

AHRC Cultural Value Project

# Cultural Value and Social Capital

Investigating social capital, health and wellbeing impacts in three coastal towns undergoing culture-led regeneration

## Report

by Trish Vella-Burrows, Nick Ewbank, Stephanie Mills,  
Matt Shipton, Stephen Clift and Fred Gray  
May 2014





Front cover, left to right:  
Turner Contemporary, Margate  
De La Warr Pavilion, Bexhill-on-Sea  
Quarterhouse, Folkestone.

*Photos: Stephanie Mills*

**The authors are grateful to all the participants in this action research project who gave so generously of their time, creativity and expertise.**

**The authors warrant that all reasonable skill and care has been taken in preparing this report. Notwithstanding this warranty, the Sidney De Haan Research Centre and Nick Ewbank Associates shall not be under any liability for loss of profit, business, revenues, or any indirect or consequential damage of any nature whatsoever or loss of any anticipated saving or for any increased costs incurred by the clients or their agents or servants arising in any way whether directly or indirectly as a result of reliance on this report or any error or defect in this report.**

**© Sidney De Haan Research Centre for Arts and Health**

**ISBN 978-1-909067-29-5**

# AHRC Cultural Value Project

**Cultural Value and Social Capital:  
Investigating social, health and wellbeing impacts in  
three coastal towns undergoing culture-led regeneration**

## Contents

<b>Executive Summary</b>	3
<b>Chapter 1</b> Setting the scene: the growth, decline and regeneration of three coastal towns	7
<b>Chapter 2</b> Theoretical Underpinnings	13
<b>Chapter 3</b> Our Methodology	21
<b>Chapter 4</b> Findings	29
<b>Chapter 5</b> Discussion and Recommendations	49
<b>References</b>	55
<b>Acknowledgements</b>	61



# Executive summary

## Introduction

This report outlines the processes and findings of an investigation into the value of cultural practices in engendering social capital and health and wellbeing in three coastal towns undergoing culture-led regeneration.

The investigation is part of the Cultural Value Project funded by the Arts and Humanities Research Council. The investigation's aims reflect the overall aims of the Culture Value Project in that it proposes a better understanding of the way in which people may change, feel better, become more open reflective individuals, and contribute more positively to the community and environment in which they live through engagement in cultural activities.

The investigation focused on cultural organisations in Margate, Folkestone and Bexhill-on-Sea and on three main areas of enquiry: reflective individuals and engaged citizens; urban regeneration and community dynamics; and improvements to health and wellbeing.

## Background

Following decades of post-war decline, many coastal towns became the locus for some of the most significant economic and health deprivation in the UK. In part designed to contribute to their regeneration, the three towns that are the subject of this investigation have experienced high-profile, recent, cultural interventions: Turner Contemporary in Margate, the Folkestone Triennial and other initiatives by The Creative Foundation in Folkestone, and the rebirth of the De La Warr Pavilion in Bexhill.

Historically, assertions have been made about the value of cultural engagement on individuals and on communities that go beyond monetary value. Measuring economic impact is significantly interwoven into funding mechanisms and is likely to continue. However, allied in part to the redesign of health and social care systems, an assessment of the broader values of cultural engagement is apposite.

Over the past fifty years, health and wellbeing determinants have broadened to include social health, which is determined by where and how people live (WHO, 2005), and the quality of interactions that they have with one another and their environment. Despite the histories of Margate, Folkestone and Bexhill as resorts of health and wellbeing, their cultural regeneration projects have not, in the main, chosen to focus directly and overtly on culture's potential contribution to the health and wellbeing of residents and visitors. Nevertheless, taken together, the three towns, with their disparate yet complementary challenges and their differing approaches to the role of culture in regeneration, provide an appropriate context against which notions of cultural value as it pertains to social capital and health and wellbeing can be expounded and interrogated.

## Methods

The evaluation design aimed to support a phenomenological perspective of the interplay between cultural value and social capital generated by cultural organisations through the lens of health and wellbeing.

A mixed-method, participatory action research design was adopted. The methods included a range of established research and community engagement tools: a modified version of DOTT: the Design Council's double diamond design process model, interviews, mind maps, vox pops and focus group discussions.

Left:

*For Those In Peril On The Sea* (Hew Locke), Folkestone Triennial 2011. Installation of model ships - referring to sea trade and migration - suspended from the nave of St Mary and St Eanswythe's Church, The Bayle, the oldest building in Folkestone.

*Photo: Stephanie Mills*

Research participants comprised professional participants (policy-makers, arts and health researchers and professional staff of the three cultural organisations; arts/culture/health experts; participatory arts practitioners; funders; collaborators), and public participants (cultural organisation customers; volunteers; local citizens). A site-specific cultural activity programme was set up in each of the cultural organisations to act as a platform for focus group discussions with customers, staff and participatory art practitioners. Overall some 300 participants were engaged in this research project.

## Results

The main findings centred on three areas: culture's impact on health and wellbeing; social capital theory and health and wellbeing; and research approaches: cross-sector learning.

### Culture's impact on health and wellbeing

In general, defined models of health and wellbeing were not referred to by participants yet many indicated an intuitive connection between cultural activity and a sense of wellbeing. Many of the pathways to this sense of wellbeing could be linked with the New Economics Foundation's Five Ways to Wellbeing. Public aspirations for improving future cultural offer in the three towns appeared tied to aspirations for improved wellbeing. Despite strong apparent correlation between cultural activities and improved social capital and health and wellbeing, this was acknowledged to be a complex area and evidence of a causal link was regarded as inadequate. A lack of opportunities and/or resources for cross-sector collaboration was seen as likely to inhibit solutions.

Non-prioritisation of health and wellbeing as a primary outcome of activities in cultural organisations may be due in part to perceived tensions around instrumentalism versus the intrinsic value of art, and a perceived lack of resources on the part of art providers to deliver highly specialised interventions needed to address specific health outcomes.

### Social capital theory and health and wellbeing

Providers of art perceived the significance of social capital variably, ranging from it being a primary influence on programming to an unintended by-product of cultural projects. However, a link between the effects of cultural engagement and social capital was expressed strongly through abstract language used by research participants (e.g. *"You make friends"*; *"It's changed the town completely. We love it"*). Knowledge among professional participants of key texts relating to social capital theory appeared to underpin a belief in the concept as a vehicle for change, associated largely with the principles of 'connections' and 'added value'.

The proposition that cultural organisations should embrace social capital theory as a key component of their mission was variably received. Whilst the proposition was wholly embraced by some, others identified a range of challenges and barriers, including consumer issues (e.g. inclusive provision); evidence (e.g. sector-relevant methodologies); politics (e.g. agendas; leadership) and perceptions of the sectors' differing needs (e.g. agendas/experiences/leadership).

### Research approaches: cross-sector learning

Funding criteria were recognised as key drivers to evaluation processes and reporting language. Tensions were noted in the differing languages between cultural organisations, which tended to use quantitative-oriented language driven by economic-centred outputs, and the health sector, in which qualitative-oriented language has become better established. Limitations of current evaluation processes were, in general, thought to centre on: i) the challenges of measuring outcomes (as opposed to outputs) efficiently and cost-effectively; ii) the lack of established measuring tools.

## Recommendations

The recommendations are aimed at:

- National cultural policy makers (including Department for Culture, Media and Sport, Arts Council England and national trusts and foundations).
- Regional and local cultural policy makers (including Local Authorities, LEAs and local trusts and foundations).
- The statutory Health and Social Care sectors.
- Cultural organisations in receipt of public funding.
- The Arts and Health research community.

The collective recommendations aim to support, across the sectors: a better understanding of the way in which people may change in relation to their physical and mental health and emotional wellbeing due to engagement in culture and the arts, and how this might relate to community resilience and social capital and to health maintenance and to health promotion; and to support a range of strategic actions that will help to build evidence based policy, and local actions that will enhance practice with this focus. The recommendations centre broadly on:

- Cross-sector reciprocity - learning and sharing across sectors.
- Cross-sector research activity - participative action research; designing research tools; joint research projects; disseminating evidence.
- Optimising resources - cross-sector directorates; sharing best practice/training.
- Actioning strategic development - identifying leadership; guidance on national/regional/local policy agendas, including joined-up policy on health and social care commissioning/referral systems .
- Guidance/support for local initiatives - cross-sector repositories for information on policy/evidence/practice; cross-sector training symposia; health sector referral systems.



# Chapter 1

## Setting the scene: the growth, decline and regeneration of three coastal towns

*I sat upon the shore  
Fishing, with the arid plain behind me  
Shall I at least set my lands in order?*

1. In 1921 TS Eliot travelled to Margate to convalesce from illness and there drafted sections of *The Waste Land*.

TS Eliot, *The Waste Land*<sup>1</sup>

The first modern seaside resorts emerged in embryonic form in England in the late seventeenth century. Copying and modifying the practices of the older inland spas, seaside resorts were coastal towns that became specialised as places of resort for visitors seeking health, wellbeing and leisure. Favourably positioned along the Kent and East Sussex coast, Margate, Folkestone and Bexhill-on-Sea were once at the forefront of the development of an increasingly sophisticated resort offer, but then suffered decline and change as patterns of resort usage changed. More recently the three towns have been notable for their endeavours to improve their fortunes through their distinctive approaches to culture-led regeneration.

