

# Connected Communities

## Participatory Arts and Well-being

### Past and Present Practices

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# Background

## Executive Summary

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**This project aimed to examine diverse definitions of communal well-being and the complex ways in which participatory arts, past and present, have contributed to and sustained community well-being.**

We set out to study examples of best practice in content, process, outcome and impact, of historic and contemporary participatory arts activity. Community and participatory arts practices focused on community well-being have a long history, and range in nature from top-down, prescriptive activities funded and arranged by governments to grassroots, amateur and self-organising groups of participatory makers (Kershaw 1992; Cochrane 2001; van Erven 2001; Edensor 2010; MacLagan 2010; Gauntlett 2011). Three network events drew together community artists, academics, community arts workers, health professionals and applied theatre practitioners to share research and experience of working towards community well-being. Several pressing issues emerged including questions of evaluation, benefits and experience, socio-economic inequality, the quality and integrity of artistic processes.

## Researchers and Project Partners

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**The Young Foundation**

## Key words

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Participatory arts

Well-being

Health

Community

Community arts

Evaluation

# Participatory Arts and Well-being

## Introduction

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Well-being has variously been defined from different disciplinary perspectives in relation to health<sup>1</sup>, happiness<sup>2</sup>, and the environment<sup>3</sup>. Most approaches to individual or subjective well-being suggest it is enhanced by the quality of connections to one's friends, family, local environment, and communities, that is, it has a social aspect defined by participation. These findings resonate with '5 ways to wellbeing' recommended by the New Economics Foundation (2008) – connect, be active, take notice, keep learning, give – and with recent NICE guidelines stressing the importance of group activity in alleviating mental health difficulties. Drawing on a twentieth century sociological tradition of social capital, recent attention has focused beyond the individual to questions of community well-being (Putnam 2000; Putnam and Feldstein 2003). The Arts Council of England noted that 'active participation in the arts can have a significant impact on the wider determinants of health such as improving living environments, increasing educational attainment and building social capital.' (*The Arts, Health and Well-Being*, 2). In this context, the project aimed to examine diverse definitions of communal well-being, and to examine the complex ways in which participatory arts, past and present, have contributed to and sustained community well-being. Our objectives were to identify

the diverse definitions of individual and community well-being that have been, and are, operating in participatory community arts practice. From this, we set out to study examples of best practice in content, process, outcome and impact, of historic and contemporary participatory arts activity. Finally, as part of the three network events with community arts practitioners and community representatives, we set out to understand what the communities involved in participatory community arts can tell us about community well-being.

## Activities

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The activities of the project centred around three network events that drew together a range of community artists, academics, community arts workers, health professionals and applied theatre practitioners to share experience and research of their participatory arts work.

### Network Meeting 1 Health Acts: Applied Theatre, Health and Well-being

27-28 April, 2011, the project co-hosted *Health Acts: Applied Theatre, Health and Well-being* at the University of Exeter.

This two-day conference drew a range of academics, health professionals and performance practitioners to Exeter to explore connections between performance and health/

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<sup>1</sup> 'There are two aspects of well-being, feeling good and functioning well and both of these are an important part of being healthy.' (Liverpool Year of Health and Wellbeing 2010, [www.2010healthandwellbeing.org.uk](http://www.2010healthandwellbeing.org.uk))

<sup>2</sup> The Young Foundation explicitly links well-being to happiness studies with the Local Well-Being Project setting out to see 'what happiness is and determining how best society might create the conditions in which it can flourish.' [www.youngfoundation.org/our-work/networks-and-collaboratives/the-local-well-being-project/local-well-being-project](http://www.youngfoundation.org/our-work/networks-and-collaboratives/the-local-well-being-project/local-well-being-project)

<sup>3</sup> The Nef Happy Planet Index, balances the 'environmental impact with human well-being to measure the environmental efficiency with which, country by country, people live long and happy lives.' [www.happyplanetindex.org](http://www.happyplanetindex.org)

wellbeing. A series of questions and issues drove the conference agenda including: What is theatre good for? Does performance have a part to play in longevity, quality of life or well-being? Can applied theatre and performance practices be understood as health-giving acts? Conversely, is the dynamic between health and performance one of mutual co-dependency as both practitioners and academics seek new avenues for perceived public 'engagement'? How, and by whom, are embodied beings located in representations of ill-health or unwellness? Is intervention in health issues always an empowering experience for those involved or is it merely a contemporary trend? Should we be talking about theatre interventions in health or multi-agency initiatives addressing growing social inequality? Can theatre have an impact on well-being without taking into account the social determinants of health? What model(s) of health does applied theatre draw on?

