolution, it strikes me in this moment, is perhaps a kind of 'habitus':

neither a result of free will, nor determined by structures, but created by a kind of interplay between the two over time: dispositions that are both shaped by past events and structures, and that shape current practices and structures and also, importantly, that condition our very perceptions of these (Bourdieu 1984: 170).

### Information systems

Developments in new technology bring a 'changing relationship between citizen and the state', Rouse firmly believes. He kicks off his discussion of the coming cultural change by mentioning an independent review conducted in 2009 into the state of the local economy in Greater Manchester.<sup>243</sup> This identified the fact that ill-health 'was one of biggest drags on the economy', with a high proportion of the local population not in work as a result of chronic, long-term illness.

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<sup>243</sup> Manchester Independent Economic Review (MIER). <http://manchester-review.co.uk>

'Opportunity came in 2014', as he puts it, 'when George Osborne wanted to devolve more power to city regions.' Rouse says that devolution offered Manchester's leaders the opportunity to 'take charge' of the local healthcare system and use it to 'speak to the social determinants of health'.<sup>244</sup> Rouse then embarks on a detailed description of what he calls the 'target architecture' under construction. His mission emerges as a kind of re-orientation of existing reporting systems, systems that might help reduce ill-health and healthcare budgets simultaneously - using measurements gleaned from data-analytics made visible to him on a 'dashboard'.

As well as this focus on efficient systems, the community is an arena where 'there is far more that can be done'. He uses the example of Wigan Council to demonstrate the efficacy of this new deal between the citizen and local state. 'Wigan has gone for an extensive model' which combines services through place-based strategies. 'The principle is the same. The risk stratification of your population: work out who is vulnerable and reduce cost at those points'. His speech is peppered with this and other examples of technocratic forms of language, using acronyms throughout his presentation.

At one point, he risks 'being controversial for a moment' to speak about how there is 'a lot of product coming on the market' in the form of software systems for healthcare providers. These profitably aim their services at those who are wealthy and well. 'Those types of products cream off people who are most likely to be well most of the time' he says, taking a critical position. Rouse says how: 'That isn't the way we want to do it in Manchester. We believe in a model of social solidarity. We are all in this together.'

I have no idea whether he is aware of paraphrasing George Osborne's infamous phrase on the subject of austerity at this moment in his speech - whether it is an unconscious form of ventriloquism, a repetition based on deep sincerity. Or even a clumsy attempt at reclaiming the phrase. Either way, it feels like an unfortunate choice of words.

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<sup>244</sup> His positive affirmation of Osborne's offer and legacy stands in stark contrast to others; the First Minister of Wales has cast Brexit as Osborne's lasting "legacy" (Drakeford, 2017).

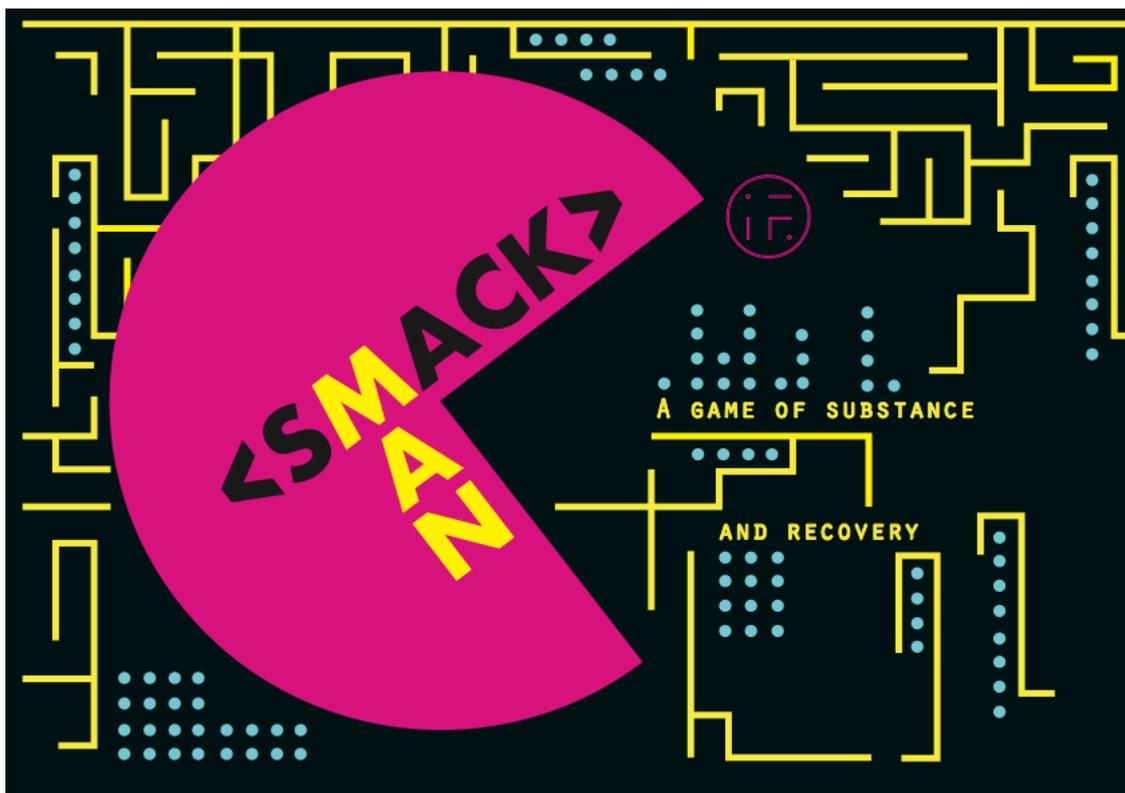


Figure 40. Smack man game logo and design

### The Flagpole

The unveiling of Smack Man, now part-finished, takes place at Tom Harrison House where most of the men who took part in 4 Track remain housed. It is the first and only veteran-only drug and alcohol treatment centre in the whole of the UK. <sup>245</sup> According to its founder, Jacquie Johnston Lynch, the charity supports clients 'into detox and then handhold them into treatment and accommodation with us where they then stay for at least 12 weeks, but if they need more time they are able to stay for up to 22 weeks before we transfer them to move on accommodation.' Tom Harrison was the name of her grandfather, himself a veteran and an alcoholic and an impetus for Jacquie's own form of activism - centred on creating social spaces across Liverpool which do not involve alcohol.

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<sup>245</sup> These are the words of the Charity's founder, Jacquie Johnston Lynch. "Whilst here in the first stage programme, the clients engage in group therapy, psycho-education, physical training, yoga, mindfulness, hydrotherapy, art therapy, equine therapy, reflexology and nutrition." Add a link >



**Fig 41. Tom Harrison House in Anfield, Liverpool.**

Things have been a little delayed since the final workshop which saw the group pool their personal stories of recovery towards generic ‘story lines’ of addiction set to be included in the game. Mark and myself wonder how Ben has translated the men’s experience into the three ‘levels’ a player must negotiate: pre-addiction: addiction: loops of addiction that turn into loops of recovery. We are the first to arrive at the house - which far from being the imposing institution I imagined it to be, turns out to be a humble two-up two down on a residential street in Anfield - within sight of the football stadium.

On entering its domestic spaces, it feels as though we are coming into some kind of ‘safe’ house. If not exactly an illicit place, it feels like a heavily protected zone - with its own rules and codes of conduct. Men sit around talking quietly together in the kitchen and we are shown to the front room to set up our laptop. It is hard to compare these spaces to Smack Man’s rendition of a maze of corridors drawn in schematic lines of black and acid yellow. The scale and shape of the room and fireplace retain the rich vernacular of this proud, working-class city. But certain rooms belie any familial association in this instance. Walls bear inscriptions designed around states of mind. One reads, in swirling script : ‘Recovery is when you walk into a battle you are not sure you are winning’. While another simply

reads: 'place of surrender'. These appear as novel stagings of 'atmospheres of recovery' (Duff, 2015).

Bare and utilitarian for the most part, there are few home comforts. A bare brick backyard allows a space to smoke cigarettes. A flagpole stands in the corner, on which flutters a Union Jack flag. The house is a hybrid institution - one that ghosts on the back of military discipline, but is antithetical to it, too. A new kind of 'honour' and 'bravery' are being eulogised here as based on renunciation as much as affirmation. Ben arrives and everyone gathers together to talk about the project. There is some anxiety amongst the participants that the others in the group won't value the work or see the amount of work that they have put into it. But it is decided to go ahead with showing the half-finished game anyway. Ben is as upbeat as ever in talking through the mechanics of the challenge of the game. But the response is muted and, for many, baffling too. But everyone claps encouragingly at the end.

#### Ask Andy

'I prefer it to being in Westminster,' Andy Burnham declares in front of an audience of local stakeholders and residents in the borough of Salford in the summer of 2019. 'We have a proper discussion here, rather than the nonsense down there.' His words were being live-streamed at a 'Ask Andy' event. These are billed as monthly 'question time events' which give an opportunity for residents in all of GM's ten boroughs to 'quiz the mayor about a range of local issues'. As such, the format is more on a par to certain BBC TV debates of the same name than any 'prime minister's question time' (as is enabled by an 'opposition' through First Minister's questions in The Senedd or The Scottish Parliament).

This public event takes place in the summer that Boris Johnson became Prime Minister. 'It gives me some encouragement that he has been a mayor before,' Burnham comments on Johnson, adding that he must 'put meaning behind' the Northern Powerhouse or else 'damage' will be done to 'people's trust in politics'. Burnham insists that the 'answer' to people's 'alienation' from politics at a national level is 'more devolution... let city regions do more for ourselves... devolution is beginning to work in GM, with some different thinking and ways of

doing things.’ Questions at these event are carefully vetted beforehand by the organisers. One questioner, a chair of community centre, asks Burnham about how GPs can get training for referring people to places like his on the ‘Social Prescription’ agenda’. Burnham replies: ‘I agree wholeheartedly with you. We shouldn’t give out pills. We need more Social Prescribing in the community, things like art therapy. I one hundred per cent support that.’ The Mayor’s strategy for homelessness, features prominently as part of his strategy for the city, with less attention given to how this might relate to the drug and alcohol strategy. Direct reference to dual diagnosis is given by way of its high cost and links to criminal behaviours: ‘annual public expenditure on people with overlapping substance misuse, offending, homelessness and mental health issues is estimated at £20,000 per person.’ (GMCA, 2019: 17).<sup>246</sup>

Mark Prest tells me he was in the audience but he didn’t get chance to ask his question about creative responses to drug and alcohol addiction. But this didn’t stop him speaking to Burnham after the event. ‘I thought, I am not leaving until I speak to him. I went up afterwards and told him - I would like to meet you and talk more.’ A meeting has been set for autumn 2019. ‘It fired me up that they weren’t they mentioning the recovery community when they talked about homelessness. Of course - they are the different things. But also the same... Where does that sit at GM level? How is it recognised? The work I have developed over the past ten years needs to be valued... That will be my pitch to Andy when I meet him.’

I hope Mark gets to have this conversation with the Mayor, despite hearing rumours that Burnham frequently cancels meetings last minute. It would be a blow to Mark not to have his voice heard amongst others clamouring for the Mayor’s attention - just one man to ‘pitch’, the figurehead of one party. ‘Is it just the same now, as when Howard Bernstein was in charge?’ I ask Mark. He surprises me by answering that he hasn’t ever heard of Howard Bernstein. Andy Burnham’s public profile seems much higher than Bernstein’s ever was - whose style of politicking took place behind closed doors. According to one profile,

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<sup>246</sup> It also makes reference to how: ‘To support people to lead meaningful and fulfilling lives we also need responsive treatment and recovery systems that are clearly integrated with broader support and community provision that address key factors such as physical and mental health, housing and homelessness, employment, education and training.’ (18)

Bernstein occupied his position in City Hall 'like a spider in a gothic web of corridors' (Jenkins, 2015). By contrast, Burnham appears keen to support good causes, acting as a mouthpiece for indignation. 'That is utterly shameful,' he emoted in 2019, speaking about the steep rise in reported deaths of the homeless on the streets over the last year.<sup>247</sup> Burnham also spoke out at an extinction rebellion march, in the same year, to one protestor's chagrin. 'How can he be a 'man of the people' on the one hand, and City Leader, on the other?'

### Last dance

As thesis deadlines looms ahead of Mark's date with the Mayor, I talk to him one last time over the phone to ask permission to use the very personal material he has given me for the writing of this chapter. As the conversation closes, I ask Mark how his Pride celebrations went earlier in the summer. 'I have news' he tells me. 'I danced for the first time in ten years. Sober!'

I am delighted to hear this as I recognise it as evidence of a new stage in Mark's recovery and next step in becoming 'more human'. 'We went clubbing at The Refuge...The DJ was Paulette - who I know from the old days.' Mark explains how he managed to pull-off this personal achievement through careful consideration. 'I positioned myself near the decks, in the outside courtyard. I was shielded by a wall of hard-faced lesbians' he tells me, chuckling a little mischievously. 'I don't think they knew they were my wall!'

I picture to this public-private hideaway, an arrangement of hot bodies and loud music, admiring Mark's singular human architecture (so contingent by contrast to the monolithic, apartments that squat directly opposite The Refuge bar.) 'I felt safe in their corner. I felt I could have a dance there without being judged. I danced into the early hours... of the afternoon...' he jokes, turning night into day.

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<sup>247</sup> <https://www.channel4.com/news/record-number-of-homeless-people-dying-in-england-and-wales>  
Robert Jenrick interviewed on Channel Four news.

## Summary

### Building a better place

The Arts and Health project explored in this chapter differs from the previous ones studied in this thesis in that it did not take a 'place-based' approach. Other understandings of identity were adopted, grounded in an understanding of 'socially-engaged' art' practice (Kester, 2004). Reflecting the diverse emphasis of its various funders, PORE's three-strand UNSEEN programme was creatively strung together through its subtle co-joining and curation. While it was targeted at participants who came from diverse backgrounds and identities - LGBT, South Asian, those who had been 'dual diagnosis' - all were united in their different cultural experiences of addiction. (In this way, those participants who came along to the dual diagnosis group did not have to use this label in their everyday lives in order to attend.)

It is not without irony that this case study, designed to be centred to explore the context of Manchester City, should focus on the last UNSEEN strand - one which turned out to comprise the experiences of a group of ex-service men who travelled from Liverpool to be part of this project.<sup>248</sup> Curiously, one member of this group brought with him an uncertain sense of belonging to either city. 'It doesn't feel like our city anymore. Not in the centre anyway. It's full of cranes and tourists now' (Craig).