Eighteenth century resorts prioritised the use of seawater for health and wellbeing. The sea was both bathed in and drunk, the treatments medicalised, prescribed by doctors, administered by ‘bathers’ and ‘dippers’ and mostly taken in private, including through the use of bathing machines. Margate, one of the earliest English resorts, had a significant innovatory role in how seawater was consumed by visitors. It was at Margate in 1750 that a local businessman, Benjamin Beale, invented ‘the modesty hood’, fitting over the end of the bathing machine and designed to hide the bather from the view of unwelcome spectators (Whyman, 1985:186-7).

1791 saw the founding of Margate’s General Sea Bathing Infirmary, later renamed as the Royal Sea Bathing Hospital. The institution was extraordinarily innovative and much emulated. Nationally, it was one of the first hospitals to provide specialist care and the first for the treatment of tuberculosis (albeit long before antibiotics brought the prospect of any effective cure) and it was the first modern hospital to appear at the seaside (Brodie and Winter, 2007:110). Its original purpose was ‘for the Relief of the Poor whose Diseases require Sea-Bathing’ (Ibid); its founder, Dr John Coakley Lettsom:

*firmly believed that fresh air, sea-water, sunlight and regular habits were essential to the treatment of many diseases, and especially those of the chest and all tubercular troubles.* (Whyman, 1985: 347).

Sometimes the regulated seaside unravelled. Writing in Margate in 1807, the caricaturist James Gillray described bathing machines sitting in:

*Muddy water, dead dogs, Fish Guts, Greens and filth swimming about – naked men among ye machines – Bathing women entering from one Machine to ye other, young Ladies looking thro’ Telescopes at ye Naked Figures in ye water.* (Whyman, 1985:183).



Left and above:  
Seafront views towards Margate Pier and promenade which was surveyed and recorded during the planning of Turner Contemporary.

Photos: Stephanie Mills

Gillray was one of many artists drawn to the sometimes carnivalesque attractions of coastal resorts. JMW Turner was a regular visitor to Margate from 1820 onwards, while writers including Dickens, HG Wells, Joseph Conrad and TS Eliot later took inspiration from the Kent and Sussex coastline and the resorts that ringed it.

From the late eighteenth century and particularly during the nineteenth century, new ways of securing health and wellbeing at the seaside came increasingly to the fore. Sea air – ‘ozone’ – and sea view became significant attractions of coastal resorts. New seaside parades, promenades and piers provided access to the all-important benefits of sea air, the consumption of which was often medicalised and controlled by seaside authorities. Apart from panoramic views and supposed health benefits, coastal resorts offered the chance to mix with similar people and perhaps to sit and listen to music and other entertainments.

One example was Folkestone, by the end of the nineteenth century, ‘the most aristocratic seaside resort in the country’ (Bishop, 1973 119). The Leas, the most fashionable part of the resort, was a cliff-top park and promenade and offered seaside air and views in the company of like-minded and similar-status people. For the included, the Leas provided a refined form of health and wellbeing. It was the job of a private police force to patrol the entrances to the Leas and deter unsuitably attired locals from mixing with the gentry. Whilst the resort prospered, the eastern half of the town, centred on the ancient harbour, continued with its traditional industries of fishing and, allegedly, smuggling.

Swimming, discovered, invented and disseminated as an increasingly popular seaside activity in the second half of the nineteenth century, rapidly became part of the development of health, fitness and wellbeing in the open air. The constraints associated with the controls and medicalisation of earlier versions of seaside health and wellbeing eroded. There were new joys and freedoms to be experienced by individuals and families at the seaside, whether in the sea or on the beach. Attempting to reconcile the bathing machine regime with the novel pleasures of swimming in the sea, at Folkestone Walter Fagg patented an extraordinary bathing machine carriage on rails that included 20 changing compartments and a rope cage to keep non-swimmers safe in the sea (Gray, 2006:157).

Ultimately, though, sea swimming was bound up with the demise of the bathing machine (in most places by the end of the 1930s) and segregated bathing and the increasing development of family-centred use of the beach and sea. Although in some ways a model and innovative resort, Bexhill did not (as is still sometimes claimed) lead the way in the introduction of mixed bathing in 1901 but was a laggard. In 1904 one horrified commentator reacted to Bexhill’s mixed bathing and revealing costumes by asserting:

*for the general public to meet under such conditions as these will not long continue possible in England.* (Bexhill Observer, 1904)

Lettsom’s pioneering late eighteenth century belief in the value of sunlight was not to become widely appreciated and followed until more than a century had elapsed. By the early twentieth century, however, earlier dominant versions of society and nature at the seaside gave way to the coming of the sun. The sunny seaside took health, wellbeing and leisure in new directions. Margate innovated again, being the first resort, in 1898, to introduce deckchairs to the beach and allowing holidaymakers to experience the beach and sun in new ways. The health, wellbeing and leisure apparatus of the sunny seaside included sun terraces and solariums, new seaside parks and gardens and, perhaps most iconic, open-air pools and lidos. One of the earliest open-air pools opened at Bexhill’s newly laid out Egerton Park in 1890 (Rother.gov.uk, 2014). At Cliftonville in Margate, grander facilities were opened in 1927 and, on the seafront below the Leas, at Folkestone in 1936 (Smith and Inglis, 2005).

Open-air pools and lidos were one important (and relatively recent) element in the provision of seaside entertainment outdoors. Away from the sea and beach, holidaymakers still needed to be entertained and their wellbeing and leisure needs met both indoors and outdoors. Early resorts such as Margate featured a range of other outdoor amusements. These took the form of promenades and music-making in the open air, the camera obscura and excursions to grottos, follies and

tea gardens. At the same period, indoor entertainment featured assembly rooms, circulating libraries and permanent theatres which provided music, dancing, theatre and a wide range of other performances designed to enhance leisure at the seaside. Visitors were audience members and spectators and also, at times, active participants. Resorts developed, new technologies were introduced, the market broadened and an increasingly interventionist public sector complemented the offerings of private providers.

The range of outdoor and indoor entertainments widened and diversified. The Leas at aristocratic Folkestone was at one extreme. All three resorts featured parks with bowling greens, tennis courts and boating lakes, gardens with clock towers and bandstands and promenades with benches, shelters and cafes and tearooms. Indoor entertainment was provided at hotels, winter gardens, pavilions, theatres, museums, art galleries and libraries. The three resorts each built important new entertainment complexes in the first decades of the twentieth century, each, in its own way, providing for the increased wellbeing and leisure of visitors. Margate was first, with the 1911 Winter Gardens. Folkestone's Leas Cliff Hall was opened in 1927 by Prince Henry, later the Duke of Gloucester. He declared:

*"I have great pleasure in declaring this new pavilion open. I recognise it as a step in a wise and far-seeing policy for the advancement of the general wellbeing, happiness, and prosperity of all residents in and visitors to Folkestone"* (Stafford and Yates, 1985:141).

Bexhill, the last great resort on the southeast coast, provided the nationally pre-eminent and ultimate symbol of these new forms of seaside wellbeing, entertainment and leisure in the form of the proudly modernist 1935 De La Warr Pavilion. The building, including a solarium, was designed to glorify and bask in the sun. Earl De La Warr, the driving force behind the plans, believed that recreation and architecture should be a significant force in local and national regeneration, with the Pavilion performing a local role as a centre for entertainment and the community and a national role as an exemplar to other resorts of what the future should hold. The Earl made clear his views at the laying of the Pavilion's foundation stone, asserting the venture was:

*"... part of a great national movement, virtually to found a new industry – the industry of giving that relaxation, that pleasure, that culture, which hitherto the gloom and dreariness of British resorts have driven our fellow countrymen to seek in foreign lands"* (Gray, 2006:259).

During the twentieth century, Margate and Folkestone (not respectable Bexhill) also developed fixed amusement parks. Margate's Dreamland - a name redolent with a sense of other-worldly wellbeing - was particularly important, offering a large range of outdoor and indoor entertainment and helping to create and sustain a particular image for the resort.

In the period immediately after the Second World War, visitor numbers to the three resorts, in common with many other resorts in England, were vibrant. Released from the deprivations of the war, people visited the coast in search of rejuvenation, wellbeing and leisure. But resorts teetered on the edge of disaster.

The austerity of the early post war years limited both the spending of holidaymakers and new capital investment in the resort offering and infrastructure. More importantly, modern perceptions of and requirements for health and wellbeing by the sea and in the sun were evolving, with contemporary aspirations increasingly met by newer seaside resorts in other countries. A long term decline in visitor numbers and visitor nights subsequently had their impact on local authority recurrent spending on seaside leisure services, on the private sector and on the health and wellbeing experiences of those who still visited the three resorts.