The three conference keynotes were offered by a theatre academic, a community arts practitioner become senior research fellow in arts in health, and a geographer whose work focuses on measuring wellbeing. These contributions by Emma Brodzinski, *Fantasies, Fears and Phobias: Theatrical Interventions in Health and Care*, Mike White, *Arts Development in Community Health: A Social Tonic*, and Karen Scott *A Reflection of 'The Lion's Face': the unlikely alliance between opera and dementia*, provided a multifaceted and interdisciplinary approach to the questions under exploration.

In addition to the three keynotes at least 24 speakers presented papers to an audience of at least 60 attendees, a group comprised of interdisciplinary academics, health professionals, performance practitioners, MA and PHD students, and community members. There were three 'practice

events' in which practice-based research in performance projects were presented exploring topics as diverse as the application of forum theatre in addressing substance misuse and the application of creative arts in dementia care. There was also an immersive installation by Nicola Shaughnessy and Melissa Trimmingham, coming out of their research on kinesthetic empathy and autism. Finally, Brian Lobel performed his critically acclaimed piece about surviving testicular cancer and the US health system, *BALL*.

More information can be found online at: <http://humanities.exeter.ac.uk/research/conferences/previous/healthacts/>

## Network Meeting 2 Reading for Well-being

17 May 2011, the project collaborated with The Reader Organisation's second national conference (Liverpool), entitled *Reading for Well-Being*. The conference brought together 246 readers and professionals to find out how literature can help improve well-being in the workplace, in communities and in individual lives. Attendees included GPs, teachers, librarians, academics, psychiatrists, students, care home workers, publishers, journalists and nurses.

The day's programme included:

- Presentations from acclaimed international guests. Author, Marilynne Robinson (*Gilead, Home*, Winner Orange Prize for Fiction 2009); Professor Maryanne Wolf, Director, Centre for Reading and Language Research, Tufts University Boston (author of *Proust and the Squid: The Story and Science of the Reading Brain*, 2008).
- Workshops on 'Reading with Older People', 'Reading in Acute Mental Health Settings', 'Reading in the Criminal Justice Service',

'Healthy Lives, Healthy People' (relating 'Get into Reading' to the Five Ways to Well-Being proposed by New Economics Foundation')

- Testimonials from beneficiaries of The Reader Organisation's 'Get into Reading' community reading programme.
- Presentation on research findings from interdisciplinary arts-health study, 'Therapeutic Benefits of Reading on Depression and Well-Being' by CI Billington and colleagues at University of Liverpool.

These two large scale network events fulfilled a number of the key aims of the project in

- bringing together a community of participants, practitioners, professionals, academic researchers in the fields of arts and of health, to examine the role of participatory arts in the promotion of individual and community well-being;
- exploring and demonstrating how disciplinary boundaries between the areas of arts and health can and have been breached;
- showcasing examples of best practice in content and process, as well as outcome and impact, of contemporary participatory arts activity;
- hearing what communities involved in participatory community arts can tell us about community well-being.

### Symposium Meeting 3 Participatory Arts and Well-being

4 November 2011, the project symposium brought together representatives of a number of existing academic projects and networks examining participatory arts and social well-being, with participatory arts practitioners,

at University of Glamorgan, Cardiff. This symposium shared current research from a range of disciplinary perspectives and considered emerging issues from this cross-fertilization. Key questions of the day were:

- What do we mean by 'the arts' and their 'value'?
- What do we mean in this particular context, by well-being and how can this be measured?
- What counts as 'evidence', by which to judge the success of outcomes in arts and well-being initiatives?
- What are the most appropriate methods of collecting data and communicating findings within this field?