His comment suggests that in both cities similar processes of urban change are unfolding that are not unique to either, leading to feelings of alienation amongst residents such as himself - those who perhaps who already feel disenfranchised. Such city urban development, it has been proposed, 'blazes the neoliberal trail', with political leaders seeking to characterise and address social problems through updates 'third way' strategies that seek to promote 'social inclusion' whilst simultaneously prioritising economic growth (Weaver, 2017).

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<sup>248</sup> This was something that I could not have predicted and which came about through Mark's relationship with Jacquie Johnston Lynch. Without this pre-existing level of support I doubt the group could have sustained itself. Two participants who came to the first session dropped out. The group dynamic between this existing friendship circle was very strong.

While the UNSEEN programme was framed for funders by way of various categories of people, these were acknowledged, in practice, to be overlapping and even sometimes conflictual. Mark Prest comments that his desire to remain in the LGBT community, as well as belong to the recovery movement, reflected a dual sense of identity that was difficult for him to reconcile. He had to establish a new identity for himself in response to the limiting choices on offer - refusing to 'choose between the two'. This reflection on his own sense of inner conflict demonstrates how being part of the (LGBT+) 'community' can be hazardous and harmful for some. This point is stated, not to stigmatise those who frequent 'the scene', so much as to query any simple characterisation of it as a safe or 'inclusive' space.<sup>249</sup> The idea of 'cohesive community' was not romanticised through UNSEEN as a locus for harmony, consensus, or belonging but was rather understood as a flawed ideal, even a 'political fantasy'.<sup>250</sup> The phrase 'my recoverist family', was first coined by David Hoyle, before being selected by the filmmakers as the title for their film. It is a deliberately subversive re-framing of normative 'family values' - drawing on contentious political histories. Clause 28 was designed to put a stop to what it called 'the promotion of homosexuality' through 'pretend family relationships' (Local Government Act, 1988).

The title of the GM city-wide strategy, *Our People, Our Place* (2018) promotes a sense of collective ownership across all the boroughs. But this title tacitly asserts itself in opposition to *other* people living in *other* places. Such public discourses, Sarah Ahmed argues, 'work by aligning subjects with collectives by attributing "others" as the "source" of our feelings' (Ahmed, 2014: 2). In this case, it is the perceived Northern value of 'strong community spirit' that is itself being deployed to 'draw people together' in alignment with GMCA's very particular political choices. Difference, dissent - even constructive critical attention - can quickly be cast as disloyalty, instilling a negative sense of un-belonging amongst those not considered to be one of 'our' people.<sup>251</sup>

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<sup>249</sup> A long standing issue, as indicated in the expanded acronym, LGBT +

<sup>250</sup> The term used by one art group, quoted by Grant Kester : Critical Art Ensemble, "Observations on Collective Cultural Action" Variant 15 (Summer 2002), <http://www.variant.ndtilda.co.uk/15texts/cae.html>

<sup>251</sup> As one Wigan man expresses this point in a video produced by Wigan Council: 'help starts at home... we need to help out *our own people*' (my italics).

The suppression of healthy conflict and acknowledgement of cultural difference risks re-enforcing exclusionary marginalisations. This is a danger that one author who writes 'Against Localism' points to in very clear terms (Parvin, 2009). 'Many individuals who feel oppressed, marginalised or excluded feel that way not as a result of their relationship with central political institutions... but as a result of living day in day out with the negative and debilitating opinions of many people in their local community' (Parvin, 2009: 351). Phil Parvin cites, as examples, 'ethnic minorities and gays'.

PORe presents itself as a social movement through the use of the invented term 'recoverism'. But it does so a different way from the NHS sponsored programmes explored in the last chapter. Firstly, there is more emphasis here on the histories and practice of art movements. The creative process is allocated a central place in the recovery process - as addiction leaves a 'void'. Particular faith is placed in Grant Kester's assertion that socially-engaged art practice can 'can help us speak and imagine beyond the limits of fixed identities, official discourse, and the perceived inevitability of partisan political conflict' (Kester, 2004: 9). Secondly, it draws on lessons from the 'recovery movement' which preceded it formations. Mark says he witnessed first hand how the recovery movement was 'hijacked' by local government' in GM following the impact of the 2010 Drug Strategy. He is clear about how the agenda was turned upside down by the authorities who tried to present effects as causes. 'If we can get these people into absence based recovery, then they won't need services...But what about your service just putting people into crisis?' (Mark Prest).

The correlation between addiction and homelessness is one that becomes evident through the life experiences described by the ex-servicemen. It is also a link Mark acknowledges as representing 'different things. But also the same'.

Perhaps more than anything else, the presence of so many destitute homeless people on Manchester's streets serves as visceral reminder of the failure of the city's 'support systems' in 'the age that we live in' (Andy Burnham). For as much as the city's economic growth can be measured by the number of cranes on its skyline, so the number of homeless people on the streets is experienced, by many of GM's residents, as reflective of a collective failure (of governance).

This is the visible, powerless 'downside' to the power house 'upside'. Burnham protests the link, whilst also making it. 'I don't believe in a society that says for some people to succeed, other people have to sleep in doorways'.

Homelessness has become the highest profile 'problem' facing the mayor, one that he has made his priority. It is also a source for feelings of shame and anger which strongly inform the political discourse in GM. 'All of this cultural investment is happening as the homeless pile-up in doorways' (Hanson, 2016).

Austerity has played a role in shrinking the capacity of services to address more than one problem at a time, leading to those with a dual diagnosis falling between the 'gaps' between services. These gaps threaten to become larger and more profuse as service providers strive to bring a 'holistic' and 'person-centered' approach to care. It remains to be established how, in Mark's words, how this agenda will 'sit at GM level, how it will be recognised'. This (negative) experience Mark of local authority services aimed at people in recovery, has left a legacy of distrust. Although Mark Prest went on to engage with LWMA, he was initially wary of their 'local authority' approach, alive to the dangers of 'hijack'.<sup>252</sup>

The languages of art are best able, Prest argues, to express our shared 'pain of life'. Artist Ben Eaton's positive embrace of complexity - 'complexity is good' - stands in contrast to Donna Hall's faith in 'simple messages'. The software and web platforms offered by the *Invisible Flock*, offered ways of presenting more than one narrative at any single time. Art can offer a range of different languages and forms of self expression through which identities can re-emerge and be re-established.

Some art critics however, are sceptical of such 'utopian' claims. One insightful critic, for example, questions the extent to which art's transformative potential can travel beyond the gallery space. Maria Walsh detects 'a debilitating (neoliberal) shift from identity politics as a demand for collective rights to becoming a cultural expression of individuals (*which...*) has resulted in cultural production being seen as a site of transformation and hope in lieu of organised politics (Walsh, 2018: 2). Her critique of what she calls 'the public performance of acts of sincerity' well

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<sup>252</sup> Though any initial distrust of LWMA eased through building a constructive and warm relationship with Gerri Moriarty.

describe Jackie Haynes act of wiping off David Hoyles make-up in the film, *My Recoverist Family* (Ravetz & Wahl, 2018). Walsh notes dryly that 'there was a time in the not too distant past when, in theory at least, claiming the truth of one's identity was viewed with suspicion,' (Walsh, 2018: 1).

Also questionable is the extent to which PORE participants, other than Mark, are able to claim the label of 'recoverism' as their own, limiting its potential to spread as a collective idea. Some of the men involved in the 4 Track workshop preferred the rule based models of the 12 step programme and rejected the multiple narratives first suggested by Ben. Smack man was developed as a composite character, a highly schematic representation of 'the addict' self. The artists struggled to represent the group's aspirations for the 'game' alongside Mark's, with some tensions in play between them (with Ben responding to the men's suggestions and ideas, as much, if not more, than Mark's). Aside from these questions of control, all the group exhibited a huge willingness to embrace 'cultural change' as part of their own recovery. This is evidenced in their praise for a previous art project which has saw them dance together. 'Not something I thought I would ever do.' As an all-male group, the project gave them the permission and means to explore their feelings - enabling these ex-service men to talk about their need to 'surrender' and explore their personal feelings of 'defeat'. A 'rock bottom' place emerges as a point of reckoning out of which recovery is made possible.

Mark Prest proposes a link between personal and political forms of recovery - suggesting that 'isolationism' leads to ill-effects for individuals and nations alike. The 'Great' Britain branding on display at the World Healthcare Congress certainly makes for an arresting contrast to the tattered Union Jack in the backyard of Tom Harrison House. The ex-service men were intent on developing a greater capacity for taking responsibility for their (bad) choices, acknowledging their own vulnerabilities as potential strengths. A sense of 'unity' can be established though the conquest of alien others - or the acceptance of alien aspects of one's own self (such as being a working class man who can also be 'a dancer'). <sup>253</sup>

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<sup>253</sup> An incongruity played on in the film, *Billy Elliot*.

The final scene of the chapter - a joyful, sober dance - is one that I construct from Mark's recollection. Mark rediscovers his ability to dance, safely, at the annual Pride event at a bar called The Refuge.<sup>254</sup> I offer this performance of lucid happiness as one differently constructed to my experience of the organisation of 'cheer' in Wigan. But such comparisons raise questions around which 'happy feelings' can be seen as authentic and which as false. Walsh claims that what she calls, 'truth-effects' have become 'social, dependent on others to validate their authenticity, regardless of the interior life of the speaker'. She leaves open the question of as to whether therapeutic narratives:

simply solder the self to the reduction of identity to cliché and branding that circulates in consumerist capitalism or whether there might be a more socially transformative potential to 'heartfelt' performances in which sincerity is acted out (Walsh, 2018: 3)

Her insightful point raises important caveat's around the affective deployment of affects - which utilise the 'heart felt' as a strategy to for 'emotional appeals' (LWMA).

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<sup>254</sup> A former insurance company that traded under this title, whose Victorian splendour has been put to use as a trendy bar.

## CONCLUSION

I began this thesis by questioning how newly-forged arrangements - between arts, health and devolution - could appear to be so unproblematically 'joined-up' when policies of austerity were so woven into the fabric of the 'devolution revolution' (Osborne, 2015). Reductions in budgets were a key pre-condition, not an incidental afterthought, of Devo-Manc. The BMJ's warning that gains in reducing health inequality had been 'hampered' by policies of austerity (BMJ, 2016) cut across the assured identification of devolution as an 'opportunity' for Arts and Health in an all-party parliamentary report (APPGAHW, 2017: 155). If the 'case' for Arts and Health was based on mitigating the unequal effects produced by social determinants of health, then devolution based on these terms would surely present a challenge, as much as an opportunity? This aim of the research was to both understand 'how these initiatives are supposed to fit together' (Dorman et al, 2016: 32) whilst also answering the call for 'clearer' articulations of 'the ideological commitments, underpinning beliefs about purpose and value' of those 'within arts and health' (Philips, 2019: 21).

### Uneven effects & affects

The methodological approach taken in order to understand how these how discourses relate has primarily been one of participant observation: seeing and sensing how these policy initiatives are performed and reproduced through forms of 'living knowledge' (Byrne et al, 2015: 24). At the launch of the *Creative Health* report in GM in 2017, it became possible to meet and engage with those people who represent the constituent base of Arts and Health responding to the policy proposals set out in the report.<sup>255</sup> One community arts organiser who spoke to the assembled audience stated what the report could not: that the best way to promote 'creative health' would be to 'stop cutting public services and end austerity'. Her assessment drew a flutter of applause from this audience.<sup>256</sup> 'Devo-Manc', could have been discussed, adapted or even prevented if residents had been consulted, another director of a longstanding GM Arts and Health project commented privately. 'It's a bit like Brexit. We didn't ask for it...but it will

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<sup>255</sup> I use this term notionally as there is no democratic process to elect leaders within regional groupings.

<sup>256</sup> The Director of Z-Arts.

happen anyway'. Some artists, speaking informally to one another after the event, complained of feeling undervalued by the report's conclusion. They questioned the assumption that to ask for public funding for their area of work was not possible for 'obvious reasons' (Howarth, 2017).<sup>257</sup> One expressed the view that all she could do in the circumstances was to 'carry on'. 'I can't change the government's thinking. I can only carry on making work.' She imagined that only a new government - as opposed to seeking to change the current government's mind - could provide a way to end austerity. This view was tacitly endorsed by the report's author, Rebecca Gordon Nesbitt who explained that she could only be 'political with a small p' in her role as researcher.<sup>258</sup> (She admitted at a later public event that she was standing as a Left Labour candidate in her home constituency.) These reactions and responses - resigned, defiant, stoic - struck a downbeat, if realist note.

The ambition for the four case studies set out in this thesis was to broaden the scope by which Arts and Health's strategic policy alignments in devolved contexts could be more widely examined - through sustained involvements with groups of people than those made possible through these initial forays.<sup>259</sup> Similar feelings of being undervalued were evident amongst most creative-practitioners across these diverse devolved contexts - all of which were deeply informed by policies of austerity and the corrosive effects of social inequality.

The main research insight across the case studies is that the economic effects - and emotional affects - caused by austerity are unevenly distributed. The stressful pressure to respond creatively to budget reductions is felt differently amongst those those working at a grass root level - as creative practitioners, artists, artists-in-the-making, volunteers, project participants and those with chronic health problems - as opposed to those who occupy the more powerful positions of local authority leaders, directors of major arts institutions, directors of public health, NHS managers and others working within formal institutional structures. This managerial class has shown itself to be more actively engaged

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<sup>257</sup> So obvious they were not spelt out, foreclosing and silencing any discussion of possible alternatives.

<sup>258</sup> Although researcher and principle writer the content of the report was overseen and edited by the larger APPG group. Details here: <http://www.artshealthandwellbeing.org.uk/appg>

<sup>259</sup> The verb used by GM Cultural Lead, Dave Moutrey, to describe this process of combining agendas and strategies.

with the devolution agenda, keen to capitalise on its potential promise. Amongst wider publics and workforces, by contrast, there was little or no awareness of 'devolution' as a meaningful concept that touched upon everyday life. Even John Rouse, Chief Officer of the GM Health and Social Care Partnership, admits that 'there will be large numbers of frontline workforce who will not have noticed a huge difference because of devolution to date,' (Vize, 2017: 360).

This is an important point because the premise of devolution depends on it enabling different decisions to those made by central government. Without differences being felt or recognised by those who work within these fields, the premise for devolved local government becomes difficult to justify - let alone claim as evidence of a 'people powered', or 'citizen-led' social movement (Nesta, 2016, Naylor & Wellings, 2019). When recognised as hollow, such (mis) representations serve to undermine the basis of trust on which more genuine, self-organised forms of citizenship depend. These initiatives can be seen as another iteration of 'astro-turfing' - a strategy whereby grass root support for policy is supplanted by a 'fake' civil society (Clements et al, 2008: 5).