All three towns lost their open-air pools, the iconic symbols of the sunny seaside. Bexhill's Egerton Park Pool was demolished in 1986 and replaced with flowerbeds. Folkestone's pool was demolished in the same decade and the site used for a period as an open-air market. Margate's Cliftonville Lido was closed in 1977 and the pool filled with rubble and sand. The derelict structure remains today (Smith and Inglis, 2005).

The attractiveness of many English resorts, including Bexhill, Folkestone and Margate, as places of health, wellbeing and leisure, was much diminished. Visitor numbers declined, the social mix of holidaymakers changed and the nature of the visit altered with, for example, fewer people staying overnight. People increasingly made their holidays away from these seaside resorts, spurred on by rising affluence, widening car ownership and the development of affordable foreign holidays. An often-vicious spiral of decline set in, with negative consequences for resort economies, visitor infrastructure and the health, wellbeing, leisure and culture offer of resorts.

The three towns ceased to be specialised resorts focused on providing health, wellbeing and leisure for holidaymakers. A decreasing number of holidays were made in the three towns. The void left by the holiday industry was filled in various ways; sometimes, as in the case of Margate, by an economy, society and culture of the disadvantaged and excluded, sometimes, as with Bexhill, by enclaves for the elderly retired. Many coastal towns became the locus for nationally significant economic, social and health deprivation. At worst, lost resorts became last resorts.

Until the first half of the 1990s this process of decline seemed inexorable. Central government investment in regeneration, which was beginning to turn around many of the UK's post-industrial metropolitan areas, did not filter down to most coastal towns. Although there were notable exceptions such as Brighton and St Ives, the trend was for relative, and actual, levels of deprivation in former resorts to worsen.

Ironically, as long ago as 1935, De La Warr Pavilion had been envisaged as one of the UK's first cultural regeneration projects when Earl De La Warr placed architects Mendelsohn and Chermayeff's extraordinary icon of modernism at the heart of his vision for: *"the growth, the prosperity and the greater culture of this, our town"* (Fairley 2006:74). However, by the mid-1990s, Bexhill had become almost the archetypal "Costa Geriatrica" and the Pavilion was operating effectively as a dilapidated (and expensive-to-run) "village hall" for local residents. The local council's proposal to sell it for conversion into a pub sparked a national campaign to save it for public use and eventually led to a £9 million National Lottery project to restore and convert it to a centre for contemporary arts. After a period of closure, it reopened in 2008 and now successfully positions itself as *"a pioneering place where people matter"* (De La Warr Pavilion strapline on Twitter.com, 2014). Councillor Carl Maynard, the Leader of the local Rother District Council, recently confirmed core revenue funding for the next seven years, commenting: *"The Pavilion is a major asset for the District and remains a lynch pin in the long term regeneration of Bexhill and the district as a whole"* (Rother.gov.uk, 2014).

Folkestone's historic social and economic divide, referred to above, continues to the present day. To the west of the town centre are found a relatively high proportion of retired people; to the east, levels of deprivation that place some wards in the worst 3% nationally. Arguably Folkestone's strongest asset has been the stabilising presence of a major private sector employer in the shape of Saga, the over 50s holiday and financial services provider. Sir Roger De Haan, the son of Saga's founder Sidney De Haan, sold his stake in the company in 2003 and has since donated substantial funds to a series of charitable initiatives aimed at using culture and education to turn around the town's fortunes. Three factors make the Folkestone approach to culture-led regeneration stand out: the holistic approach to making the town a successful place to live, study, work and play; the predominantly privately-funded, philanthropic nature of the project; and the commitment to make cultural activity almost unavoidably part of people's

lives. These initiatives are principally achieved through the vehicle of a charitable organisation, The Creative Foundation. Elements of the plan already implemented include a new performing arts centre, a new all-age Academy, the turning of the former “no-go area” of the Old Town into a Creative Quarter, and the Folkestone Triennial – a programme of commissioning international artists to make contemporary art for the public realm. Since 2010, the town has also benefitted from the introduction of HS1 high-speed rail services to London.

Margate is in many ways the most challenging of the three towns, with relatively high levels of deprivation (including two wards that fall within the worst 0.1% nationally) and few major private sector employers. Into this environment has been placed Turner Contemporary - with high expectations upon it to turn the town around. This striking £17.4 million visual arts gallery, commissioned and delivered by Kent County Council and occupying a prominent location on the seafront, opened in 2010 and has since exceeded all targets in terms of attracting visitors, many of whom also take advantage of access to HS1. Taking its cue from artist JMW Turner’s love for Margate, its huge skies and its sunsets, the gallery sets out to celebrate Turner’s influence on contemporary art today whilst reaching out with an extensive public engagement programme. While the gallery itself is the most potent symbol of Margate’s regeneration, it is just one element in a comprehensive local authority-led strategy encompassing improvements to public health, education, skills and physical infrastructure.

It is perhaps curious that, despite the long histories of the three towns as resorts of health and wellbeing, these cultural regeneration projects have not, in the main, chosen to focus directly and overtly on culture’s potential contribution to the health and wellbeing of residents and visitors. Nevertheless, taken together, the three towns, with their disparate yet complementary challenges and their differing approaches to the role of culture in regeneration, provide an appropriate context against which notions of cultural value as it pertains to social capital and health and wellbeing can be expounded and interrogated.

THIS  
PLATE WAS LAID BY  
THE MAYOR OF BEXHILL  
THE RIGHT HONOURABLE  
EARL DE LA WARR  
ON 6TH MAY  
1935  
ERICH MENDELSON &  
SERGE CHERMAYEFF  
F.R.I.B.A. ARCHITECTS



# Chapter 2

## Theoretical underpinnings

### Social capital

The earliest specific use of the term “social capital” is attributed to Hanifan (1916:130) who used it to refer to “tangible assets” such as goodwill and fellowship or social intercourse shared amongst those who constitute a social unit. It took until the 1980s for mainstream academic interest, both in Europe and the USA, to develop the concept. Since then debate has focussed around the works of three seminal figures: Pierre Bourdieu (1984), James Coleman (1990) and Robert Putnam (2000).

Bourdieu argued that the prevailing economic orthodoxy was limiting itself to the study of only the first of three different kinds of capital (economic, cultural, social) which, although overlapping, each convey different advantages or benefits: economic capital relates to wealth and income; cultural capital is the ability to engage with and benefit from cultural goods; and social capital enables people to draw on the contacts and connections provided by their social networks.

For Bourdieu, social capital represents a collective social asset that “is the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalised relationships of mutual acquaintance and recognition” (Bourdieu and Wacquant, 1992:119). He views cultural and social capital as privileged goods that enable an elite or a dominant class to reproduce itself.

By contrast, Coleman and Putnam provide a theory of social capital as a public good. Coleman defines social capital by its function: “Like other forms of capital, social capital is productive, making possible the achievement of certain ends that in its absence would not be possible” (Coleman, 1988:98). This is achieved by the actions of people operating within some form of social structure or network.

Under this definition social capital depends on the goodwill of individual members whose social relations are underpinned by norms and characteristics such as trust, co-operation and tolerance (or sanctions). For Putnam (2000:134) “the touchstone of social capital is the principle of generalised reciprocity”. Thus, the core thesis of social capital theory (Field, 2003) is that “relationships matter”. People connect to one another through a series of networks within which members tend to share common values and interests with other members who provide a social resource for mutual benefit.

Sociologist Mark Granovetter (1973; 1983) set out to examine crucial social links that tie communities together and by differentiating between strong (family, friends, colleagues) and weak ties (acquaintances), he demonstrated the paradox that the latter ties are the ones that bind social networks and provide opportunities to get ahead in life. He called these “bridges”, which, between social worlds have dramatic consequences, contributing to the “small world” phenomenon. He concluded weak links are often of greater importance than strong links because they act also as crucial ties that sew the network together; when eliminated, the network fragments into a number of isolated cliques. This fragmentation potentially reduces social resilience.

Left:

Gathering place at base of the staircase on the ground floor of De La Warr Pavilion, Bexhill, 2013. Mind map respondents said one of the attractions of the building is “it’s a nice place to doze / contemplate.”

*Photo: Stephanie Mills*

A common typology of social capital has since developed in the literature (Woolcock, 2001:13-14):

- **Bonding social capital** manifests itself between members of a social network, exemplified by strong ties among people from similar situations. These “horizontal relationships” - between family, friends and neighbours - are good for “getting by” in life.
- **Bridging social capital** refers to more distant “weak ties” between members of different social networks. These ties provide access to contacts, information and resources essential for “getting ahead” in life.
- **Linking social capital** refers to links between groups with different levels of influence and power. Its “vertical ties” enable members of the network to leverage a greater range of resources than those available within any one community.