Contributors were:

**Neil Beddow** *acta*, Bristol &  
**Dr Kerrie Schaefer** Exeter  
*Enacting Community, Creating Wellbeing?*  
*Big hART (Australia) and acta (Bristol);*

**Dr Mike White**  
University of Durham  
*Arts Development in Community Health:  
A social tonic;*

**Karen Lewis**  
Co-Director and Director of Storyworks,  
Project Leader Communities 2.0  
*Approaches to life narratives and their  
application across public services;*

**Dr Josie Billington**  
University of Liverpool  
*Reading and Health/Well-Being;*

**Professor Maurice Galton**  
University of Cambridge  
*Wellbeing: What lies beneath the surface?*  
*The impact of creative partnerships on wellbeing  
in schools;*

### **Jules Evans**

Centre for History of Emotions, Queen Mary University of London

*What do you mean by happiness: opening up the 'national conversation' about well-being.*

### **Dr Ian Lewis**

Director of Research, Tenovus

*Sing With Us: The benefits of a community choir for people affected by Cancer;*

### **Professor Norma Daykin**

University West of England

*Researching the value of arts and health: Reflections on recent experience;*

### **Carol Hiles**

Community artist and University of Glamorgan  
*Participatory Arts and Wellbeing from an artist's viewpoint.*

## **Emerging issues for future research**

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Disciplinary distinctions determine differences between conceptions of communal well-being. Participatory arts practices and arts practitioners are diversely located within these different conceptual frameworks. In the context of health services, economics and policy, community well-being tends to be framed as a deficit-based model, focusing on providing remedial support to passively conceived communities of need, for example, ageing population groups.

Within mental health services, well-being has been predominantly considered as individual and subjective well-being, with the phrase often linked to service users' desire for increased advocacy and a recalibration of their social status. Recent developments from the National Mental Health Development unit have considered policies and services

that focus on protective elements, structural determinants in the wider community and equity of access across population groups ([www.nmhd.org.uk](http://www.nmhd.org.uk)). Within academic psychology, there has been a concomitant rise, in recent years, in asset-based models for positive enhancement of communal well-being, and of population-wide happiness measures (Diener 1984; Diener and Suh 2000; Seligman 2002.)

The economic framework for communal well-being has developed within a tradition of studies of absolute and relative poverty and the development of national income measures. Much work since the 1970s in this tradition, encapsulated by the work of Amartya Sen, have focused on well-being through welfare economics and quality of life measures. Recent articulations of happiness economics have broadened the reach of well-being measures from an individual-nation state axis, to include communal well-being, for example in the work of Richard Layard or Richard Wilkinson and Kate Pickett. Ultimately, current formulations of individual and community well-being draw on long established Western philosophical traditions, consciously or not, from the early reflections of Aristotle or the Stoics on *eudaimonia* (Nussbaum and Sen 2003; Evans 2012). Within these diverse contexts, participatory art has been operationalized in a variety of ways.

Community and participatory arts practices focused on community well-being have a long history, and range in nature from top-down, prescriptive activities funded and arranged by governments to grassroots, amateur and self-organising groups of participatory makers (Kershaw 1992; Cochrane 2001; van Erven 2001; Edensor 2010; MacLagan 2010; Gauntlett 2011). The network events drew together a wide range of arts practices and

arts practitioners working towards community wellbeing, and from these discussions several pressing issues and questions for further research emerged:

- Facilitation and the qualities of facilitation were considered highly significant for achieving beneficial outcomes for participants
- Closer alliance of participatory arts practices to health contexts throws up particular challenges. Arts on prescription, within mental health and optimal living contexts, have become more widespread (see National Alliance for Arts Health and Wellbeing, to be launched Autumn 2012). In places arts and health co-practices are moving from a focus on individual benefit towards understandings of community benefits. (Sidney De Haan Research Centre for Arts and Health) Evaluation issues are key to sustaining this trend.
- Debates around evaluation, kinds, modes and criteria for evaluation of benefits, disadvantages and impacts, remain charged. The potential dissonance between the needs of 'evidence-based medicine' and user identification of benefits remains fraught. (see work at the Centre for Medical Humanities, Durham University; White 2009; White and Salomon 2010; Clift 2009; Daykin 2010)
- What is the role of *art* within participatory and community arts? How can the quality of arts and the integrity of artistic practice and process be sustained within a framework that tends to perceive the arts as utilitarian? (Matarasso 1997; Belfiore and Bennett 2008)
- How does socio-economic inequality contribute to the provision, access and sustaining of participatory practices?

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