



## Evidencing impact in arts and health: insights from the Health Arts Research People programme

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This research briefing aims to provide a concise summary of research on evidencing the impact of arts and health interventions and its relevance to policy and practice.

### Overview and policy context

Within the updated Programme for Government (1) is a pledge to: “Introduce an all-Wales framework to roll out social prescribing to tackle isolation”. Social prescribing is a key component of universal personalised care where patients are in control of their care package – and, as a recent Senedd Research Service briefing (2) noted, social prescribing aligns with the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014, both of which are founded upon models that recognise the impact of social aspects on health and wellbeing. Furthermore, ‘A Healthier Wales: plan for health and social care’ sets out a long term future vision of a ‘whole system approach to health and social care’, which is focussed on health and wellbeing, and on preventing illness (3).

Arts and health projects have been taking place for a long time and have been found within allied health professions such as occupational therapy, arts therapy and creative play in social work. There is a significant body of work that acknowledges the therapeutic value of different kinds of participation in arts-based activity. However, arts-based knowledge challenges an empirical understanding of evidence. An increasing number of studies have developed tangible ways of measuring impact in the form of improved wellbeing, reduction of stress, prosocial behaviours, and raised oxytocin levels (4-6). Nevertheless, the field of arts and health, and associated academic discussion, is beset by a number of interlinked challenges which make it vulnerable to academic dismissal or, at best, poor visibility. One of these is a preoccupation with developing an evidence base of impact (7). This is compounded by resistance to definitions, disagreement over what constitutes appropriate evidence of success and inadequate consideration of the mechanisms of arts and health practice, as opposed to outcomes. Increased attention should be paid to the description, analysis and theorising of the practice itself as the basis upon which the findings of impact studies can be understood and accepted instead of focussing on generic outcome measures (8).

To help redress this balance, an innovation and research partnership between Arts Council of Wales, Nesta and Cardiff University called Health, Arts, Research & People (HARP) tested new ideas and approaches in arts and health. The research team, based within Cardiff University's public services innovation lab for Wales (Y Lab), recently carried out a series of in-depth interviews on the process of embedding the arts within health and social care systems. As part of this research, participants were asked about their views about how their experiences of evidencing the impact of their activity on participant wellbeing.

### What the research shows

Drawing on observations, interviews and questionnaires with 4 innovation facilitators and 44 participants in 17 arts and health projects that were part of the HARP innovation programme, it was clear that evidencing impact was experienced as a difficult and complicated task which was hindered by logistics and capacity. The larger projects were asked to provide a named evaluation lead and were offered a ring-fenced evaluation budget. Some projects experienced difficulties with forming working relationships with evaluators and identifying suitable methodologies to evidence the impact of their work. The following issues were identified:

**Ability and availability to engage in evaluation:** Professionals with a creative arts background reported that they felt uncomfortable engaging with evaluation methodologies despite having attended short training course in the past. They felt that it was an area outside their professional expertise and preferred to work with professionals trained in evaluation methods. Also, as much of their time was spent either co-ordinating or delivering the intervention and addressing delays they reported that there was limited 'spare' time to spend on engaging in evaluation.

**Choosing appropriate tools:** Designing their project evaluation required a wide range of technical decisions regarding which types of data will be collected. Most creative professionals were used to composing descriptive and reflective pieces on the nature of the intervention. Asking participants for their demographic data was perceived as intruding and creating a barrier in artist-participant relationship formation. Decisions between bespoke and standardised tools also had to be made and were perceived as difficult.

**Measuring intangible impact:** Many professionals identified that there were factors influencing participant wellbeing that lay outside the intervention itself. This included confidence in engaging with groups of strangers, ability to navigate the online environment, willingness to experiment with new ways of working and to socialise through a creative medium. Competence in the creative activity increased their confidence. Participants took pride when their art work featured in a public gallery or website and reported feeling more confident to join art activity groups with people they didn't know in their neighbourhood. Engaging with other participants in creative work increased feelings of connectedness which were then sought in other social settings with friends and family. Trauma-informed arts facilitator helped participants to feel in control of their own behaviours and goals in the project and some participants reported that this sense of autonomy led them to take important decisions in their personal lives.

These findings, highlight that an important aspect of specialised arts and health activity is providing the tools for individuals to reconnect with previously disconnected parts of their social worlds. These behaviours and perceptions are very hard to measure, especially as funding for the measurement of the long-term impact of arts and health projects is very limited. They observed that increased agency and feelings of relatedness among participants outlasted the intervention as they engaged with their social worlds in different ways. However, these effects were very hard to measure and relied on informal inter-personal relationships for their documentation.

## Recommendations

As Welsh Government develops its policy to introduce an all-Wales framework on social prescribing to tackle isolation and seeks to embed Prudent Healthcare principles, the following recommendations can be suggested:

1. *Diverse ways to assess impact:* Commission local sector-based evidence gathering exercises with oral submissions, as written evidence is missing from the published literature.
2. *Improve connections between university student placement schemes and arts and health projects:* Enable researchers based in universities to be better connected to third-sector organisations in the arts to provide evaluation assistance through their student assignments.
3. *Focus on long-term impact:* Create spaces and opportunities for measuring the long-term impact of arts and health through the commissioning with health, societal and economic impact assessments on past projects.

Further recommendations from the HARP team tailored to the different stages of an arts and health innovation process can be found here:

<https://healthartsresearch.wales/harp/recommendations/policy-makers>

## References

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