The premise behind social capital for Lin (1999:30) is “investment in social relations with expected returns”. Social capital contains three ingredients against which it may be measured including resources embedded in a social structure; access to such social resources by individuals; and their use or mobilisation by individuals in purposive actions. Benefits include access to: a flow of information; exerting influence; certifying social credentials and reinforcement in the form of identity and recognition.

In interpreting Lin’s measures, Nick Ewbank Associates (Ewbank, Mills and Gray, 2013) previously set out to analyse the resources dedicated to the generation of social capital embedded within, and offered by, the De La Warr Pavilion (both as an organisation and as a place). Through a series of participatory research tools Nick Ewbank Associates began to develop an understanding of the various individuals and groups who gain access to De La Warr Pavilion’s resources through its facilities and its cultural and social offer, and explore how they and the organisation benefit from their mutual interaction. In other words, how De La Warr Pavilion’s relationship with its stakeholders engenders reciprocity, co-operation and trust, and in so doing generates social capital.

The findings of Nick Ewbank Associates’ research at De La Warr Pavilion, resonates with Nash (2002) who proposes that our social relations impact on our quality of life through a combination of:

- **Social capital or “network effects”**: The importance of whom you know and how well you know them.
- **“Socialisation effects”**: The influence our social environment has on our values, perceptions and expectations.
- **“Attachment effects”**: The impact of personal or communal commitment to place.

There is, however, no single understanding of what is meant by social capital. In their work for DEFRA, Brook Lyndhurst find the use of proxies for measuring social capital particularly open to challenge, and instead identify four common themes or “dimensions” of social capital to frame their research. These are informal social networks; formal community networks; norms and values; and place (Brook Lyndhurst Ltd., 2010:6-9).

The impact of place is also highlighted by Nash and Christie (2002) who suggest that while the character and quality of local social relationships undoubtedly impact on quality of life, on opportunities and sources of support, so too do the quality of the environment and a sense of place. This combination influences the “feel” of a neighbourhood, opportunities for interaction - including places of congregation for different groups and those that encourage a social mix - and patterns of trust.

## Social Capital, Health and Wellbeing

Robert Putnam, in his book 'Bowling Alone' (Putnam, 2000:326), says that, of all the domains he has researched on the consequences of social capital, none is as important as a link between social connectedness and health and wellbeing. John Field (2003:64) also makes the beneficial connection between social capital and health and wellbeing, finding: "The evidence that people with more social capital are likely to live longer, and suffer from fewer health disorders, is reasonably conclusive".

Both these authors attribute the linkage between social cohesion and health to French sociologist Emile Durkheim's seminal research on suicide (Durkheim, 1897). Durkheim found "suicide rates were higher in populations with low levels of social integration, and lower in closely knit communities" (Field 2003:63). Field's review of the literature indicates research evidence gathered since the late 1970s makes a more general connection between physical and mental health levels and social ties. It shows "that people with strong social networks had mortality rates half or one-third of those with weak social ties" (Kawachi, Kennedy, Lochner and Prothrow-Stith, 1997; Whitehead and Diderichsen, 2001). He goes on to say "that social inequality tends to reduce social stability and undermines social networks (manifesting itself in) higher levels of anxiety, stress and ill health" (Wilkinson, 1996); while a large-scale OECD study (2001) suggests "an extensive social network helps protect against dementia."

These findings are corroborated by recent research on social connectedness. The BBC reported Dr Carol Holland, Director of the Aston Research Centre for Healthy Ageing, as saying, "the more friends you have when you are 50-60 years old, the less likely you are to be isolated in later life. And the less isolated you are; the less likely you are to be frail as the years go by" (BBC News, 2014). One of England's largest studies on ageing (Banks, Nazroo and Steptoe, 2012) also found that socially isolated people, compared with those with good social networks, have a reduced life expectancy of some seven years. Wellbeing, "a rather broad notion which includes mental health" and "positive aspects of human development such as life satisfaction" (Field 2003:66) is also impacted by social capital. Putnam's research on the correlates of life satisfaction indicates "happiness is best predicted by the breadth and depth of one's social connections" including civic connections that "rival marriage and affluence as predictors of life happiness" (Putnam 2000:332-333).

Field (2003:67) sounds a note of methodological caution about generalising - or extrapolating - individual findings on the broadly positive relationship between social capital, health and wellbeing, to cover whole populations. Halpern (2005:75) raises methodological issues that "present a considerable challenge to any researcher attempting to understand the causal relationships between social capital and health" including the possibility of respondent bias, lack of clarity in the direction of causality and the impact of personality variables.



## The Arts, Health and Wellbeing

For the last twenty years, research evidence on the impact of cultural engagement, creative endeavour and aesthetic appreciation on the health and wellbeing of individuals and communities has gathered significant momentum (Wikstrom, 2004; Clift et al., 2009; White, 2009). This impetus is based partly on the relationship between these elements and on evolving definitions of health and wellbeing (Department of Health with Arts Council England, 2007; Stickley and Duncan, 2007; Hacking et al., 2008; White, 2009; Bungay and Clift, 2010; Clift, 2012).

Top row - left:

*Tempo para Respirar* (Breathing Time)  
by Brazilian artist Maria Nepomuceno.  
Collaborative artwork and installation  
in Sunley Gallery, Turner Contemporary,  
Margate, 2012-2013.  
**Photo: Stephanie Mills**

Top row - right:

Lachrymose choir performance at Turner  
Contemporary, Margate, November 2013.  
**Photo: Darren Hollister**

A biopsychosocial view of health (Engel, 1977) emerged in the latter part of the 20th century in response to a prolonged dissatisfaction with the power of biomedical model to support people through the lived experiences of ill-health (Wade and Halligan, 2004). Since then, attention has turned to holistic aspects of health, with an emphasis on health promotion and public health.

Public health strategy adopted a healthy settings approach, based on the 'Health for All' (defined by the World Health Organisation [WHO] in 1981) proposition that "Health is created and lived by people within the settings of their everyday life; where they learn, work, play and live", including cities, schools, universities, prisons and hospitals. This recognises that both internal and external factors play a crucial part in building resilience against a sense of ill-health and/or ill-being.

In England, key stakeholders have recently adopted the term 'wellness' to define a holistic sense of health and wellbeing (e.g. Beaumont, 2011). This emerging concept reflects the 'Health for All' proposition by aiming to encapsulate not only physical and mental factors but also social and living environments. The WHO European review on health inequalities and the health divide recognised that the determinants of wellbeing and the determinants of health overlap but are not identical and this highlights the importance of identifying the contribution of personal and social assets that can support health and/or wellbeing. In the same vein, the Mental Health Foundation identifies ten ways of promoting positive mental health (Mental Health Foundation, 2008), and the NHS Confederation and New Economics Foundation (NEF) argue for using a model based on Five Ways to Wellbeing (Aked, Marks, Cordon and Thompson, 2008).

Middle row - left:

StevensonThompson and Dancing Horizons  
workshop at De La Warr Pavilion, Bexhill on  
27 November 2013.  
**Photo: Matt Shipton**

Middle row - right:

Source BMX event at De La Warr Pavilion  
during Shaun Gladwell exhibition Spring  
2013.  
**Photo: Stephanie Mills**

Five Ways to Wellbeing is a set of evidence-based public messages aimed at improving the mental health and wellbeing of the whole population. The model reflects the Department of Health's identified wellbeing enablers of a positive state of mind and body, feelings of belonging and safety, and a sense of coping (Department of Health, 2010). The Five Ways model was developed by NEF as the result of a commission by Foresight, the UK government's futures think-tank, as part of the Foresight Project on Mental Capital and Wellbeing. Argued by NEF as a potential driver for the commissioning of 'wellness services' (Clift, 2012), the Five Ways reflect kinds of behaviour that people can undertake, and which academic evidence suggests may lead to improvements in their mental health and wellbeing. These include:

- Connect - with people around you
- Be active – walk, run, cycle, dance
- Take notice – catch sight of the beautiful, savour the moment
- Keep learning – makes you more confident as well as being fun
- Give – do something nice for a friend or a stranger.

Bottom row - left:

Old High Street during Folkestone Triennial,  
Summer 2011.  
**Photo: Stephanie Mills**

Bottom row - right:

*Out of Tune* (A K Dolven) seafront  
interactive installation from Folkestone  
Triennial 2011, now part of the Folkestone  
Artworks permanent collection.  
**Photo: Stephanie Mills**

At least a decade before the Five Ways to Wellbeing was launched, the evidence showed that "leading a life of purpose" and "having quality connections with people" (Ryff and Singer, 1998:7-8), "creativity and cultural expression" and "meaningful connections to others in our social world" (Hasselkus, 2002:xii) can each engender a sense of wellbeing.

White and Robson (2011:53) propose that the key facets of participatory arts are that they 'generate wellbeing and help strengthen identity, connection and a sense of place', and that this, in turn, has had a positive impact on the wider community. Bungay and Clift (2010) support the view that participation in arts activities appears to operate at two levels: at an individual level, people may experience improved health and wellbeing; at a community level, participation promotes social engagement and inclusion.