### Continuing differences

The 'gap' between 'the rhetoric and reality' of devolution - cited by one ex-manager in GM - is more pronounced in GM than it is in North Wales. This is partly because GM leaders have set ambitions so much higher. GMCA aim to radically change GM's health status from being what one service manager describes as 'the poor man of England'<sup>260</sup> to being 'one of the best places in the world to grow up, get on and grow old' (Our Place, Our People, 2017).<sup>261</sup> This radical change must be achieved within a short time frame of five years, after which point all additional transformation funding ends. Rouse, admits that if he were to have doubts about the gamble GM has taken with the reduction of healthcare budgets within these timeframes, it would be the 'speed of approach'. 'Have we gone too quickly or not quickly enough? If I had my time again I think I would have phased the work more than we did' (Vize, 2017: 360).

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<sup>260</sup> Dr Ranjit Gill <http://www.gmhsc.org.uk/opinion/video-blog-significant-change-is-needed/>

<sup>261</sup> In 2020, these policy rhetorics found a close echo - rather than a dissonance - with the new Prime Minister: 'To make Britain the best place in the world to live, work and grow a business' (Johnson, 2019).

This 'near future' impetus, with its pressure to deliver on preventative health within a tight time frame, sits in contrast to the preservative, defensive, even conservative position taken by the Welsh government. The approach here has been to attempt to 'carefully calibrate' cuts and protect 'universal services' (Drakeford, 2012: 457). Cuts to local authority budgets were minimised, relatively speaking, from the scale of those implemented in England because 'to load cuts onto such services would...simply result in pressures being transferred to other services, left to pick up the pieces' (Jones, 2011). A continuing adherence to Keynesian principles is evident amongst Welsh Labour leaders. <sup>262</sup>

Current First Minister, Mark Drakeford, noted that the Coalition's response to the financial crisis was different to the Labour government response which was also one of austerity. After 2011, it was undertaken with a new affirmative zeal. 'The rolling back of the state was enthusiastically embraced as an end in itself, rather than a regrettable inevitability' (Drakeford, 2012). The retention of 'Big Government' in Wales - albeit in a small nation - leaves leaders here open to the charge of being 'stuck on the 1945 model' as (another) ex-manager working in Wales critically positions NHS Wales. <sup>263</sup> This might not be only way to interpret history. Another useful comparison might be made, that GM leaders are 'stuck' on the hyperbole surrounding devolution once so prevalent amongst those in Wales in 1999 - now no longer so enthusiastic about the devolution as an end in itself, rather than a means. 'Devolution has failed. At least according to the terms its set for itself' (Price, 2015). As one common tutor counters price's assessment:

'It has only 'failed' if you naively believe that it was designed to 'work'. Devolution was not designed to be an economic dividend. It was not designed to revitalise democracy in Wales (Evans, 2015)

In this scenario, those in Wales could claim to sit 'ahead' of those in GM, by virtue of their longer experience of devolution and greater knowledge of both its rewards and capacity, and as importantly, its limit and drawbacks.

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<sup>262</sup> The Leader of Plaid Cymru has described devolution using an image of military defence: a 'dented shield' (Price, 2015).

<sup>263</sup> devolution has enabled the facilitation of distinctive legislation which more precisely explore the terms of short term choices in relation over long term consequences - through the Well-Being of Future Generation Act. This questions the wisdom of 'growth' at any price, adding a raft of other criteria deemed essential for well-being other than GDP.

## Common Cultures

Despite the different responses to austerity in Wales and GM, the case studies reveal that lines of policy separation dividing England and Wales (made possible through devolution) have been breached in other ways. The effect of open markets has been to dissolve political demarcations. Informal networks formed amongst local authority and NHS leaders point to common values, attitudes and perceptions of future directions and how best to solve complex problems. This muddies any sense of any clear ideological divide between a National Conservative government (in Westminster) and a devolved Labour government (in Cardiff) or the devolved combined local authorities and mayor (in GM).

Social networks have proven effective at spreading certain ideas - such as 'asset-based' approaches to public health - than lines of governmental jurisdiction have been in keeping them apart. These informal networks amongst managers represent important forms of knowledge-exchange.<sup>264</sup> Training for NHS managers in 'systems thinking' and 'systems leadership' (Abercrombie, 2017) are leading to common approaches to public health being adopted on both sides of the English-Welsh border - which in other respects is highly delineated along party political lines. This was made evident in Chapter 4, through the example of the '2025 movement' - whose name stands as a striking example of an all-too-near future projection (the year by which it is suggested health inequalities will have ended in North Wales). Founding member, Clare Budden underlined this mobilisation of energy - an 'army of practitioners' - as one informed by very pressing needs caused by rising inequality.<sup>265</sup> 'The 2025 brand was owned by everyone and was neither area nor profession specific, but every day reminds participants of their deadline' (Diggory, 2016).

Enrolling feelings of anger - even panic - 2025 organisers use the sense of urgency to justify its rejection of the usual protocols of accountability and the boundaries between different sectors and work areas. Despite Claire Budden's protestation that 2025 is a shared movement for both 'senior managers and

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<sup>264</sup> One delegate of a RSA event on 'health as a social movement' described this non-managerial, managerial approach to social movements as akin to 'Turkeys voting for Christmas'.

<sup>265</sup> <https://whq.org.uk/the-magazine/issue/104/an-army-of-thinking-practitioners/>

frontline practitioners', inversions of hierarchy were attempted by those in the 2025 movement seeking to blur and flip hierarchical distinctions. One 2025 speaker urged delegates at one conference event to believe that 'we are all leaders' (when obviously only some were, while most attending, were not).

In GM, likewise, there was the sense amongst some of leaders of having to exert 'damage limitation' over any embarrassment caused by social inequality or hierarchies of opportunity.<sup>266</sup> The Director of one Salford-based company, which offers forms of support to deprived communities, frankly admitted that:

From a business point of view the cuts have offered opportunities...It does feel *morally awkward* as you don't want to see the negative impact which will inevitably happen as a consequence of cuts, but it does force new thinking (Dabbs, 2018)

This Director quickly addressed any shame he might have felt, affirming his own good intentions: 'It is also a chance to make a difference to people, which is what we're about.' Such compensatory reasoning goes against what the longtime advocate of community development through the arts, Mike White, believed. 'One cannot flourish at the expense of others,' (White 2011). His views build on older ethical understandings of inequality and health, proposed by the (Christian) author Michael Wilson, who argues that a healthy society cannot be brought about by way of trade-offs and 'balance sheet' style reconciliations:

Health is not for the rich to give to the poor. Health is a quality of life they make together. Neither can possess health apart from the other, no one steals health from the other without robbing himself (Wilson, 1975: 62)

Other more contemporary voices of warning arrive from those academics who contributed to a Lancet Commission on the topic of culture and health, published in 2017. Napier et al, named 'wholly unacceptable ethical and moral costs' exacted through what was described here as 'enforced innovation' (Napier et al,

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<sup>266</sup> Both the reputation of the organisations for whom they work, but also their own individual professional reputations, as individuals set on career paths, some of whom have gained 'gongs', awarded CBEs or OBEs. The degree of 'churn' at the top of organisations was startlingly consistent, with much jockeying for advantage and position.

2014: 1627). The damage they detect is one inflicted on systems that depend on trust. 'Forcing cutbacks to induce innovation is potentially wrong in many ways, as large-scale political oscillations can introduce change while undoing outstanding systems of trust.' (Ibid 1627). This lack of trust was indeed observable in Prestatyn where the gap between policy intention and outcomes, between words and deeds, was painfully exposed.<sup>267</sup> The authorities were perceived by some to be 'hi-jacking' grass root initiatives developed here: 'We did all this long before it all got called social prescribing'.

### Choice Architectures

As well as uneven distribution of types of pressure and harms, there are those of opportunity and risk. The ability to take risks is mediated by uneven distributions of (pre-existing) social privilege and advantage. Some people are more able to 'be creative' than others and are better placed to be able to articulate culture on their own terms. 'Culture is something that working class people do not always feel belongs to them' (Tracey Daley). Those on benefits, Louise Fazackerley contests, can choose between being labelled either as knowing 'cheats' or innocent 'victims' - as neither of these two negative options constitute a positive choice. Her act of naming this reductive quandary clarifies some of the 'choice architecture' available to those labouring under unequal conditions of agency.

In her critique of compassionate conservatism, Lauren Berlant argues, that great faith is placed, by neoliberal politicians, in local voluntary institutions (over and above) the welfare state. 'The problem of social interdependence is no longer deemed structural but located in the faith that binds to itself a visible, lived-in community' (Berlant, 2004: 4). She points to a profound error in the 'presumption that the local is the same thing as the communal, both experientially and institutionally' and points to those people able to *come forward* for help (Berlant: 2004: 5). Berlant's observations - though made in a US context - appear very apposite to the current context of GM where similar faiths have been invested in working class communities in Wigan, the source of 'community solutions' to the problem of ill-health caused by policies of austerity.

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<sup>267</sup> But it also became more observable over the course of the three year research period at a national political level (where its importance was underlined by lack of progress towards a deal with the EU).

Wigan stands out from the other case studies examined as the site where the interwoven strands of Arts and Health and devolution in GM are most problematically evident. Charged with implementing cuts in 2011, Chief executive Donna Hall reports that she decided on a 'different way of managing' the crisis of austerity. Council leaders based here quickly came to the conclusion that 'the cavalry are not coming' (meaning there was no prospect of a Labour government being elected.) Rather than protect universal services and 'make do and mend', Wigan Councillors agreed with Hilary Cottom's assessment that the welfare state was broken 'beyond repair'.

As a result, Hall and her colleagues sought to both dismantle the system and try to build new types of support structure through acts of de-institutionalisation. These terms were explicitly spelt out as both 'creative' and 'risk taking' and have been actively extended, post city-devolution, to recruit Arts and Health as a 'critical link' in this approach - one of Red Toryism, (Blond, 2014). Author Will Davies, has characterised this ideology as one of 'neo-communitarianism' (Davies, 2015). While it builds on co-operative traditions that counter liberalism's emphasis on individuality and the devaluation of community - it also encompasses elements of critique. Retaining aspects of neoliberal thinking, Davies argues, this shift can be seen as one that moves:

....away from the generalisable presuppositions of neoclassical economics, and towards more psychological interest in behaviour, wellbeing and *the cultural nature of economic activity*, including markets (Davies, 2015: my emphasis).

It is the 'cultural nature of economic activity' that comes across so powerfully in the study of Wigan which saw the introduction of a 'psychological contact' for citizens through The Wigan Deal. In creating their own local interpretation of national policies of austerity, Wigan Council executives adapted to the logics of 'capitalist realism', not to seeking possible alternatives, so much as pursue a novel integration (Fisher, 2009).<sup>268</sup> Perhaps seeking to gain some autonomy

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<sup>268</sup> Such 'realism', Mark Fisher asserted, was originally constructed out of Margaret Thatcher's belief that 'there is no alternative'. This viewpoint now encompasses a wider global dimension through which all collective futures are sacrificed to one end: 'It is easier to imagine the end of the world than imagine the end of capitalism' (Fisher, 2009).

through such manoeuvres, short term measures to control costs were weighed against longer-term structural reforms - with investment placed in re-training arts professionals to take on more entrepreneurial approaches to risk. Director of Social Care in Wigan, Stuart Cowley, openly states how Wigan Councillors did not join other Labour councils in the country to attend mass protests 'down Whitehall'. (By implication, pointless displays of political difference.) Instead they decided to undertake an insurrection at home 'where the heart is', <sup>269</sup> stealing (back) elements of Cameron's 'compassionate conservatism' to claim as their own. Rather than champion a 'Big Society', Hall offers small communities as exemplars of Northern 'grit' or spirit.

The question of whether this strategic response to austerity is merely semantic or substantive, is a matter of legitimate debate. The 'success' of the Wigan Deal is not a question that can be foreclosed through any prior insistence that 'The Wigan Deal is not a vacuous marketing campaign' nor 'a way of making austerity palatable' (Hall, 2015). The empirical evidence for improved health outcomes in the Borough of Wigan remain inconclusive and non-attributable. 'Disentangling the effects of multi-component austerity packages is highly challenging. Attempts to do so will always run into concerns about attributing cause and effect over long period of time' (Ellins et al, 2014: 5).

Additionally, there may be other grounds for critical scrutiny - for example, that it represents a 'shallow' application of Asset Based Community Development, one whereby 'assets are identified and built on, but in ways that result in short-lived and 'feel-good' initiatives that do little to change the circumstances of people's lives' (Graham-Gibson, 2017: 57). Time may yet tell the nature of this intervention - beyond the submission date of this PhD - and the 'transition' period put in place to secure GM's new way of working, due to end March 2020.

What is more easy to show is how this localised, Northern re-faming of the Big Society builds on self-representations which empower working people to be resourceful in the face of adversity (if not always able to act concertedly through collective political action under the banner of 'class struggle'.) <sup>270</sup> The Northern

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<sup>269</sup> The title of a public health report published by Wigan Council.

<sup>270</sup> Mark Fisher believes that class had become depoliticised in these conditions (Fisher, 2001)

performer, Kate Fox, describes *The Northernness effect* - as one which cuts both ways in terms of leadings to both positive and negative affects. Her concept proved a useful analytical tool in this research: it points to how 'cultural' values are being performed by actors in this region. Wigan has become the site, I would argue, of new 'more *culturally attuned*' forms of neoliberalism, more sympathetically specific to 'variations' in 'how they are built and regulated' through local institutions (Davies, 2015). Fox's concept of The Northernness effect shows how it is possible for authenticity be co-opted as a 'truth-effect' (Walsh, 2017) in this unfolding culture war for people's 'hearts and minds'. The affects of sincerity and authenticity have been weaponised in Wigan. While in Llandudno, weapons of war have been put to unlikely use as the authoring instruments of heartfelt warmth (as when the Red Arrows drew a heart in the sky with their vapour trails in an act of 'beautiful trouble'). Both these tangled discourses mix threat of force with displays of love and loyalty, serving to instil feelings of fear as well as those of pride.

Policy discourses centred on 'place' shift feelings of pride - from a political-military register - into an economic one. Armed Forces Day was presented by the Labour Welsh Government as an event that would bring inward investment into Wales. This was a narrative that local councillor, Aaron Wynne, admitted was hard to resist, as he wanted inward investment too, but *not on these terms*. Again, this is a choice which was presented as a stark one between two opposite alternatives, rather than as the basis of any type of negotiated 'deal'. The emotional investment in the nation state - re-cast as a branded firm - demands new kinds of sacrifices, author Wendy Brown suggests:

Today, as economic metrics have saturated the state and the national purpose, the neoliberal citizen need not stoically risk death on the battlefield, only bear up uncomplainingly in the face of unemployment, underemployment, or employment unto death (Brown, 2015: 218)

New kinds of 'sacrifices' are being demanded by governments today to replace those made to troops in the second world war - those which urged them to 'Fight For Your Britain' (see page 13). The new ongoing 'economic war' for global trade is 'relentless' Michael Heseltine once affirmed by way of promoting regional

devolution. 'Every one of us needs to rise to the challenge. Because if we don't, our competitors will' (Heseltine, 2012: 8). The health of the economy thus triumphs over the needs of the health of citizens because 'Failing to run a sound economic policy is the most unkind, uncaring thing a Government can do... it's always the poorest who suffer when the economy fails' (Osborne, 2015).

#### More similar than different

Rather than 'place' acting solely as a unifying force, it acts as a motif allowing internal differences - those of social and economic inequality - to be effectively suppressed - in favour of a focus on external threats. These calculated displays mediate the question of who must shoulder the blame and pay the cost for certain economic and political choices. They serve to warn those who observe them to be on the 'right side' of certain fences and loyalties or else suffer the annihilating consequences. They invert cause and effects - around who needs to feel ashamed about their behaviour and who doesn't, who is able to feel pride and who is not.

Key to de-activating this divisive discourse is the larger issue of locating where responsibility for decision-makings actually rests - whether projected onto our leaders (through representative democracy) or dispersed amongst ourselves (as 'the people'). Devolution complicates this issue, with local political representatives being granted some responsibilities, not others. This makes it difficult to judge who is to blame for making certain bad decisions as well as how decisions, once made, impact beyond their immediate context. (Conversely, it also makes it difficult to judge who is making good decisions too).

Devolution, then, is a system of government remarkable for representing a 'different way of doing things' across North Wales and GM that this research shows to be, in effect, remarkably similar. Both are dominated by a 'monotone' political culture where the Labour party has held monopoly on power over a long period of time. The sense of there being no capacity or room for opposition aligns with those who critique devolution in GM on the basis that it allows local leaders to avoid taking responsibility for local issues (as much as it claims to enable more accountability). The council is 'directly to blame' for many bad local decisions,

GM activist Los Kaye insists (opposing the accelerated luxury property development around Canal Street). He believes that 'there is a culture of shirking responsibility' amongst GM leaders (Kaye, 2015). Kaye argues that it is not possible to assert the value of devolved responsibility on the one hand, without also taking responsibility of its harmful effects on the other. This is something that certain leaders across GM and in wales are reluctant to do, preferring to pass on the cause of the any contentious trouble to those who live elsewhere. Los Kaye, for one, awaits a political leader in GM with 'the vision and courage to fight the right battles' instead of carrying on phoney wars with Westminster politicians. As much as local GM leaders are tied into a subordinate relationship with those in Westminster, the risk persists of replicating inequality, turning forms of local government into mini Westminsters.

#### A 'critical link'?

These battles are ones which involve Arts and Health - a field of practice which has been enlisted as a 'critical link' (Donna Hall) amongst a nested set of agendas in GM which include a 'strengths-based' approach to public health combined with 'place-based' interpretations of local cultural 'ecologies'. Based on the research findings, this connective role is not one that those in Arts and Health should uncritically adopt - without also paying due attention to critical (counter) discourses which carefully detail risks of widening inequality within all of these these approaches (Friedli, 2012; Moriarty 2017).

However, commitments around values and principles to social justice can be difficult to express in an environment where they are so marshalled by forces of social conformity and also so deceptively disguised. Those at Wigan Council present their strategy of The Wigan Deal as an advantageous camouflage able to avoid ideological impediment. Gaining 'bi-partisan support... has been helpful', the Kings Fund report on The Wigan Deal states. 'The Deal is a broad concept that can be framed in ways that appeal to people in various roles and on both sides of the political divide' (Naylor & Wellings, 2019: 41). One councillor in Wigan is quoted as seeing The Deal as embodying 'socialist principles' while another Conservative Councillor is quoted as saying that it embodies 'conservative values'.

These positions mingle to become part of the same subtly variegated culture. Ambiguities around whose values belong to which party, and what principles underly these choices, may prove political advantageous for those pushing *The Wigan Deal*. But they profoundly undermine citizen's ability to make meaningful democratic choices.

The choices and commitments made by those within Arts and Health appear to have been made as a *fait accompli* without reference or consultation amongst the wider base of those who constitute the field as practitioners. The de-facto 'leader' of the Arts and Health in the London parliamentary sphere - the cross-bench peer Lord Howarth - also speaks of 'culture change'. In 2016, speaking of the Creative Health report in Chester, he asked: 'How, then, are we to bring about a culture change that will enable the arts to take the place they should have in healthcare?' Rather than spell out what this might look like in practice, he emphasised the importance of heeding Michael Marmot's underlying analysis of the 'social determinants of health,' - the factors that most influence the quality of people's lives, the social 'conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.' Howarth adds art and culture into this mix, claiming that it represents 'a radical proposition,' which 'one would expect to be uncongenial to neoliberal politicians' (Howarth 2017).

The accounts of 'culture change' in GM given in the preceding chapters suggest that Howarth's claim to radicalism is not so easy to make. Marmot's own political commitments have been questioned by close colleagues in the field of epidemiology as being *overly congenial* to politicians of a neoliberal persuasion. Researchers Danny Dorling and Kate Pickett, note how while there is 'abundant evidence on the importance of the social determinants of health,' what 'is missing is the political courage to deal with the root causes of those social determinants' (Pickett & Dorling, 2010: 1233). They detect a downplaying of the social ills caused by social inequality in Marmot's work. 'Although the Marmot Review opens with a revolutionary quotation' it is a (re)presentation of older policies from the Black report, that are now, in the current political climate, 'unlikely to scare the horses' (Pickett & Dorling 2010: 1234).

Howarth's claim to radicalism - like Marmots' to revolutionary intent - suggests that Arts and Health is not so 'uncongenial' to neoliberal values if shaped in a way that continually serves to underplay social inequality (including those embodied by its own institutional structures). The key part of Howarth's sentence are the worlds, 'one would expect'. For there is an *unexpected* element to how devolution has been used to implement policies of austerity in the poorest regions of the North West, by Labour councils. As one ex-manager in GM put it: 'I am not sure how they get away with it.' But I think the case studies undertaken for this research can help explain how 'they' do.

Manchester City Council continue to adopt an approach that 'all investment is good investment' (Richard Lease) while turning areas of the city into what some people living in central Manchester now dub 'Manc-hatten'.<sup>271</sup> Controversy over high value residential developments in the city centre reached a peak in 2019 after one architect claimed that 'there aren't enough expensive homes in the city' despite 'most Mancunians thinking that the opposite was true' (Wainright, 2019). As the New York political activist, Sarah Schulman, puts the point, these are not merely questions around the processes of urban development but ones that involve the 'gentrification of the mind' (Schulman, 2013). The Kings Fund report on the Wigan Deal shows in precise detail, how 'hearts and minds' have been captured by initiatives instigated by local authority managers and leaders.

The intention to 'build a new culture' is set out very explicitly here, along with the methods needed to bring it about. A 'constant reinforcing of messages' is advised, whereby managers 'set the tone from the top'. Praise can be usefully given to those council employees who 'exemplify the ethos of the Wigan Deal through their work' - and by implication, *withheld* from those that don't. This selective approach to the treatment of the workforce extends to how new staff are better recruited based on 'values' not 'skills' (Naylor & Wellings, 2019: 30). Most revealing of all perhaps is what the 'roll out' of The Deal says about how it deals with opposing points of view in relation to austerity:

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<sup>271</sup> <https://www.theguardian.com/artanddesign/2019/oct/21/welcome-to-manc-hattan-how-the-city-sold-its-soul-for-luxury-skyscrapers>

The rollout of the Deal across the council was carefully planned to pre-empt potential opposition, for example around the accusation that asset-based working was simply a way of making cuts to services seem more palatable (Naylor & Wellings, 2019: 33)

Those 'accusers' deemed to have 'pushed back' were 'carefully managed' (ibid 33). Far from being 'persuaded', as this reports suggests the residents of Wigan have been by The Deal, these are covert, top-down processes of 'thought-leadership' and more akin to bullying than persuasion, less gentle 'nudges' than hard shoves. One GP in Wigan is quoted in the report as saying how the language of the Wigan Deal is 'raising antibodies' amongst his colleagues in the NHS. The report notes darkly, in response to this expression of aversion, that NHS partners are still 'in the process of articulating how the principles of the Deal might apply to their work' (Naylor & Wellings, 2019: 34).<sup>272</sup>

These rationales express themselves in certain fearful affects - anxiety around saying the wrong thing, or else damaging ones working reputation or livelihood. They are affects not confined to Wigan, but those also found in Llandudno in relation to private interests as well as public ones. 'We have to be careful'. Little distinction is made between 'consumers' and 'citizens', categories which have been eroded over time. These are 'privately capitalised and mixed economy models of cultural and social organisation,' that although taking place on a global scale, have 'specific local effects' (Philips, 2015: 35). And as the work of Lynne Friedli shows, a focus only on failings of the state can serve to ignore the destructive effect of corporate and private interests. 'Blaming the public sector – the public services that are both picking up the pieces and picking up the tab – provides ideological support for the retreat of state provision and let unregulated free market capitalism off the hook,' (Friedli, 2012: 8).

#### Intentionality & tone

The case studies presented in this thesis here can be read alongside what have been termed 'grounded accounts' of neoliberalism - which steer away from interpretations of this term as a 'top down imposition of ideologically motivated

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<sup>272</sup> Donna Hall left her role as leader of council in 2018 and is now Chair of Bolton NHS Foundation Trust.

neoliberal policy' by central government'. Instead, these accounts of the implementation of neoliberal policy trace 'local trajectories of political economic development' (Weaver, 2019: 3). Such granular accounts are able to detect 'the specific processes by which ideas take root amongst political elites and rendered into policy proposals' (Weaver, 2019: 4). Weaver calls these battle zones the 'urban trenches'. Grounded accounts show how certain ideas take hold over others not so much by design but through 'default' positions. In GM, the research indicates how these are enabled and facilitated by the 'tone' of the discourse that is set by those 'at the top', which creates the *habitus* (Bourdieu, 1984).

This is where the methodology chosen to undertake this research has proven so valuable as it has allowed an examination of these tones and atmospheres in a way that was impossible to imagine at the outset. As shown (in chapter 3), 'atmospheres' can be understood as 'a sensorial and affective quality widespread in space. It is the particular tone that determines the way one experiences her surroundings' (Griffero & Moretti, 2018). The study of atmospheres makes possible 'the range of unintentional or involuntary experiences and, in particular, those experiences which emotionally "tonalize" our everyday life' (Griffero & Moretti, 2018).

This method has proven an invaluable tool for being able to relate my experience as a researcher to the policy approaches taken by key policy makers in GM - which set out directly on 'set tones' (Hall) and make emotional appeals to publics in GM (Higgins).<sup>273</sup> This has enabled me to learn how atmospheres are both unintentionally as well as *intentionally created* and produced. As some researchers have suggested, the study of atmospheres can enable us to 'critically evaluate them, thus avoiding being easily manipulated by such feelings' (Griffero & Moretti, 2018). This thesis hopes to draw and allow attention to how these particular affective strategies have been deployed in the service of 'culture change' in GM and North Wales and to open up discussion of whose interests these particular culture changes best serve.

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<sup>273</sup> Observing events at the World Healthcare Conference in GM, it was possible to see this 'habitus' as described by Pierre Bourdieu, a distinct set of actors operating within a specific GM milieu. Bourdieu famously compared the social world to that of fish in water. 'When habitus encounters a social world of which it is the product, it is like a "fish in water": it does not feel the weight of the water, and it takes the world about itself for granted'.

At the end of the case study based in Central Manchester, I offered Mark's Prest's own private performance of lucid happiness as one differently constructed to (my) experience of the collective organisation of 'cheer' in Wigan. But such comparisons inevitably raise further questions around which 'happy feelings' can be seen as authentic and which can be seen as false. Debates around 'faking civil society' - laid out by Dave Clements and others in response to New Labour policy - had been superseded by new acknowledgements around how misinformation is spread through 'fake news', part of so-called 'post-truth' political discourses. Taking place against the background of the EU negotiations from 2016-2019, this research can be retrospectively be situated amongst these wider narratives which attempt to describe the role for emotions in contemporary politics, making sense of 'nervous states' (Davies, 2019).

### Art & Artists

The 'artist' in these accounts emerges as a problematic figure. The idea that the artists hold a special status as an agile, flexible free agent, has been usefully undermined within the traditions of Arts in Health which instead emphasis 'cultural democracy' and everyday forms of creativity. In this sense, creative practitioners cannot be accorded special status as either 'missionaries' or 'imaginaries' so much as all-too-human people facing particular kinds of constrictions while working within the Arts and Health settings. These settings can serve to 'enstrangle' a sense of agency as much as offer liberating or empowering affects for participating publics (Schrag, Shaw, Williams, 2020).

With this caveat in place, the reflexive (art) practices, such as those described in Chapter 7, may offer a way to link personal truths and political states which do not depend upon essentialist readings of identity based on place or locality. Art practices can offer a range of languages and forms of expression through which identities can be re-established following on from difficult life events, including those of trauma or illness. Some of the projects discussed gave participants the permission and means to explore their feelings in way that were different from therapy, allowing them to test less fixed identities and versions of themselves. 'Dance wasn't something I thought I would ever do' (Tony, ex-serviceman).

The art critic Maria Walsh claims that new 'truth-effects' have emerged in response to the combined forces of digital technology and neoliberal capitalism. 'There was a time in the not too distant past when in theory at least, claiming the truth of one's identity was viewed with suspicion', observing a desire for authenticity (Walsh, 2018). Truth, according to poststructuralist readings, was 'at best provisional, at worst deceptive or even damaging, as its profession disavows the internal opacity of the subject, projecting it outwards in witting or unwitting acts of domination and exclusion of others' (Walsh, 2018: 3). In the performance of sincerity, she detects a dependency 'on others to validate their authenticity, regardless of the interior life of the speaker' (Walsh; 4). She leaves open the question of as to whether therapeutic narratives: 'simply solder the self to the reduction of identity to cliché and branding that circulates in consumerist capitalism or whether there might be a more socially transformative potential to 'heartfelt' performances in which sincerity is acted out' (Walsh: 5).