A report by the Royal Society for Public Health states that:

*"The practice of using the arts to promote healing and happiness is as old as the arts themselves. For early civilizations, aesthetic beauty in objects or surroundings and the soothing rhythms of words, movement and music contributed to the balance and harmony between bodily systems and environment which was believed to maintain good health. Arts Council England, the Department of Health and many leading healthcare experts firmly believe that the arts have an important part to play in improving the health and wellbeing of people in many ways"* (RSPH, 2013:6).

A role has thus begun to emerge for the arts as a tool for improving public health and wellbeing, reducing social inequalities and promoting social inclusion (Hamilton, Hinks and Petticrew, 2003 in RSPH Working Group on Arts, Health and Wellbeing, 2013).

The UK's national 'Taking Part' survey (Gov.U.K, 2013) has, since 2005, been funded by the Department for Culture, Media and Sport (DCMS), Sport England, Arts Council England (ACE), the Museums, Libraries and Archives Council, and English Heritage. The survey collects data on many aspects of leisure, culture and sport in England, as well as an in-depth range of socio-demographic information on respondents. An independent review (Sproston and Purdon, 2010) commissioned by DCMS states that the report addresses key issues relating to barriers to engagement and the relationship between engagement and social capital, such as volunteering and community cohesion.

The momentum for a national survey on the scale of 'Taking Part' may have arisen in part because of the growing body of research evidence showing a link between health and wellbeing and cultural participation. The evidence so far centres on the benefits of a wide range of cultural activities, for example group singing, the rise of which in the UK is a striking twenty-first century phenomenon. In a series of reports by the Sidney De Haan Research Centre for Arts and Health (e.g. Clift et al., 2010; Clift and Morrison, 2011), the benefits of group singing are shown to relate to contemporary models of wellbeing, for example:

- Positive feelings
- A sense of expectation and hope
- Self-belief
- Life-long learning
- Social support and networking.

A number of larger-scale epidemiological studies on the effect of culture and health and wellbeing have been conducted in Scandinavian countries and in the USA. For example, Bygren, Konlaan and Johansson's (1996) study involved interviewing nearly 13,000 Swedes between 1982-3 about their cultural activities and observing their rates of mortality eight, nine, and 14 years later. The findings clearly showed increased mortality associated with both rare and occasional cultural participation compared with the highest levels of participation. More recently, a major Norwegian study (Cuypers et al., 2012), involving over 50,000 participants, showed a positive link between cultural activities and health, anxiety, depression and life satisfaction. The study differentiated receptive (passive) and participatory creative activities and found that mental health and life satisfaction was likely to increase for women engaging in creative activities compared with men, for whom receptive activities were the most effective. A study by Cohen

et al. in the United States (Cohen, 2006; 2007; 2009), which involved over 300 older people in an experimental/control study on cultural engagement and health and wellbeing, concluded that the trend of health improvement and stabilisation associated with regular and sustained engagement in professionally-led, community-based cultural programmes “point to true health promotion and disease prevention effects” (Cohen, 2009:59).

In the UK in 2011, The Baring Foundation commissioned a report into arts and older people. The report concurred with previous findings, concluding:

*“The beneficial impact of participatory art in terms of mental and physical wellbeing is evident at the individual, community and societal levels. Although the evidence base is relatively weak, it suggests that there is tremendous potential for participatory art to improve the quality of life for older people in general, as well as those older people who are most excluded including those with dementia, those who are socially and economically disadvantaged, LGBT groups and prisoners”* (Mental Health Foundation, 2011).

However, the report also noted that the potential of the arts, and in particular participatory arts, to support the wellbeing of older people is not generally recognised in policy and service provision. This indicates that despite the growing evidence, tensions remain. Some of these may centre on the perceived lack of tools with which to measure impact, a topic which has prompted its own subset of literature (e.g. Davies, Knuiiman, Wright and Rosenberg, 2014). Other tensions appear to emanate from artists’ and arts providers’ definition of their role relating to health and wellbeing, which brings to the fore the complex instrumental versus intrinsic value argument, as expressed by former Chair of Arts Council England, Dame Liz Forgan:

*“I think you’re selling the pass if you “sell” the arts as either this will do good for your economy or this will help cure your problems with mental health. That’s not big enough, you know. That’s an instrumental argument and they are all true but it’s not enough. If you do that you then find yourself with no arguments left when someone says “what’s this weird experimental arts centre doing?”* (Forgan, 2014).

The next chapter outlines the methods used in the current study, which aimed to elicit a wide breadth and depth of information to better understand the links and barriers between cultural value, social capital and health and wellbeing.



# Chapter 3

## Our Methodology

### 3.1 The structuring framework

Our methodology is informed by the theoretical literature on social capital, participatory arts, health and wellbeing, and cultural value as addressed in the previous chapter. We have adopted and developed the model devised by Nick Ewbank Associates, in their 2013 analysis of the Generation of Social Capital at De La Warr Pavilion (Ewbank, Mills and Gray, 2013).

In seeking to establish a framework that will “advance the way in which we talk about the value of cultural engagement and the methods by which we evaluate that value” (AHRC Cultural Value Project Call), we have taken steps to ensure that the criteria for our methods include:

- Being creative, transparent and accessible.
- Always prioritising the cultural experience itself, its impact on individuals and wider value to society.
- Producing findings that can contribute to a more cohesive, consultative, and improved cultural offering provided by Bexhill, Folkestone and Margate.
- Being replicable, by other cultural organisations.

Our focus has been on deploying methods that provide practical information, relating to cultural value, social capital and health and wellbeing, regarding, in particular:

- De La Warr Pavilion as an arts and cultural organisation and as a community space and its relationship with the town of Bexhill.
- Turner Contemporary as an arts organisation and cultural environment and its impact on the town of Margate.
- The Folkestone Triennial and the other culture-based initiatives of the Creative Foundation focused on regenerative outcomes, and the impact on the wider area of Folkestone.
- The people (including visitors, other users and staff) and communities related to and interacting with the three organisations.
- Mechanisms to enhance and strengthen networks and social capital generated by the three organisations.

We have designed and executed an innovative and inclusive participative action research process, which draws on a diverse set of established public engagement tools, adapted to fulfill the criteria outlined in the project brief. The process ran from September 2013 to March 2014.

We structured our research process within a modified version of DOTT (Designs of the Time): the Design Council’s double diamond design process model, which is widely used as an iterative, inclusive action research framework for multiple participants/stakeholders (Webarchive.nationalarchives.gov.uk, 2007). The diamond model refers to a process that alternately focuses, and then widens, the research and engagement process with points of collective review.

Our intention has been to explore, develop and test a research methodology that adapts to the needs of cultural value research while interweaving the proven strengths of DOTT with other social research methods. These are outlined in more detail below.

Left:  
Start of AHRC Cultural Value project mind map wall in entrance foyer of Turner Contemporary, Margate during November 2013.

*Photo: Matt Shipton*



## 3.2 Our Research Methods

### Step 1: Diagnose

#### Step 1.1 Desk-based research

Desk-based research was undertaken to investigate culture, health and wellbeing in Margate, Folkestone and Bexhill over the past century and the impact of recent cultural interventions on town regeneration.

Research into social capital theory participatory arts and wellbeing and cultural engagement was explored ahead of Focus Group discussions with project partners and other consultants with expertise in these areas. The desk based research included:

- An analysis of social capital and network theory
- A review of the literature pertaining to participatory arts and wellbeing
- Sourcing data on cultural engagement
- Plotting correlation between cultural engagement and deprivation.

#### Step 1.2 Steering group workshops

An introductory Steering Group workshop was held at the Sidney De Haan Research Centre on the 15th October 2013 with staff and stakeholders from each of the cultural organisations - the Turner Contemporary, Margate, Creative Foundation, Folkestone and De La Warr Pavilion, Bexhill. At this session it was decided to focus attention on the Five Ways to Wellbeing and the potential, currently largely unexplored, for culture to help deliver on these.

### Step 2: Co-Discover

#### Step 2.1 Strategic interviews

Nick Ewbank between November 2013 and March 2014 carried out strategic interviews on an individual basis in face-to-face settings. Interviewees were selected on the basis of their influence on national or regional cultural policy, their expertise in arts and health and/or their specialist knowledge of one or more of the coastal towns or cultural organisations involved in the project.

Those interviewed were:

- Julian Baggini - Writer. Co-founder The Philosophers' Magazine. Born and raised in East Kent.
- Sir Peter Bazalgette - Chairman, Arts Council England.
- Harry Cayton OBE - Chief Executive, Professional Standards Agency for Health and Social Care. Patron of Arts 4 Dementia. Trustee of Comic Relief. Chaired the Arts and Health Working Party for the Department of Health and Arts Council England.
- Cllr. Paul Carter CBE - Leader of Kent County Council.
- Damian Collins MP - Folkestone and Hythe. Chairman of Conservative Arts and Creative Industries Network. Former member of Department for Culture, Media and Sport Select Committee.
- Des Crilley - Director of Customer Services, Kent County Council. Chair of Strategic Group for Arts in Kent.
- Professor Norma Daykin - Professor of Arts in Health, University of the West of England.
- Tamsin Dillon - Head of Art On The Underground and Trustee of Turner Contemporary, Margate.
- Stewart Drew - Director and CEO, De La Warr Pavilion, Bexhill.
- Helen Goodman MP - Shadow Culture Minister.