While it is well beyond the scope of this thesis to resolve these this question, such critical approaches leave open acts of creative performance as sites than contain useful uncertainties rather than conclusive enclosures. These are the same potentials for 'performance affects' which the theatre critic, James Thompson, also claims as 'vital' in providing 'resources for combatting the negative effects of the worlds in which people live' (Thompson, 2009 : 8). Such vitalising affects can be deployed in response to the deadening effects of contemporary politics, he argues. Art can act as a 'protective force' which enables people to tolerate suffering, 'not so that they become immune to it, but so they have the energy to continue to resist', (Thompson, 2016: 2).

His point seem pertinent to thinking about how those in Arts and Health might resist the 'organisation of misery' (Neruda, 1972) and avoid the arts being offered as amelioration or consolation by both national and local governments keen to abnegate their (devolved) responsibilities. These affective distinctions are important when one considers the options open to people experiencing distress, with consumption and consumerism offered as solutions, not problems. Author Darren McGarvey powerfully suggests it is painful feelings which 'drive much of the self-defeating consumer behaviour that delivers adrenalin to the very heart of the economic system' (McGarvey, 2017: 111). Rather than absolve people of

responsibility, through referencing hidden, abstract forces beyond our reach or influence ('neoliberalism'), he recommends that individuals and communities take a role in shaping 'the circumstances that define our lives', (McGarvey, 2017: 112).

Gaining a better understanding of the ways in which culture changes have been mobilised across the regional human geographies of GM and north Wales might provide the *first steps* towards necessary changes in thinking, practice and strategy for those at work within Arts and Health. This thesis then attempts to open up this discussion and reclaim the reflexive, ethical, and political potentials of arts practices that fall under the 'Arts and Health' category. This is an essential task when thinking about how Arts and Health can avoid becoming enlisted as a fig-leaf to cover-up social ills and instead become a means by which uncomfortable truths might be acknowledged. While not making us happy, or even always keeping us well, such acknowledgements of social suffering can allow them to be named, shared, relieved and potentially collectively addressed.

## BIBLIOGRAPHY

Abercrombie, R., Harries, E. & Wharton, R. (2015) Systems Change and How To Do It. Lankelly Chase Foundation.

ACE, (2015) Great Places Scheme. <https://www.greatplacescheme.org.uk>

ACE (2015) Everyday Creativity. 64 Million artists, ACE. <https://www.docdroid.net/9HEVtmk/everyday-creativity.pdf>

ACW (2018) Arts and Health in Wales: A Mapping study of current activity. Volume 1: Analysis, findings and proposals.

ACW (2009) Arts in Health and Wellbeing An Action Plan for Wales. <http://www.artshealthresources.org.uk/wp-content/uploads/2017/02/2009-Arts-in-Health-and-Well-Being-An-Action-Plan-for-Wales.pdf>

Adamson, E. (1984) Art as Healing: Edward Adamson. The Adamson Collection. London: Coventure.

Ahmed, S. (2004) The Cultural Politics of Emotion, Taylor & Francis. London.

Ahmed, S. (2010) The Promise of Happiness. North Carolina. Duke University Press.

Allmendinger P., Haughton G, (2009) 'Soft spaces, fuzzy boundaries, and metagovernance: the new spatial planning in the Thames Gateway. Environment and Planning A 41. 617- 633.

All Party Parliamentary Group on Arts Health and Wellbeing (2017). Creative health: The arts for health and wellbeing. Retrieved from [http://www.artshealthandwellbeing.org.uk/APPG-inquiry/Publications/Creative\\_Health\\_Inquiry\\_Report\\_2017\\_-\\_Second\\_Edition.pdf](http://www.artshealthandwellbeing.org.uk/APPG-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf)

Amin A, Massey D, Thrift N, 2003 Decentering the Nation: A Radical Approach to Regional Inequality (Catalyst, London)

Amin, A. (2004) Regions Unbound: Towards A New Politics of Place. Geografiska Annaler. Volume 86, Issue 1. Pages 33-44.

Anderson, B. (2009) Affective Atmospheres. *Emotion, Space and Society* 2. 77–81.

Andrews, K. (2014) Culture & Poverty, harnessing the power of the arts, culture and heritage to promote social justice in Wales. <https://gov.wales/culture-and-poverty-report-baroness-andrews-report>

Angus, G., Duff, C (2019) Matter beginning to matter: On posthumanist understandings of the vital emergence of health. *Social Science & Medicine* Volume 226, April 2019. 123-134.

- Angus, J. (2002). A Review of Evaluation in Community-Based Art for Health Activity on the UK, CAHHM, Health Development Agency, London.
- Antink, B. (2019) Our towns have not been left behind they have been actively excluded. Royal Society Arts. <https://www.thersa.org/discover/publications-and-articles/rsa-blogs/2019/05/left-behind>
- Antonovsky, A. (1979). Health, Stress and Coping. San Francisco: Jossey-Bass.
- Amin, A., Massey, D., Thrift, N. (2003) Decentering the national: a radical approach to regional inequality. Catalyst, London.
- Arts for Health (2012). Art and Health Manifesto Part 2. UK: Manchester Metropolitan University. <http://www.artshealthresources.org.uk/docs/arts-and-health-manifesto-part-2/>
- Atkinson, S., Evans, B., Woods, A. & Kearns, R. (2015) 'The 'medical' and 'health' in critical medical humanities' Journal of Medical Humanities, Vol. 36: 71–81.
- Atkinson and Silverman (1997) 'Kundera's immorality: the interview society and the invention of the self,' Qualitative Inquiry, 3(3): 304-325.
- Aughey et al, (2011) Unique Paths to Devolution Wales, Scotland, and Northern Ireland. Institute of Welsh Affairs. Cardiff.
- Bachrach, L. (1978) A Conceptual Approach to Deinstitutionalization, Hospital & community psychiatry. Volume 29. Number 9. 573-578.
- Badham, M. (2010). Legitimation: The Case for 'Socially Engaged Arts'-Navigating Art History, Cultural Development and Arts Funding Narratives. Local-Global: Identity, Security, Community, 7, 84-99.
- Baker E., Edwards, R. (2012) How many qualitative interviews is enough? Expert voices and early career reflections on sampling and cases in qualitative research. ESRC.
- Bambra, C., Schrecker, T. (2015) How Politics Makes Us Sick: Neoliberal Epidemics. Palgrave Macmillan. London.
- Bates, V., Goodman, S., Bleakley, A (eds) 2014, Medicine, Health and the Arts: Approaches to the Medical Humanities. Routledge. Levitsky S., & Zald. M.,
- Bate, P. & Roberts, G. (2010) 'Bringing Social Movement approaches to Healthcare Practices in the English National Health Service.' Social Movements and the transformation of American Healthcare. Oxford University Press.
- Bebb, G. (2017) Growth Deal can revolutionise the North Wales economy. UK Government. <https://www.gov.uk/government/news/growth-deal-can-revolutionise-the-north-wales-economy>

- Bensen, A (2016) 'Health as a social movement - or just more jobs for the boys?' <https://www.opendemocracy.net/en/ournhhs/health-as-social-movement-or-just-more-jobs-for-boys/>
- Berlant, L. (2004) *Compassion: The culture and politics of an emotion*. The English Institute. Routledge. London.
- Berlant, L. (2011) *Cruel Optimism*. Durham, NC and London: Duke University Press.
- Bevan, A. (1945) 'We are the builders' election speech. Kynaston, David (2008) *Austerity Britain, 1945–51*. Tales of a New Jerusalem. London: Bloomsbury. Page 64.
- Bishop C. (2006) The social turn: collaboration and its discontents. *ArtForum*. 44(6).178–183.
- Bishop, C. (2013) *Artificial Hells: participatory art and the politics of spectatorship*. Verso Books. London.
- Black, D., Morris, J. N., Smith, C., & Townsend, P. (1992). Inequalities in health: The Black report. In P. Townsend, & N. Davidson (Eds.). London: Penguin.
- Blair, T. (1996) Leader's speech, Blackpool 1996. <http://www.britishpoliticalspeech.org/speech-archive.htm?speech=202>
- Blair, T. (1999) The Class War is Over. Speech to the Labour Party Conference. <http://www.britishpoliticalspeech.org/speech-archive.htm?speech=205>
- Blair, T. (2010) *A Journey*. Arrow Books. London.
- Blond, P. (2010) *Red Tory: How Left and Right Have Broken Britain and How We Can Fix It* Faber, London
- Blond P, & Morrin, M (2014). *Devo Max – Devo Manc: place-based public services*. London: ResPublica. Available at: [www.respublica.org.uk/our-work/publications/devo-max-devo-manc-place-based-public-services/](http://www.respublica.org.uk/our-work/publications/devo-max-devo-manc-place-based-public-services/) (accessed on 9 November 2016)
- Bloom, P. (2018) *Against Empathy: The Case for Rational Compassion*. Bodley Head Publishers. London.
- BMJ, (1984) Art in hospitals. Funding works of art in new hospitals. 289. 22-29.
- Bogdanor, V. (1976, 1999) *Devolution in the United Kingdom*. Oxford University Press.
- Boudreau, J. (2000) *Megacity Saga*. Black Rose Books. Montreal, Canada.
- Boston Women's Health Collective (1973) *Our Bodies, Our Selves*. > MOVE
- Bourdieu, P (1984) *Distinction: A Social Critique of the Judgement of Taste*,

London: Routledge & Kegan Paul.

Boyd, A., & Mitchel, D. (2013) Beautiful Trouble. A toolbox for Revolution. OR books. New York.

Braden, S. (1985) Artists and People. Gulbenkian Studies. Routledge & Kegan.

Briggs, A. (1965) Victorian Cities. University of California Press. Harper & Row.

British Medical Association (2016) Health in all policies: health, austerity and welfare reform. A briefing from the board of science.

Broderick, S. (2011) Arts practices in unreasonable doubt? Reflections on understandings of arts practices in healthcare contexts, Arts & Health: An International Journal for Research, Policy and Practice, Vol. 3: 95-109.

Broderick, S. (2015) (Mis)Interpreting Arts and Health: What (Else) Can an Arts Practice Do? Doctoral Thesis. Dublin Institute of Technology.

Brook, O., O'Brian D. & Taylor, M. (2017) Panic! Its an Arts Emergency! Social class, taste and inequalities in the creative sector. AHRC.

Brown, L. (2006) Is Art Therapy? Art for Mental Health at the millenium. Manchester Metropolitan University.

Brown T. & Moon G. (2000) Governmentality and the spatialized discourse of policy: the consolidation of the post-1989 NHS reforms. Royal Geographical Society. NS 25 65-76.

Brown, W. (2015) Undoing the Demos. Neoliberalism's Stealth Revolution. Zone Books. Near Futures. MIT Press. New York.

Burbidge, I. (2017) Outdated public services must empower people to achieve change. <https://medium.com/rsa-journal/outdated-public-services-must-empower-people-to-achieve-change-70d7c6a3f3f0>

Burke, E. (2017) Burke's Speech on American Taxation (classic reprint). FB&C Limited.

Burnham, A. (2018) Place-Based Integration and Whole Person Support: the Greater Manchester Model. <http://www.gmhsc.org.uk/wp-content/uploads/2018/10/Andy-Burnhams-public-service-reform-speech-2.pdf>

Butler, J. (1990) *Gender Trouble*. London: Routledge.

Butler J. (2009) Critique, dissent, disciplinarity. Crit Inq: 35:773–95.

Byrne, E. Elliot, E., Saltus, R. Angharad. J. (2015) The creative turn in evidence for public health: community and arts-based methodologies. Journal of Public Health, Vol. 40, Supplement 1, pp. i24–i30.

- Cadman, L. (2009) Nonrepresentational Theory/Nonrepresentational Geographies. In: Kitchen, R., Thrift, N., (eds.) International Encyclopedia of Human Geography (1st ed). Oxford, Elsevier, 456-463.
- Calvey, D. (2017) Covert Research: The Art, Politics and Ethics of Undercover Fieldwork, London: Sage.
- Campbell, B. (1984) Wigan Pier Re-visited. Poverty and Politics in the 1980s. Penguin Modern Classics. London.
- Cameron, D. (2010) Transcript of a speech by the Prime Minister on the Big Society. <https://www.gov.uk/government/speeches/big-society-speech>
- Cameron, D. (2010) Speech on Wellbeing. Cabinet Office. <https://www.gov.uk/government/speeches/pm-speech-on-wellbeing>
- Camic P. & Clift, S. (2016) Oxford Textbook of Creative Arts, Health, and Wellbeing. International Perspectives. Oxford.
- Camic, P. M., Tischler, V. & Pearman, C. (2014). Viewing and Making Art Together: An eight-week gallery-based intervention for people with dementia and their caregivers. *Aging & Mental Health*, 18 (2), pp. 161–68.
- Cartiere, C., & Hope, S., 2007. A Manifesto of Possibilities: Commissioning Public Art in the Urban Environment. London: LCACE and Birkbeck.
- Cartiere, C. & Hope, S. (2007) A Manifesto of Possibilities: Commissioning Public Art in the Urban Environment. London: LCACE and Birkbeck.
- Chakraborty, A. (2018) In 2011 Preston hit rock bottom. Then it took back control. <https://www.theguardian.com/commentisfree/2018/jan/31/preston-hit-rock-bottom-took-back-control>
- Chaney, P. & Fevre, R. (2001) VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations. Volume 12: 131. <https://doi.org/10.1023/A:1011286602556>.
- Chatterjee, H. & Noble, G. (2016) Museums, Health and Well-Being. Routledge. London.
- Clements, D. (2008) The Future of Community Reports of a Death Greatly Exaggerated. Pluto Press. London.
- Clift S, Camic P, Chapman B, Clayton G, Daykin N, Eades G, et al. (2009) The state of arts and health in England. *Arts & Health: An International Journal for Research, Policy and Practice* 2009; 1: 6–35.
- Clift, S., M. Camic, P., Chapman, B., Clayton, G., Daykin, N., Eades, G., et al. (2009). The state of arts and health in England. *Arts & Health*, 1(1), 6-35.
- Clift, P. & Clift, S. (2016) Oxford Textbook of Creative Arts, Health, and Wellbeing. Oxford.