Opposite - bottom left:

Mapping cultural connections relating to the Five Ways to Wellbeing during the charrette at Turner Contemporary, Margate, February 2014.

- Lord (Alan) Howarth of Newport - Former Minister for the Arts. Founder and Co-Chair of All Party Parliamentary Group on Arts, Health and Wellbeing.
- Tim Joss - Director of The Rayne Foundation. Founder Member and Chair, Arts Enterprises in Health and Social Care. Member of Steering Committee of UK Network for Arts and Health Research.
- Meradin Peachey - Director of Public Health, Kent County Council.
- Victoria Pomery OBE - Director, Turner Contemporary, Margate.
- Richard Russell - Director of Policy and Research, Arts Council England.
- Dan Thompson - Artist and Margate resident.

There was generally an excellent response to requests for interviews, perhaps as a result of the current topicality of the cultural value theme in general and the specific research focus in particular.

Each interview involved fifteen questions, which fell into three broad categories:

- Questions eliciting personal information on attendance at, and participation in, arts and cultural events and activities;
- Questions regarding social capital, health and wellbeing and the role of cultural organisations;
- Questions relating to culture-led regeneration in the three coastal towns.

The interview questions are listed in the accompanying Project Research Data document. Interviews typically lasted for one hour and were transcribed long-hand then typed up and circulated to the interviewees for approval.

## Step 2.2 Site specific group cultural activity programme

Participatory arts events at each of the three organisations were identified and selected to provide a core audience for data capturing at each location, although this was not limited to these groups. The groups were as follows:

### 2.2.1 Margate

Lachrymose Choir at Turner Contemporary led by Tania Holland-Williams. Lachrymose was a choral commission of a new work centred on those who lost their lives at sea in the First World War. A choir of voluntary participants was assembled and rehearsed at Turner Contemporary over a six week period, culminating in two performances at the Gallery on Saturday 23rd November 2013.

### 2.2.2 Bexhill

StevensonThompson is a performance company who conduct participatory movement workshops with a variety of people. Dancing Horizons is a weekly contemporary dance class held at De La Warr Pavilion that explores various styles whilst enhancing dance skills and confidence. The two groups came together at the Pavilion on Wednesday 27th November 2013 to participate in a contemporary dance and movement workshop, which was followed by a focus group discussion facilitated by the research team.

### 2.2.3 Folkestone

Folkestone Triennial Choir has been formed to perform a new work, *Lookout*, commissioned by the Folkestone Triennial 2014, with participants from the local community invited to make known their complaints about, and aspirations for, the town of Folkestone.



Above - Top:  
Lachrymose choir performance at Turner Contemporary.

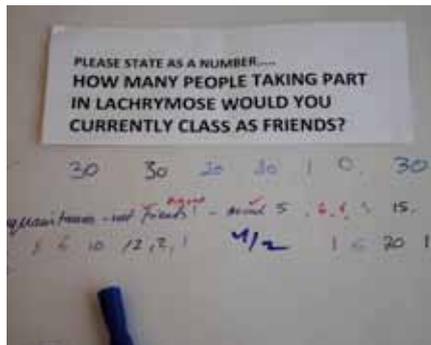
*Photo: Darren Hollister*

Above - bottom:  
StevensonThompson and Dancing Horizons workshop at De La Warr Pavilion on 27 November 2013.

*Photo: Matt Shipton*

Below:  
Lachrymose participant questionnaires at  
Turner Contemporary 22 November 2013.

Photo: Matt Shipton



### Step 2.3 Participant questionnaires

Participant questionnaires were conducted with Lachrymose Choir and audience members at Turner Contemporary, Margate to elicit information about changes to social interactions arising from engagement in the project.

### Step 2.4 Vox pop interviews and focus group discussions

Vox pop interviews were conducted with participants and audience members in the site-specific cultural activity programme outlined in Step 2.2 above. These took place at Turner Contemporary on 17th and 20th - 23rd November 2013 and at De La Warr Pavilion on 27th November 2013.

The research team also facilitated focus group discussions with site-specific cultural activity participants.

### Step 2.5 Mind mapping

Mind maps were gathered from the general public attending Turner Contemporary in Margate from 19th - 23rd November 2013. The research team recruited volunteers from Blank Canvas, the gallery's own inter-generational arts group, to assist in facilitating the 'mind mapping' process. Visitors to Turner Contemporary, and members of staff, were invited to complete mind maps about their relationship with the gallery onto A3 sheets of card. The team was positioned at the bottom of the stairs leading up to the main gallery, where a temporary mind map wall was constructed. As the maps were completed, they started to form a mosaic of observations about the gallery, its impact on the individuals taking part, and its relationship with the town of Margate. This wall was on public display and the area became a hub for discussions and a series of short interviews.



In Folkestone, a similar exercise was carried out with:

- Participants in the Folkestone Futures Choir that was being assembled for the Folkestone Triennial 2014. Mind maps were gathered from choir participants at two rehearsals held on 3rd and 4th December 2013.
- Staff and students at the Folkestone Academy sixth form in the Glassworks building in the centre of the Creative Quarter. These mind maps were gathered on 5th December 2013 with mappers comprising students (primarily) and some staff members.



Above:  
Mind mapping at Turner Contemporary and  
Folkestone Glassworks Sixth Form Academy  
during November / December 2013.

Photos: Matt Shipton

Mind mapping was not undertaken at De La Warr Pavilion. A mind mapping process had been carried out between 29th April - 6th May 2013 by Nick Ewbank Associates for the East Sussex County Council Cultural Strategy research project: De La Warr Pavilion Analysis of Generation of Social Capital (Ewbank, Mills and Gray, 2013) and these findings were incorporated into the AHRC Cultural Value Project.

### Initial Synthesis

During January 2014 initial transcriptions, synthesis and review of all the research material generated by methods in Steps 1 and 2 of the DOTT process was undertaken. This allowed the research team to take stock of the interim findings and acted as a springboard for the development of the subsequent stages of the project.

## Step 3: Co-Design

### Step 3.1 Social Media Analysis

Dan Thompson of Revolutionary Arts was commissioned to investigate the social media presence of the three partner cultural organisations involved in this research project as well as their relationships, through social media, with others locally and with social media “influencers” engaged with these venues and/or with the wider locality. Social media analytics were used to generate comparative influence scores, as well as Facebook and Twitter user profiles, for each organisation. The aim was to examine the relationship between social media and social capital, to establish avenues for future joint working and to explore how social media can generate social capital around cultural organisations.

The output for this analysis was a brief report (see Project Research Data) and presentation to the charrette.

### Step 3.2 Charrette

The research team convened a day long charrette (collaborative, iterative design session) at Turner Contemporary in Margate on the 18th February 2014. Thirty two invited participants including key stakeholders, academics, artists, arts professionals and the research team attended the event.

The theme for the charrette was an exploration of the extent to which the three organisations already generate social capital and can analyse their activities in terms of the Five Ways to Wellbeing. The research team presented their interim findings while also outlining the format for the day. The three cultural organisations gave short presentations about how their existing work links to the Five Ways to Wellbeing. Participants were then split into three working groups, each with a facilitator.

Each group represented one of the coastal towns and its cultural organisation. They were asked to develop the findings (opportunities and challenges) in relation to the three broad research topics - cultural regeneration, generation of social capital through reciprocity, and ways to health and wellbeing.

Each group was asked to present its propositions followed by group discussion.

For the final session participants were asked to engage in a joint mapping exercise to develop future connections, synergies and strategies between the three cultural organisations, their respective towns and the region, based on the themes of the Five Ways to Wellbeing.

## Step 4: Co-Develop

### Step 4.1 Partner feedback sessions

The final stage in the methodology was to circulate the interim findings to each of the cultural organisations in order to elicit their responses.

The following inputs were submitted:

- Mind map syntheses
- Synthesis of strategic interviews
- Draft chapter: growth, decline and regeneration of three coastal towns
- Social media findings.



Above:  
The charrette held at Turner Contemporary on 18 February 2014.

*Photos: Phil Self.*

Nick Ewbank then carried out approximately one hour long interviews with leaders of the three cultural organisations involved in the research:

- Victoria Pomeroy and Karen Eslea (Turner Contemporary)
- Alastair Upton (The Creative Foundation)
- Stewart Drew and Sally Ann Lycett (De La Warr Pavilion).

The purpose of the interviews was to discuss the interim findings and specifically to seek comments on the three research questions in light of the research programme.

Comments and feedback captured in the interviews were subsequently incorporated into the findings.

## **Final Synthesis - our analysis of data**

The small amount of quantitative data gathered via questionnaires were collated by hand and, to accommodate responses to the open-ended questions, input into a Nvivo data software programme. Word clouds were also generated using an online tool “Wordle” (<http://www.wordle.net>).

The qualitative data was managed through thematic analysis using Braun and Clarke’s (2006) model. Hand-written notes and audio recordings of the interviews, vox pops, focus group discussions and charrette were transcribed verbatim onto computerised word documents. The content of each transcription was grouped either by hand, or using Nvivo nodes according to the emerging themes and subthemes.

A number of strategies were put into place to minimise reflexive bias in the analytic process, as suggested by Holloway and Wheeler (2002) and Piper (2006): i) method triangulation; ii) a heterogeneous sample; iii) a mix of professional credentials/experiences among the analysing team; iv) scrutiny of the same data by more than one researcher; v) confirmation from participants that their meaning has been appropriately reported.

Ethical rigour was addressed by all participants giving verbal permission for their comments to be included (anonymised in the case of public participants) in the research outputs. The professional participants were invited to read the transcripts of their interviews to confirm validity.



HEAVEN

IS A PLACE

WHERE NOTHING

EVER HAPPENS



consciously to a core position:

*“Arts and cultural organisations are not doctors or hospitals. They have a vision and they are creative. If you start making [health and wellbeing] a core purpose you’re subverting what arts and culture are about”*

(Sir Peter Bazalgette, Chairman, Arts Council England).

This illustrative comment brings to the fore the discourse on the intrinsic value of the arts versus the instrumental value. Tensions between these two perspectives were frequently raised by the strategic interviewees, who tended to acknowledge the value of the latter but emphasised that sight must not be lost of the former. One vox pop contributor shared this view, saying she was *“wary of trying to peg the arts to other agendas”* because of the potential for *“forget[ting] that the arts have an intrinsic power and purpose of their own”*

(Member of the public, Margate).

There appeared in general less sense of dissonance relating to the intrinsic and instrumental value of art among the public participants, who more commonly saw the two as easy neighbours. For example, two activity participants from the Lachrymose project, the key aims of which included fostering greater knowledge, cultivating a sense of belonging and uniting people, said:

*“It just feels like something that should just be happening in a space like this naturally. To have an interesting music programme... music as well as visual arts, absolutely more, more, more, more from my perspective definitely”*

(Activity participant, Lachrymose song project, Margate).

*“I think it’s just brilliant that we’ve now got this cultural centre in Margate and it’s not just the art, it’s not just the music, there’s all the stuff they’re doing with schools and all the rest of it and I think its absolutely fantastic”*

(Activity participant, Lachrymose song project, Margate).

Mind mappers also provided insight into the lure of their cultural venue/activity. Their priorities in attending venues often appeared to have as much to do with extra-art experiences as art-centric experiences. For example the ‘building’ was seen as at least as much an attraction as the ‘art’ at De La Warr Pavilion and high on the agendas for mappers in both the De La Warr Pavilion and Turner Contemporary were the view, meeting friends and using the café. ‘Art’ was mentioned by mappers from Folkestone as a key component to cultural offer but this was preceded by arts delivery agencies, namely ‘Quarterhouse’, ‘Triennial’ and ‘Book Festival’.

## 1.2 The nature of engagement

In line with discourses in the literature, most strategic interviewees rated the value of active engagement greater than that of receptive consumption. Reasons given centred on participants having their right to be creative acknowledged; having a fuller experience; and deriving a sense of achievement. Des Crilley, Chair, Kent County Council Strategic Group for Arts in Kent observed, *“You get more traction when people participate rather than consume”*.

Despite an overarching argument for active engagement, caveats related in the main to perceptions of engagement, for example a post-concert discussion or simply ‘viewing’ might constitute active engagement for some individuals; and the quality of experience, for example, a high quality receptive experience might yield greater benefit than a mediocre active experience. Richard Russell, Director of Policy and Research, Arts Council England, highlighted the complexities by citing Daniel Fujiwara’s recent work (Fujiwara, Kudrna and Dolan, 2014) that indicated higher than expected levels of wellbeing were associated with passive consumption, which may have links with emotional engagement.

### 1.3 Barriers to engagement

Similar observations concerning barriers to cultural engagement were made. These centred mainly on the following five key barriers:

#### 1.3.1 Perceptions of class-centric offer

*"It's the image of cultural institutions. The fact that they have "High Culture" written on the pediment! This makes people feel nervous of entering; they don't feel they have the education or understanding to appreciate it"*  
(Helen Goodman MP, Shadow Culture Minister).

*"I think people think it's elitist you know"*  
(Volunteer, Turner Contemporary).

#### 1.3.2 Language/communication

Interviewer: *"Is there a reason that certain people don't come in here?"*  
Activity participant, Lachrymose song project, Margate: *"I expect it's because it's called 'art'"*.

*"Firstly, it's communication and marketing: how welcome people feel in approaching the organisation, and how they know what's going on and what the opportunities are for them. Secondly, it's about language: having a common language and common understanding"*  
(Stewart Drew, Director and CEO, De La Warr Pavilion)

#### 1.3.3 Policy and political leadership

*"There's been poor leadership nationally – a fear of instrumentalism: "You're going to lessen my creative endeavour"*  
(Des Crilley, Chair, Kent County Council Strategic Group for Arts in Kent)

*"...the political environment shapes both priorities and funding"*  
(Professor Norma Daykin, University of the West of England).

*"You need to create an environment that's conducive to people joining in. How can local government, with its reach, help set an environment that's supportive to the arts and creative industries?"*  
(Paul Carter, Leader, Kent County Council).

#### 1.3.4 Education

*"Anything to do with art and music and, I don't know, I think it's such a shame, perhaps it's to do with basic education"*  
(Member of the public, Turner Contemporary).

*"Well the arts education, they seem to be making it less and less important and it makes my blood boil"*  
(Member of the public, Turner Contemporary).

*"Education is at the root of everything. The way we're educated allows us either to think for ourselves or not; to have an enquiring mind or not"*  
(Tamsin Dillon, Head, Art On The Underground).

#### 1.3.5 Access to resources

*"...the amount of money it costs to come on the train to Margate ... it's a very, very expensive outing.."*  
(Member of the public, Turner Contemporary).

*"We've got great resources in London but we don't have equally great resources across the nation. We need to do something about that"*

(Helen Goodman MP, Shadow Culture Minister).

## 1.4 Models of health and wellbeing

Each of the methods yielded some insight into participants' perceptions of health and wellbeing. However, none of the commentary referred spontaneously to defined models of, or pathways to, health and wellbeing, such as the WHO definition of health and wellbeing and the New Economics Foundation's Five Ways to Wellbeing. Yet acknowledgement of the key domains on which these models and pathways are grounded was implicit in many comments about the personal impact of arts engagement.

## 1.5 The relationship between health and wellbeing and cultural experiences

Providers of arts were asked for their views on the relationship between cultural offer and health and wellbeing in their respective towns.

### 1.5.1 The impact of culture and established models of health and wellbeing

The example below, provided by Sally Ann Lycett, shows a direct link between cultural offer and the Five Ways to Wellbeing in relation to the De La Warr Pavilion, Bexhill:

CONNECT

*"We connect with people through: open access in comfortable, inspirational surroundings; customer service focus, including our gallery volunteers; fostering collective social and cultural experiences such as gigs, outdoor screening and celebrations"*

BE ACTIVE

*"A high proportion of our visitors walk to us along the seafront. We are all about access to fresh air with our balconies, terraces and big windows. We run dance projects and we're planning a joint membership scheme with the local leisure centre"*

TAKE NOTICE

*"It's what we do! ... The art in the gallery, the view, this amazing building"*

KEEP LEARNING

*"[Addressed through] exhibition interpretation; learning and participation programme and our mentoring scheme"*

GIVE

*"[Addressed through] volunteering; donating opportunities. Audiences and visitors giving us their feedback and co-curating with us"*

(Sally Ann Lycett, Director of External Relations, De La Warr Pavilion, Bexhill).

Alastair Upton, Chief Executive of The Creative Foundation, Folkestone, pointed out that whilst health and wellbeing are not stated as primary outcomes in The Creative Foundation's mission, the New Economics Foundation's Five Ways to Wellbeing *"appear to map closely onto what makes a well-planned and executed event"*. In addition to the potential for the wellbeing-engendering consequences of The Creative Foundation's artworks, Book Festival, Quarterhouse programmes, and Triennial Exhibition, Upton gave specific examples of projects that are/ were likely to underpin the New Economics Foundation's wellbeing domains: a theatre piece that connected people and was made possible by people sharing, or giving, of themselves and their stories; a new cultural park to keep people active (in progress); the 2014 Triennial Exhibition entitled *Lookout* will focus largely

on inspirations towards a better future for Folkestone; and an art-led series of lectures (following which a sixty-year-old man reported learning more in an hour than in the whole year previously).