- Cole, A. & Stafford I., (2015) *Devolution and Governance Wales Between Capacity and Constraint*. Palgrave MacMillian. Basingstoke.
- Cottam, H. (2018) *Radical help: how we can remake the relationships between us and revolutionise the welfare state*. London. Virago.
- Crossick, G., & Kaszynska, P. (2016). *Understanding the value of arts & culture. The AHRC cultural value project*. Swindon: Arts & Humanities Research Council.
- Crossley, N. (2005) *Making Sense Of Social Movements*. Open University Press. Buckingham.
- Danson, G. (2012) Devolution and the shifting political economic geographies of the United Kingdom. *Environment and Planning C: Government and Policy* 2012, volume 30, pages 1-9.
- Davies, W. (2015) *The Happiness Industry: How the Government and Big Business Sold us Well-Being*, London, Verso.
- Davies, W. (2012) The Emerging Neo communitarianism. *The Political Quarterly*, Vol. 83, No. 4, October–December. Blackwell Publishers. Oxford.
- Davies, W. (2019) *Nervous States. How feeling took over the world*. Vintage. London.
- Del Castillo, J., Khan, H., Nicholas, L., Finnis, A. (2016) *Health as Social Movement, The Power of People in Movements*, NESTA.
- Dembski, (2013) Fluid Spatial Imaginaries: evolving estuarial city-regional spaces. *International Journal of Urban and Regional Research*. 39(5) DOI: 10.1111/1468-2427.12211
- Department of Health (2007) *A Prospectus for Arts and Health*. [http://webarchive.nationalarchives.gov.uk/20150205141304/http://www.artscouncil.org.uk/publication\\_archive/a-prospectus-for-arts-and-health/\[20/08/2017\]](http://webarchive.nationalarchives.gov.uk/20150205141304/http://www.artscouncil.org.uk/publication_archive/a-prospectus-for-arts-and-health/[20/08/2017])
- Desmarais, S. (2016) *Affective materials: a processual, relational, and material ethnography of amateur group crafts practice in two arts-for-health settings*, PhD, University of the Arts, London.
- Devaney, C. (2014) Devolution: Are we heading in the right direction? *The Fabian Review*, Labour Conference edition, September 2014. <http://claredevaney.com/devolution-are-we-heading-in-the-right-direction/>
- DevoAPPG (2015) *The Union and devolution*. Select Committee on the Constitution. House of Lords. <https://www.parliament.uk/business/committees/committees-a-z/lords-select/constitution-committee/inquiries/parliament-2015/the-union-and-devolution/>
- Diedrich, L. (2016) *Schizophrenia, Epilepsy, AIDS, and the Course of Health Activism*. university of Minnesota.

Diedrich, L (2007) *Treatments, Language, Politics, and the Culture of Illness*. University of Minnesota Press.

Di Bello, P. (2018) *Misbehaving Bodies: Jo Spence and Oreet Ashery*. Exhibition catalogue. Wellcome Trust.

Diggory, P. (2017) Health and housing – An army of thinking practitioners. *Welsh Housing Quarterly: new ideas for Housing and regeneration*. <https://whq.org.uk/the-magazine/issue/104/an-army-of-thinking-practitioners/>

Doherty, C. (2004) *Out of Time, Out of Place*. Public Art (Now). Art Book Publishing. London.

Dorman, Butcher & Taunt, (2016) *Catalyst or Distraction? The evolution of devolution in the English NHS*. The Health Foundation. ISBN 978-1-906461-78-2.

Dorling, D. & Pickett, K. (2010) Against the organization of misery? The Marmot Review of health inequalities. *Social Science & Medicine* 71. pp 1231-1233.

Dose, L. (2006). National Network for the Arts in Health: lessons learned from six years of work. *The Journal of the Royal Society for the Promotion of Health* 126(3), 110-112.

Drakeford, M. (2012) *Wales in the age of austerity*. Cardiff University. Sage Publications.

Duff, C. (2015) Atmospheres of recovery: Assemblages of health. *Environment and Planning A*. Vol. 48(1) 58–74

Ehrenreich, B. (2010) *Smile or Die: How Positive Thinking Fooled America and the World*. Granta. London.

Ellins et al, (2014) *International responses to austerity*, The Health Foundation. London.

El Gingihy, Y. (2017) *How to Dismantle the NHS in 10 Easy Steps: the blueprint that the government does not want you to see*. Zero Books. London.

Engage Journal (2017) *Arts and Healthcare*. Number 30. <https://engage.org/journals/engage-30/>

Engels (2009) *The Condition of the Working Class in England*. Penguin Classics.

ESRC (2010) *Framework for Research Ethics* Swindon: ESRC. <https://esrc.ukri.org/files/funding/guidance-for-applicants/esrc-framework-for-research-ethics-2015/>

Etherington, D., & Jones, M. (2009) City-regions: New geographies of uneven development and inequality. *Regional Studies*, 43, 247–265.

Etherington, D., & Jones, M. (2016) Devolution and disadvantage in the Sheffield City Region: An assessment of employment, skills, and welfare policies. Sheffield.

Etherington, D., & Jones, M. (2016) The city-region chimera: the political economy of metagovernance failure in Britain. *Cambridge Journal of Regions, Economy and Society*, 371– 389.

Evans D.,(2018) Welsh devolution as passive revolution. *Capital & Class* 2018, Vol. 42(3) 489–508.

Evans, G. & Tilly J.,(2017)*The New Politics of Class. The Political Exclusion of the British Working Class.* Oxford University Press.

Fairclough, R. (2005) Peripheral Vision. *Discourse Analysis in Organization Studies: The Case for Critical Realism.* *Organization Studies*, 26, 915-939.

Fancourt, D. & Joss T. (2014): Aesop: A framework for developing and researching arts in health programmes, *Arts & Health: An International Journal for Research, Policy and Practice*, DOI: 10.1080/17533015.2014.924974.

Fancourt, D. (2017) *Arts in Health, Designing and Researching Interventions.* Oxford University Press.

Firth, R, (1983) Magnitudes and Values in Kula Exchange, in *The Kula: New Perspectives on Massim Exchange* (eds J W Leach and E Leach), Cambridge University Press, Cambridge.

Fisher, M. (2009) *Capitalist Realism: Is there no alternative?* Zero Books.

Fortnum, R., Fischer, E. (2013) *On Not Knowing: How Artists Think.* Black Dog Publishers.

Foucault, M. (1973) *The Birth of the Clinic: An Archaeology of Medical Perception.* Tavistock. London.

Foucault, M. (2005), *The Order of Things*, p. xxiii-xxiv. Routledge.

Fox, C. (2016) *Stand Up and Be (En)Countered.* Resistance in solo stand-up performance by Northern English women, marginalised on the basis of gender, class and regional identity. Leeds University.

Fraser, N. (2016) Contradictions of capitol and care. *New left review* 100. pp 99.

Friedli, L. (2012): ‘What we’ve tried, hasn’t worked’: the politics of assets based public health, *Critical Public Health*. DOI:10.1080/09581596.2012.748882.

Friedli, L. (2009). *Mental Health, Resilience and Inequalities.* Geneva: World Health Organisation.

Geertz, C. (1973) *Thick description: towards an interpretive theory of culture.* *The Interpretation of Cultures: Selected Essays*, New York: Basic Books, pp. 3–30.

Gibson, K., Mathie, A., Cameron, J. (2015) Asset-based and citizen-led development: Using a diffracted power lens to analyze the possibilities and challenges. *Progress in Development Studies* 17, 1. 54–66.

Gielen, P. (2013) *Institutional Attitudes: Instituting Art in a Flat World*. Valiz.

Gilbert, H., Peck, E. (2014) *Service transformation: Lessons from mental health*. The Kings Fund. [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/service-transformation-lessons-mental-health-4-feb-2014.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/service-transformation-lessons-mental-health-4-feb-2014.pdf)

Gillespie, R. (2002). Architecture and power: a family planning clinic as a case study. *Health & Place*, 8: 211-220.

Gilmore, A. (2016) Why arts and cultural policy matter in the devolution debate, Manchester University Policy Blogs, <http://blog.policy.manchester.ac.uk/urban/2016/04/why-arts-and-cultural-policy-matter-in-the-devolution-debate>

Gilmore, A. (2013) Cold spots, crap towns and cultural deserts: The role of place and geography in cultural participation and creative place-making. *Cultural Trends*, 22:2, 86-96.

Goffman, I. (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York, Doubleday.

Gordon-Nesbitt, R. (2015). *Exploring the Longitudinal Relationship Between Arts Engagement and Health*. Manchester: Arts for Health.

Graham Gibson, J.K. (2006) *The End of Capitalism (as We Knew It): A Feminist Critique of Political Economy*. University of Minnesota Press.

Graham Gibson, J.K. (2013) *Take Back the Economy: An Ethical Guide for Transforming Our Communities*. University of Minnesota Press.

Gibson-Graham, J. K. (2014) Rethinking the Economy with Thick Description and Weak Theory. *Current Anthropology* Volume 55, Supplement 9. 147-148.

Green, (1987) *The New Conservatism: The Counter-Revolution in Political, Economic, and Social Thought*. Cambridge University Press.

Greer, S. (2004) *Four Way Bet: How devolution has led to four different models for the NHS*. The Constitution Unit. London. [www.ucl.ac.uk/constitution-unit/](http://www.ucl.ac.uk/constitution-unit/)

Greer, S. (2009) *Devolution and Social Citizenship in the UK*. Bristol: Policy Press. Cambridge.

Greer, S. (2009) *The Rise and Fall of Territory in UK Health Politics. Federalism and Decentralization in European Health and Social Care*. Palgrave & MacMillan.

Griffero & Moretti (2018) *Atmospheres / Atmospheres : testing a new paradigm*. Mimesis International.

Gulbenkian Foundation (2017) Re-Thinking Relationships. Inquiry into the civic role of arts organisations. Part One. <http://civicroleartsinquiry.gulbenkian.org.uk/wp-content/uploads/2017/07/Civic-Role-of-Arts-Phase-1-REPORT-SINGLE-PAGES-5-7-17.pdf>

Haldane, D. & Loppert, S. (1999) *The Arts in Healthcare: Learning from Experience*. The Kings Fund. London.

Hall, D. (2015) 'Asset-based place: just do it!' <https://www.scie.org.uk/strengths-based-approaches/blogs/asset-based-just-do-it>

Hallam, E., & Ingold, T. (2007). *Creativity and cultural improvisation*. Oxford: Berg.

Hammersley, M. (2019) *Creeping Ethical Regulation and the Strangling of Research*. The Open University. *Sociological Research Online*, 15 (4) 16/

Hammond, P. (2016) *The Northern Powerhouse Strategy*. HM Treasury. Crown Copyright.

Hancock, M. (2018) *The power of the arts and social activities to improve the nation's health*. Department of Health and Social Care. <https://www.gov.uk/government/speeches/the-power-of-the-arts-and-social-activities-to-improve-the-nations-health>

Hanson, S. et al, (2016) *The Northern Poorhouse*. Manchester Left Writers Group.

Haraway, D. (1988) *Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective*," *Feminist Studies* 14, no. 3.

Harris, J. (2009) Philip Blond: the man who wrote Cameron's mood music. <https://www.theguardian.com/theguardian/2009/aug/08/phillip-blond-conservatives-david-cameron>

Harrop, D. (2017) *DevoManc anniversary gives little cause for celebration*

Harvey, A. (2016) *Funding Arts Culture in a Time of Austerity*. New Local Government Network. The Arts Council.

Harvie, J. (2013) *Fair Play, performance and neoliberalism*. Performance interventions. Plagrove. London.

Hechter, M. (1975) *Internal Colonialism: The Celtic Fringe in British National Development, 1536–1966*. University of California Press.

Heseltine, M. (2012) *No Stone Unturned*. London: Department for Business, Innovation and Skills. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/34648/12-1213-no-stone-untuned-in-pursuit-of-growth.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/34648/12-1213-no-stone-untuned-in-pursuit-of-growth.pdf)

Hibbard, J. Gilbert, H (2014). Supporting people to manage their health: an introduction to patient activation. The Kings Fund.

Higgins, A. (2016) Live Well, Mark Art, Royal Society of the Arts blog. <https://www.thersa.org/discover/publications-and-articles/rsa-blogs/2016/08/live-well-make-art>

Hill, A. (1948). Art versus illness, a story of art therapy.

HMSO (1997) New NHS, Modern, Dependable.

HM Government (2012) Unlocking Growth in Cities: City Deals Wave1. London: HM Government.

Hoffman, B. (2003) Health Care Reform and Social Movements in the United States. Am J Public Health. 2003 January; 93(1): 75–85.

Hogan, S. (2001) Healing Arts: The History of Art Therapy. Jessica Kingsley Publishers. London.

Holden, J., (2004) Capturing Cultural Value. How Culture has become a tool of government policy. London. DEMOS.

Holland and Hamilton, (2015) New NICE guidance on dual diagnosis: sterile or infectious? <https://www.nationalelfservice.net/mental-health/substance-misuse/new-nice-guidance-on-dual-diagnosis-sterile-or-infectious/>

Holland, M. (2014) Case Studies -Psychosis and Substance Use. Dual Diagnosis

Hope, S. (2011) Participating in the 'Wrong' Way? Practice Based Research into Cultural Democracy and the Commissioning of Art to Effect Social Change. Birkbeck. PhD.

Hope, S. (2019) 'From Community Arts to the Socially Engaged Art Commission.' Culture, Democracy and the Right to Make Art: The British Community Arts Movement. . London: Bloomsbury Methuen Drama, 2017. 203–222. Bloomsbury Collections. Web. <<http://dx.doi.org/10.5040/9781474258395.ch-010>.

Howarth, A. (2017) Dancing to a Different Tune: The Contribution of Arts to Health. Haygarth Lecture, University of Chester. <https://www.chester.ac.uk/node/41127>

Hume, V. (2018) Into the future with our eyes open. London Arts in Health Forum blog (LAHF). <https://lahf.wordpress.com/2018/09/20/into-the-future-with-our-eyes-open/>

Iles A., & Slater, B. (2010) No Room to Move: Radical Art And The Regenerate City.

Illich, I. (1979) Medical Nemesis : the Expropriation of Health. Bantam Books.

Ingold, T. & Hallam, E. (2008) Creativity and cultural improvisation. Association of Social Anthropologists Monographs. Berg Publishers.

Jackson, R. (2012) Charter for Arts in Health, London Arts Health Forum. <http://www.artshealthandwellbeing.org.uk/sites/default/files/A%20Charter%20for%20Arts,%20Health%20and%20Wellbeing.pdf>

Jackson, S. (2011) Social Works: Performing Art, Supporting Publics. Routledge. London.

Jenkins, S. (2015) The secret negotiations to restore Manchester to greatness. Guardian Long Read. <https://www.theguardian.com/uk-news/2015/feb/12/secret-negotiations-restore-manchester-greatness>

Jessop, B. (2012) Cultural Political Economy, spatial imaginaries, Regional Economic Dynamics, CPERC Working Paper, 2012-2. Lancaster University.

Johnes, M. (2019) Wales: England's Colony? The conquest, assimilation and re-creation of Wales. Parthian. London.

Johnson, B. (2019) Speech to Party Conference in Manchester. <https://blogs.spectator.co.uk/2019/10/full-text-boris-johnsons-tory-conference-speech/>

Joice, K. (2017) Reviewing Laing's 'Asylum' in the Age of Neuroscience. <http://www.bbk.ac.uk/hiddenpersuaders/blog/tag/film-and-psychiatry/>

Jones, C. (2014) 'St George's Eve Parade at the Dragon Cafe'. Radical Anthropology. No 21. [http://radicalanthropologygroup.org/sites/default/files/journalra\\_journal\\_nov\\_2013\\_17-21.pdf](http://radicalanthropologygroup.org/sites/default/files/journalra_journal_nov_2013_17-21.pdf)

Jones, M. (1992) Beyond Identity? The Reconstruction of the Welsh. Journal of British Studies. Vol. 31, No. 4, Britishness and Europeaness: Who Are the British Anyway? (Oct., 1992), pp. 330-357.

Joss, T. (2008). New Flow, A Better Future for Artists, Citizens and the State. Mission Models Money. Online. [www.missionmodelsmoney.org.uk](http://www.missionmodelsmoney.org.uk).

Joss, T (2014) Healthy evidence. <https://www.artsprofessional.co.uk/magazine/273/feature/healthy-evidence>.

Joss, T (2016) Arts in Health Conference & Showcase for health. Aesop. <https://ae-sop.org/conference-showcase/>

Kagan, C., Sixsmith, J., Lawthom, R., (2007) Interrogating Power: The Case of Arts and Mental Health in Community Projects. J. Community Applied Sociology Psychology, 17: 268–279. Wiley and Sons.

Kahn et al, (2013) People Powered Health, By People, For People, With People, NESTA.

Kaye, L. (2015) Manchester should be everything London is not. <https://www.theguardian.com/uk-news/the-northerner/2015/jan/06/manchester-should-be-everything-london-is-not/>

Kelly, O. (1983) *Community, Art, and the State: Storming the Citadels*. Comedia.  
Kester, G. (2004) *Conversation Pieces: Community and Communication in Modern Art*. University of California press.

Kieffer, J. (2013) Towards Plan B: a different approach to public funding of the arts. *Artist-Newsletter*, November 2013. <https://www.a-n.co.uk/news/towards-plan-b-a-different-approach-to-arts-funding>

Kirby, D. (2015) Welcome to the MHS! That's the Manchester Health Service, *Manchester Evening News*. <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/welcome-mhs-thats-manchester-health-8720557>

Knight D. & Stewart, C. (2016) *Ethnographies of Austerity: Temporality, Crisis and Affect in Southern Europe*, *History and Anthropology*, 27:1, 1-18.

Kwon, M (2004) *One Place After Another. Site-Specific Art and Locational Identity*. MIT.

Ladkin (2016) *Against Value in the Arts and Education (Disruptions)*. Rowman and Littlefield.

Laing, R.D. (1960) *The Divided Self: An Existential Study in Sanity and Madness*. Harmondsworth: Penguin.

Laing, R.D., (1964) *Sanity, Madness And the Family: Families of Schizophrenics*. Penguin psychology, reprint (1990).

Landsley. M. (2010) *Equity and excellence: Liberating the NHS*. London. ISBN: 9780101788120.

Large, K. (2010) *Please Don't Confront me with my failures, I have not forgotten them*. Becky Shaw and Kelly Large, *Transmission Chapbook*, Artwords Press. 2010.

Latham, J (1966) *Artist Placement Group, APG booklet*, London.

Laylard, R. (2005) *Happiness: Lessons From A New Science*. Penguin. London.

Lee, N (2017) *Powerhouse of cards? Understanding the 'Northern Powerhouse'*, *Regional Studies*, 51:3, 478-489.

Leeson, L (2017) *Art:Process:Change. Inside a Socially Situated Practice*. Routledge.

Lingard, B & Rizvi, F. (1992) *Theorising the Ambiguities of Devolution*. *Discourse: Studies in the Cultural Politics of Education*, 13:1, 111-123, DOI: [10.1080/0159630920130108](https://doi.org/10.1080/0159630920130108)

- Lister, J., Davies, J., Wrigley, G. (2015) *NHS for Sale: Myths, Lies and Deception*. Merlin Press London.
- Lodge G., & Muir, R. (2011) Localism under New Labour, *The Political Quarterly*, 81, S96-S107.
- Lowndes & Gardner, (2016) Local governance under the Conservatives: super-austerity, devolution and the 'smarter state', *Local Government Studies*, 42:3, 357-375, DOI: 10.1080/03003930.2016.1150837.
- Lynch, B. (2011) *The Gate in the Wall: Beyond Happiness-making in Museums*.
- Maharaj, S. (2009) Know-how and No-How: stopgap notes on "method" in visual art as knowledge production. *Art & Research*. Volume 2. No 2. Spring 2009.
- Maley, (2013) *Orwell's England and Blair's Britain: Warm Beer and Cold War*. In: Westall C., Gardiner M. (eds) *Literature of an Independent England*. Palgrave Macmillan, London
- Marmot, M (2010) *Fair Society, Healthy Lives. The Marmot Review*. University College London. [www.ucl.ac.uk/marmotreview](http://www.ucl.ac.uk/marmotreview)
- Marmot, M., Wilkinson, R., (2006) *Social Determinants of Health*. Oxford University Press, New York.
- Matarasso, F., 1997. *Use or Ornament? The Social Impact of Participation in the Arts*. Stroud: Comedia.
- Mawson, A. (2008) *The Social Entrepreneur: Making Communities Work*. Harper Collins. London.
- May, T. (2017) *The shared society: article by Theresa May*. <https://www.gov.uk/government/speeches/the-shared-society-article-by-theresa-may>
- McBride S., McNutt, K. (2012) Devolution and Neoliberalism in the Canadian Welfare State. Ideology, National and International Conditioning Frameworks, and Policy Change in British Columbia. *Global Social Policy* 7(2).
- McGarvey, D. (2017) *Poverty Safari. Understanding the Anger of Britain's Underclass*. Luath Press. Edinburgh.
- Mclaglen, D. (1986) *Psychological Aesthetics: Painting, Feeling and Making Sense*. Jessica Kingsley Publishers. London.
- McNeilly, G. (1998) *Group Analytic Art Therapy*. Jessica Kingsley Publishers. London.
- Merli, P. (2002) Evaluating the social impact of participation in arts activities. A critical review of Francois Matarasso's *Use or Ornament?* *International Journal of Cultural Policy*, vol. 9 (3), p.337-346.
- Miessen, M. (2010) *The Nightmare of Participation*.

- Mirza, M. (2006). The arts as painkiller. In M. Mirza (Ed.), *Culture vultures: Is UK arts policy damaging the arts?* (pp. 20–37). London.
- Molt, M. (2019) *Sensing Tranquility. Spaces for Tranquility - an Atmospheric approach*. Department of Urban Studies, Malmö.
- Moon G., & Brown, T (1999) Governmentality and the spatialized discourse of policy: the consolidation of the post-1989 NHS reforms. *Royal Geographical Society*. NS 25 65-76.
- Morgan, R. (2002) *Clear Red Water* [speech]. National Centre for Public Policy, Swansea, 11 December.
- Moriarty, G. & Jeffers, A. (2017) *Culture, democracy and the right to make art*, Bloomsbury. London.
- Mörsch, C. (2011), 'Alliances for Unlearning: On Gallery Education and Institutions of Critique', *Afterall* (Spring), pp. 4–13.
- Moutrey, D. (2016) Who's afraid of Manchester? *Arts Professional*. <https://www.artsprofessional.co.uk/magazine/article/whos-afraid-manchester>
- Mowlabocus, S. (2010) *Gaydar Culture: Gay Men, Technology and Embodiment in the Digital Age*. Routledge.
- Napier et al, (2015) Culture and Health. The Lancet Commission. *Lancet* 384.384: 1607–39. [http://dx.doi.org/10.1016/S0140-6736\(14\)61603-2](http://dx.doi.org/10.1016/S0140-6736(14)61603-2).
- Nash, C. & Gorman-Murray, A. (2015) Transformations in LGBT consumer landscapes and leisure spaces in the neoliberal city. <https://doi.org/10.1177/0042098016674893>.
- Naylor, C. & Wellings, D. (2019) *A citizen-led approach to health and care. Lessons from the Wigan Deal*. The Kings Fund. London.
- Neelands et al (2015) *Enriching Britain: Culture, Creativity and Growth*. The Warwick Commission. Warwick University.
- Newman A, Baber M, O'Brien D, Goulding A, Jones CH, Howson T, Jones C, Parkinson C, Taylor K, Tischler V, Windle G. (2016) Carrying out research across the arts and humanities and social sciences: Developing the methodology for Dementia and Imagination. *Cultural Trends*. DOI: <http://dx.doi.org/10.1080/09548963.2016.1241338>.
- Ngai, S. (2007) *Ugly Feelings*. Harvard University Press.
- Omstedt, M. (2016) Reinforcing unevenness: Post-crisis geography and the spatial selectivity of the state. *Regional studies, Regional Science*, 3, 99–113.
- O'Doherty, B. (1976) *Inside the White Cube: The Ideology of the Gallery Space*. University of California.

- O'Mahony, S. (2016) Medical Nemesis 40 years on: the enduring legacy of Ivan Illich. *J R Coll Physicians Edinb* 2016; 46: 134–9.
- O'Malley P (2009) Responsibilization. In: Wakefield A and Fleming J (eds) *The SAGE Dictionary of Policing*. London: SAGE, pp. 277–279.
- O'Neil, J. (2014) *Unleashing Metro Growth*, City Growth Commission. Royal Society of the Arts. <https://www.thersa.org/discover/publications-and-articles/reports/unleashing-metro-growth-final-recommendations>
- Orwell, G. (1953) *Notes on Nationalism. England, Your England and Other Essays*. Secker & Warberg. London.
- Osborne, G. (2009) We will lead the economy out of crisis. <https://conservative-speeches.sayit.mysociety.org/speech/601293/>
- Osborne, G. (2014) 'We need a Northern powerhouse', HM Treasury. <https://www.gov.uk/government/speeches/chancellor-we-need-a-northern-powerhouse>
- Osborne, G. (2015) 'We are the builders'. George Osborne's full speech to Tory conference. <https://www.conservativehome.com/parliament/2015/10/george-osbornes-speech-in-full.html>
- Pandian, A, & Mclean, S. (2017) *Crumpled Paper Boat: Experiments in Ethnographic Writing*. Duke University Press. Durham & London.
- Panofvsky, (2011) Review Social Movements and the Transformation of American Health Care. *Contemporary Sociology* 40(6):684-685.
- Parkinson, C. (2012) *A Manifesto for Arts in Health*, Manchester Metropolitan University. <http://www.artsforhealth.org/manifesto/>
- Parkinson, C. & White, M. (2013). Inequalities, the Arts and Public Health: Towards an international conversation. *Arts & Health*, 5 (3), p. 179.
- Parkinson, C. (2018) *Social Justice, Inequalities, the Arts and Public Health: Weapons of Mass Happiness?* Thesis by publication. Manchester Metropolitan university.
- Parr, H. (2017) 'Health and Arts: Critical Perspectives.' *Arts, Health and Wellbeing: a theoretical enquiry for practice*. Clift, S., & Stickley, T. (eds). Cambridge.
- Parr, H. (1998) Mental health, ethnography and the body. *Area*. 30.1, 28-37.
- Patterson, C. (201x) 'I've found a little bit of heaven for those who've been in hell'. *Guardian*. <https://www.theguardian.com/commentisfree/2015/feb/06/mental-health-dragon-cafe-respite-respect>
- Payson, A. (2018) *Thesis: Feeling together: Emotion, heritage, conviviality and politics in a changing city*. Cardiff University.

- Philipp et al, (1998) Beyond The Millenium. A summary of the proceedings of the first Windsor Conference. The Nuffield Trust.
- Phillips, A. (2015) Too Careful: Contemporary Art's Public Making. In: Andrea Phillips and Markus Miessen, eds. *Caring Culture: Art, Architecture and the Politics of Public Health*. 1 (1) Berlin/Amsterdam: Sternberg Press/SKOR, pp. 35-56.
- Phillips, K. (2019) A constructive-critical response to Creative.Health: The.Arts.for.Health.and.Wellbeing (July 2017) by the All-Party Parliamentary Group on Arts, Health and Wellbeing, *International Journal of Art Therapy*, 24:1, 21-29, DOI: 10.1080/17454832.2018.1491612.
- Philo & Parr, H. (2018) Staying with the trouble of institutions. *Area*, 51(2), pp. 241-248. doi:10.1111/area.12531.
- Pickett, K., Dorling, D. (2010) Against the organization of misery? The Marmot Review of health inequalities. *Social Science & Medicine* 71. 1231-1233.
- Pinder, D. (1997) Environment and Planning D: Society and Space 1997, volume 15. <https://journals.sagepub.com/doi/abs/10.1068/d150499?journalCode=epda>
- Price, A (2016) Wales: The First and Last Colony. Speeches and Writings 2001-2018. Lofa publishers. Ceredigion.
- Putland, C. (2008) Lost in translation: The question of evidence linking community-based arts and health promotion. *Journal of Health Psychology*. 2008;13(2):265–276.
- Putnam, R. (2000) *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.
- Raco, M. (2002) Governmentality, subject-building, and the discourses and practices of devolution in the UK. The Institute of British Geographers.
- Raunig, G. (2009) *Instituent Practices, Fleeing, Instituting, Transforming*. Gerald Raunig and Gene Ray (eds), *Art and Contemporary Critical Practice: Reinventing Institutional Critique*. May Fly books. London.
- Ravetz, A., Gregory, H.(2018) Black gold: trustworthiness in artistic research (seen from the sidelines of arts and health), *Interdisciplinary Science Reviews*, 43:3-4, 348-371, DOI: [10.1080/03080188.2018.1533669](https://doi.org/10.1080/03080188.2018.1533669)
- Ravetz A. & Wahl, H. (dir) (2018) *My Recoverist Family*.
- Ravetz, A. and Wright, L., (2015) Validation beyond the gallery: How do artists working outside of the gallery system receive validation of their practice? A qualitative study. *Axisweb*. <http://www.art.mmu.ac.uk/staff/download/validation-beyond-the-gallery.pdf>
- Raw, A. (2013) A model and theory of community-based arts and health practice. Thesis Durham University. <http://etheses.dur.ac.uk/7774/>.

Raw, A., Lewis, S., Russell, A. & Macnaughton, J (2012). 'A Hole in the Heart: confronting the drive for evidence-based impact research in arts in health.' *Arts & Health, an International Journal for Research, Policy & Practice* 4(2): 97-108.

Reckitt, H. (2016) *Support Acts: Curating, Caring and Social Reproduction*. *Journal of Curatorial Studies*, 5: 1, pp. 6–30, doi: 10.1386/jcs.5.1.6\_1.

Richardson, L. (1990) 'Narrative and Sociology', *Journal of Contemporary Ethnography*, 19, 1: 116 – 135.

Roberts, S., Camic P. & Springham, N. (2011) *New roles for art galleries: Art-viewing as a community intervention for family carers of people with mental health problems*, *Arts & Health*, 3:2, 146-159, DOI: [10.1080/17533015.2011.561360](https://doi.org/10.1080/17533015.2011.561360)

Robertson, A., Minker, M. (1994) *New Health Promotion, a critical examination*. *Health Education Quarterly*, Vol. 21 (3): 295-312. Canada.

Rooke, A. (2011) *Arts and Mental Health: Creative Collisions and Critical Conversations*, Arts and Humanities Research Council (AHRC). <https://ahrc.ukri.org/documents/projects-programmes-and-initiatives/arts-and-mental-health-creative-collisions-and-critical-conversations/>

Rose, N. (1987) *Governing the Soul*. London. Routledge.

Rose, N. (1990) *Inventing our selves Psychology, power, and personhood*. Cambridge University Press.

Rose, N. (2007) *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*.

Rose, R. (1982) *Understanding the United Kingdom. The territorial dimension n government*. Harlow. Longman.

Roy, A., Prest, M. (2014). 'Culture Change: Socially Engaged Art, Addiction and the Recovery Agenda', in *Addiction and Performance*, ed. James Reynolds and Zoe Zontou. Cambridge Scholars Publishing.

Sandford, M. (2016) *Devolution to local government in England*. House of Commons Library. Briefing Paper. Number 07029.

RSA (2016) *Inclusive Growth Commission : Making our Economy Work for Everyone*. [www.thersa.org/discover/publications-and-articles/reports/emerging-findings-of-the-inclusive-growth-commission](http://www.thersa.org/discover/publications-and-articles/reports/emerging-findings-of-the-inclusive-growth-commission)

Savage, M (2015) *Social Class in the 21st Century*. Penguin Books. London.

Scott, J. (1989) *History in Crisis: The Others' Side of the Story*. *The American Historical Review*. Vol. 94, No. 3 (Jun., 1989), pp. 680-692. DOI: 10.2307/1873754.

Scott, J. (1991) The Evidence of Experience. *Critical Enquiry*, Vol 1. No 4. Summer 1991. pp. 773-797. The University of Chicago Press. <http://www.jstor.org/stable/1343743>

Sheffield, H. (2017) 'The Preston model: UK takes lessons in recovery from rust-belt Cleveland', *The Guardian*, 11.04.2017, <https://www.theguardian.com/cities/2017/apr/11/preston-cleveland-model-lessons-recovery-rust-belt>

Sholette, G. (2011) *Dark Matter: Art and Politics in the Age of Enterprise Culture*, New York: Pluto Press.

Sholette, G. (2015) *Delirium and Resistance: Activist Art and the Crisis of Capitalism*. Pluto Press.

Schrag, A., Shaw, B., Williams, F. (2020) *Enstrangements: performing within, and exiting from, the arts-in-health 'setting'*. *About Performance*. Performing Healthcare issue no 12. Sydney University.

Schrecker, T., Bambra, C., (2015) *How Politics Make Us Sick: Neoliberal Epidemics*. Palgrave Macmillan, Basingstoke.

Schulman, S. (2013) *The Gentrification of the Mind. Witness to a lost imagination*. University of California Press.

Senior, P., Croall, J., (1993) *Helping to Heal: The Arts in Healthcare*. Calouste Gulbenkian Foundation.

Shaverian, J. (1985) *The Revealing Image: Analytical Art Psychotherapy in Theory and Practice*. Jessica Kingsley Publishers.

Shaw, B (2014) '*Reception: Two Subjects looking at One Another*'. *Essay in Speculative Strategies*, eds Daniel Hinchcliffe and Jane Calow. 2014.

Shaw, K., Jones., T. (2017) 'Disorganised Devolution: Reshaping Metropolitan Governance in England in a Period of Austerity'. *Raumforsch.* 75:211–224.

Shipton, M (2017) The devastating verdict on devolution from the man who was its architect, *Wales Online*. <https://www.walesonline.co.uk/news/politics/devastating-verdict-devolution-man-who-13635670/>

Shrecker, T. & Bambra, C. (2015) *How Politics Makes Us Sick*. Palgrave.

Sikes, P. (2015) *Specialist Research Ethics Guidance Paper. Ethical considerations in auto ethnographic research*. Sheffield University. [https://www.sheffield.ac.uk/polopoly\\_fs/1.586562!/file/SREGP-Autoethnography-2015.pdf](https://www.sheffield.ac.uk/polopoly_fs/1.586562!/file/SREGP-Autoethnography-2015.pdf)

Skeggs & Loveday, (2012) *Embodying deficiency through 'affective practice': Shame, relationality, and the lived experience of social class and gender in higher education*.

SLG (2015) Making It Together: an evaluative study of Creative Families an arts and mental health partnership between the South London Gallery and the Parental Mental Health Team. [https://research.gold.ac.uk/17789/1/Creative\\_Families\\_Report\\_b\\_0.pdf](https://research.gold.ac.uk/17789/1/Creative_Families_Report_b_0.pdf)

Smith, P, (2015) Taking Charge of our Health and Social Care in Greater Manchester. <https://www.greatermanchester-ca.gov.uk/news/five-year-vision-for-better-health-and-social-care-in-greater-manchester/>

Sontag, S. (1989) *Illness as Metaphor & Aids and its metaphors*. Penguin. London.

Sparke, M. (2010) Austerity and the embodiment of neoliberalism as ill-health: Towards a theory of biological sub-citizenship. *Social Science and Medicine* 187.287-295.

Stevenson, M. & Burke, M. (1991) Bureaucratic logic in new social movement clothing: the limits of health promotion research. *Health promotion International*. Vol. 6, No. 4.

Stalker, H. (2017) New era for Turnpike Gallery: Art and culture are a catalyst for the town. *Artist-Newsletter*. News.

Stark et al., (2013) *Rebalancing Our Cultural Capital* report. [www.theroccreport.co.uk](http://www.theroccreport.co.uk)

Stevenson, D. (2016) 'Understanding the problem of cultural non-participation. Discursive structures, articulatory practice and cultural domination.' Thesis Queen Margaret University. Edinburgh

Stevenson, D., & Blanche, R., (2015) 'The Town is the Venue: "Place-making" at the heart of cultural policy.' *Culture and Sustainability in European Cities : Imagining Europolis*. Routledge, London.

Stewart, K. (2007) *Ordinary Affects*. Duke University Press.

Stewart, K. (2011). Atmospheric Attunements. *Environment and Planning D: Society and Space*, 29(3), 445 – 453.

Stickley, T. & Clift, S. (2017) *Arts, Health and Wellbeing: A Theoretical Inquiry for Practice*. Cambridge.

Taylor, I., Evans, K., Fraser, P. (1996) *A Tale of Two Cities: global change, local feeling and everyday life in the North of England. A study in Manchester and Sheffield*. Routledge. London.

Thaler, R. (2008) *Nudge: Improving Decisions about Health, Wealth, and Happiness*. Yale University Press.

Thomas, D. (2026) *The Wellbeing of Future Generations Act: A Chance To Do Things Differently*. Network of Well-being. <https://networkofwellbeing.org/2016/05/11/wellbeing-future-generations-act-chance-things-differently>

- Thomas, N. (2014) Language, Identity & Cultural Rights and Devolution in Wales. A Comparative Study Visit Report. Democratic Progress Institute. London.
- Thomas, N. (1971) The Welsh Extremist. Cymdeithas yr Iaith Gymraeg.
- Thompson, J (2009) Performance Affects: Applied Theatre and the End of Effect. Palgrave Macmillan. London.
- Thrift, N. (1996) Spatial Formations. London: Sage.
- Thrift, N. and Dewsbury, J.-D. (2000) Dead geographies and how to make them live. Environment and Planning D: Society and Space 18, 411–432.
- Tillcock, A. (2004) Review of Arts and Health Activities in Wales. ACW.
- Tilly, C. (1978) From Mobilization to Revolution. Penguin.
- Titley, W. (2017) Creative Relations, Journal of Social Work Practice, 31:2, 239-248, DOI: [10.1080/02650533.2017.1305338](https://doi.org/10.1080/02650533.2017.1305338)
- Tomaney, J, (2018) The Great Exhibition of what? Culture, region and development in England's north. City Metric. Arts, 2018. <https://www.citymetric.com/horizons/great-exhibition-what-culture-region-and-development-england-s-north-3951>
- Tommy, J. (2018) 'The Great Exhibition of what? Culture, region and development in England's north'. City Metric, June 6, 2018. <https://www.citymetric.com/horizons/great-exhibition-what-culture-region-and-development-england-s-north-3951>
- Tomos, S. (2017) Investing in our artists is investing in our future. <https://futuregenerations.wales/news/art-brings-people-together/>
- Toynbee, P., & Walker, D. (2015) Dismembered: How the Conservative Attack on the State Harms Us All. Faber. London
- Tahir, E. (2017) Planet Editorial. Planet The Welsh Internationalist. Issue no 6.
- Traynor, M. (1996) A literary approach to managerial discourse after the NHS reforms. Sociology of Health & Illness Vol. 18 No. 3 1996 ISSN 0141-9889, pp. 315-340.
- Viney, W., Callard, F., Woods A. (2015) The critical Medical Humanities. embracing entanglement, taking risks BMJ. 41:2–7.
- Vize, R. (2015) 'The big devolution deal—or no deal?' The British Medical Journal. pp 360. Downloaded from <http://www.bmj.com/> on 14 December 2018.
- Vize, R. (2016) 'The Road to Wigan Cheer'. Guardian. <https://www.theguardian.com/society/2019/jul/05/wigan-council-transforming-lives-despite-cuts-austerity>

- Wainright, O. (2019) Welcome to Manc-hattan: how the city sold its soul for luxury skyscrapers. Guardian. <https://www.theguardian.com/artanddesign/2019/oct/21/welcome-to-manc-hattan-how-the-city-sold-its-soul-for-luxury-skyscrapers>
- Walkerdine, V. (2015) Transmitting class across generations. *Theory & Psychology*. 25(2), pp.167–183.
- Wallace, M. (2019) Wellbeing and Devolution: Reframing the Role of Government in Scotland, Wales and Northern Ireland. Palgrave Pivot.
- Waller, S. & Finn, H. (2004). *Enhancing the Healing Environment: A guide for NHS Trusts*. London: The King's Fund.
- Walsh, K. (2017) Health and social care devolution: the Greater Manchester experiment. *BMJ* 2016;352:i1495.
- Walsh, M. (2017) Acts of Laughter, Acts of Tears: The Production of 'Truth-Effects' in Oriana Fox's *The O Show* and Gillian Wearing's *Self Made*. *NECSUS European Journal of Media Studies*, Spring (2017). ISSN 2213-0217.
- Ward, J. (2017) A Cultural Manifesto for Well-being. Halton Commissioning Group. [http://www.haltonccg.nhs.uk/public-information/Documents A%20Cultural%20Manifesto%20for%20Wellbeing.pdf](http://www.haltonccg.nhs.uk/public-information/Documents/A%20Cultural%20Manifesto%20for%20Wellbeing.pdf)
- Weaver, T (2019) *Blazing the Neoliberal Trail. Urban political development in the United States and The United Kingdom*. University of Philadelphia Press.
- White, M., & Angus, J. (2003). *Arts and adult mental health literature review*. Durham: Centre for Arts and Humanities in Health and Medicine, Durham University.
- White, M. (2009). *Arts Development in Community Health: A social tonic*. Oxford: Radcliffe.
- White, M. (2014) *Asking the Way – Directions and Misdirections in Arts in Health*. ixia, London.
- Whitehead, A., Woods, A., Atkinson, S., Macnaughton, J., & Richards J. (2016) *The Edinburgh Companion to the Critical Medical Humanities*. Edinburgh University Press.
- Wilkinson, R., Pickett, K., (2009) *The Spirit Level: Why Greater Equality Makes Societies Stronger*. Bloomsbury Press, New York.
- Wilkinson, R. & Marmot, M. eds. (1999) *The Social Determinants of Health*, Oxford University Press.
- Williams, F. (2015) A Happy Union? *Arts Professional*. Dec 2016. <https://www.artsprofessional.co.uk/magazine/292/feature/joyful-union>
- Williams, F. (2018) Hidden Forces: some participant observations from an artist residency in Llandudno. *Art of Regeneration*. <https://drive.google.com/file/d/1nXrexirxhqsRPivA9q7E2m3pDVSLdcDZ/view>

Williams, F. (2017) *Strength in Networks*. A comparative analysis of six creative interventions designed for people diagnosed with dementia across England and Wales Dementia Connect, Arts and Humanities Research council.

Williams, K. et al, (2016) *Manchester Transformed: why we need a reset of city region policy*, Centre for Research on Social and Cultural Change, (CRESC)

Williams, R. (1960) *Border Country*. Parthian Books.

Williams, R. (1975) *Politics and Letters: Interviews with New Left Review*. London: New Left Books.

Williams, R. (1977) *Marxism and Literature*. Oxford University Press.

Williams, R. (1989). *Culture is Ordinary* [1958]. In *Resources of Hope: Culture, Democracy, Socialism*. London: Verso, pp. 3–14.

Wilson, M. (1975) *Health is for People*. London: Darton: Longman & Todd Ltd.

Wolpert, J. (1974) *From Asylum to Getto*. *Antipode*, a radical journal of geography. Volume 6, Issue 3. Pages 63-76.

World Health Organisation (1948). *Definition of Health*. <http://www.who.int/suggestions/faq/en/> [12/11/2017]

Wylie, J. (2006) *Depths and folds: On landscape and the gazing subject*. *Environment and Planning D: Society and Space* 24, 519-535.

Zyborska, W (2019) *Age Becomes Her: Redefining the Possibilities of Ageing for Women (Scarred Aged Skin and the Material Body)*. Thesis. Manchester Metropolitan University.