The notion of cultural experiences underpinning holistic health and wellbeing was reflected in the language of participants across the sample, much of which correlated to the New Economics Foundation's Five Ways to Wellbeing. For example strategic interviewees and charrette contributors used expressions such as *"social enrichment"*, *"connectedness"* and *"love"*, which relate to CONNECT, the first of the five ways. Three other domains, BE ACTIVE, TAKE NOTICE and KEEP LEARNING, were implicitly referred to through phrases such as *"feeling physically enriched"*, *"mental stimulation"*, *"seeing reactions"*, *"broadening horizons"*, *"creative satisfaction"*, *"taking on/meeting challenge"*. Terms such as *"spiritual uplift"* and *"you just feel joy and you feel happy"* illustrated a sense of mental wellbeing which resonates with The Mental Health Foundation's ten ways to promote mental wellbeing.

The public participants also provided numerous examples of positive associated affect. Many comments emerging from two groups of mappers (De La Warr Pavilion and Turner Contemporary) could be linked to the pathways to wellbeing, for example references to the *"thrill"* of seeing and experiencing new ideas (TAKE NOTICE), learning/participating (BE ACTIVE/KEEP LEARNING) and contemplating (TAKE NOTICE/CONNECT). Vox pop contributors also expressed phenomena of wellbeing using terms such as feeling well or feeling good resulting from cultural experiences, activity or spaces. These and other comments, such as feeling *"excited"*, *"[feeling] something positive happening"*, *"being moved"*, and *"having a [positive] knock on effect"*, demonstrated lay perceptions of wellbeing.

### **1.5.2 Personal impact**

The self-reported impact of cultural experiences on participants across the whole sample fell under three broad headings: nourishment and enrichment; stimulation, interest, pleasure and satisfaction; and health and wellbeing. Comments from the strategic interviewees, included:

#### Nourishment and enrichment:

*"[I engage in the arts] for love. I can't imagine not doing them. I need them – they give me nourishment"*

(Victoria Pomery, Director, Turner Contemporary).

*"It's the stuff that makes life worth living"* (Dan Thompson, Artist).

*"Arts enrich the individual – my life would be immeasurably impoverished without the arts. I so much need them"*

(Lord Howarth, Co-Chair, APPG on Arts, Health and Wellbeing).

#### Stimulation, interest, pleasure and satisfaction:

*"I get enjoyment, relaxation, challenge, interest, education and satisfaction"*

(Richard Russell, Director of Policy and Research, Arts Council England).

*"For my own creative satisfaction – I'm responding to a creative impulse"*

(Julian Baggini, Writer).

*"I find them inspirational and experiential – it's about different perspectives, thinking about things differently. There's also an element of removing myself from the real world – being reflective and having a space to think"*

(Stewart Drew, Director and CEO, De La Warr Pavilion).

*“It’s so key and integral to my life that it’s difficult to pick out specific reasons - it’s about constantly renewing my interest and deepening my understanding”*  
(Tamsin Dillon, Head, Art On The Underground).

Health and wellbeing:

*“It’s spiritual. I have no religion, but I’m uplifted as a result of singing ... there’s a unity of self: mental, spiritual, physical – it’s creative expression through all the portals that are you”*

(Des Crilley, Chair, Kent County Council Strategic Group for Arts in Kent).

*“When you see parents watching their kids dancing on stage you think they’re going to have a heart attack with pride. Their mental health just goes sky high! “*

(Meradin Peachey, Director of Public Health, Kent County Council).

A sense of culture-engendered holistic wellbeing was echoed by participants of the three site-specific cultural activity programmes. Around 29% of mappers from Folkestone’s *Lookout* choir also referred directly to health and wellbeing effects of engagement in their community singing. The comments below demonstrated perceptions of value associated with the respective activities:

*“Yes, and I think it’s the exercise - not only of your body, but of your mind, memory and your emotions because you are really involved in this – and your soul too”* (Activity participant, Dancing Horizons, Bexhill).

*“You just feel joy; you feel happy you’ve achieved something”*  
(Activity participant, Triennial *Lookout* Project, Folkestone).

*“I get a real buzz..I feel so good, so hyped up, and it’s so positive”*  
(Activity participant, Lachrymose song project, Margate).

## **1.6 Current cultural impact criteria**

Important and salient observations relating to the evidence base were offered by a number of the strategic interviewees. The historical predominance of quantitative measures of tangible outputs, such as numbers of visitors, was generally deemed too narrow and restrictive to accommodate expanding agendas. One participant pointed out that continued and mounting financial pressures push organisations to lose focus on the ‘social good’.

Tensions may prevail for organisations in which health and wellbeing are not primary drivers, as in the case of The Creative Foundation, Folkestone. Whilst some interviewees argued strongly for adopting outcome (as opposed to output) measures that evidence social health and wellbeing in line with future changes to commissioning processes, Alastair Upton pointed out that The Creative Foundation’s current activity performance indicators - e.g. visits; events; audiences; web hits - provide simple quantification of outputs that aim to satisfy the political pre-eminence of economy.

## **1.7 Building capacity for measuring impact**

There was general acknowledgement that health and social care redesign will provide, and probably dictate, new ways of working for parts of the cultural sector. A better understanding between culture and the health sector was identified as an important key to building capacity for measuring the impact of arts and culture on health and wellbeing, as illustrated by the following observations:

*“We need new fora to bring them together... We need to create new ways in which district councils and larger authorities, artists and cultural organisations can come together around key projects that will create dialogue and confidence”*  
(Des Crilley, Chair, Kent County Council Strategic Group for Arts in Kent).

*"Health and Wellbeing boards need to realise that emotional wellbeing is part of their remit. They need to think for themselves and look around and see who can help them"*

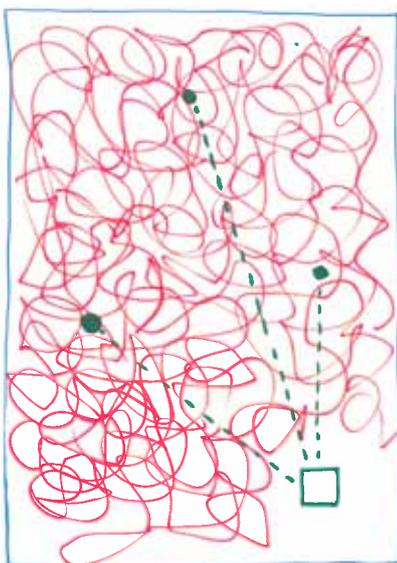
(Lord Howarth, Co-Chair, APPG on Arts, Health and Wellbeing).

*"We need to improve the ability of arts organisations to be commission-ready. A second goal is to improve the commissioning environment – this is partly about the evidence base and partly about arts and cultural organisations being seen as relevant to health and wellbeing"*

(Richard Russell, Director of Policy and Research, Arts Council England).

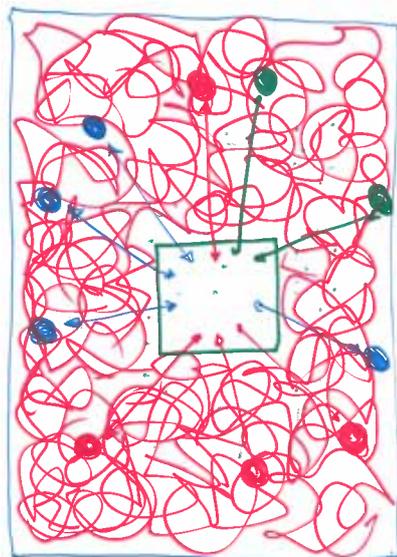
## 1.8 The future for arts, culture, health and wellbeing in the three coastal towns

A rich source of data emerged around aspirations for the cultural future of each town, with the mind maps providing the largest body of data. These could be categorised broadly under the following headings:



- Programming (Turner Contemporary; De La Warr Pavilion)
- Learning and participation (Turner Contemporary; De La Warr Pavilion)
- Community role and leadership (Turner Contemporary; De La Warr Pavilion)
- Getting there (Turner Contemporary)
- Architecture/building/outdoor space/a sense of place (Turner Contemporary; De La Warr Pavilion)
- Viability and affordability (Turner Contemporary; De La Warr Pavilion)
- Marketing and promotion (Turner Contemporary; De La Warr Pavilion)
- Town enhancements (Folkestone)
- Improved connections and involvement (Folkestone)
- Specific activities and spaces (Folkestone)
- Improved promotion (Folkestone)
- Economic opportunities (Folkestone)
- Focus on young people (Folkestone).

A number of participants advocated outreach activities, with most suggesting school pupils as worthwhile recipients, whilst others felt that too much attention was given to children and young people.



It is not clear from the data how these aspirations related to mappers' wellbeing but it might be assumed that motivation for their suggested investments in the future centres on bettering their life experiences.

One charrette contributor, a Sussex-based artist, provided in two images (see opposite) her perception of the current positioning versus the desired positioning that cultural organisations take in their communities. These images show from where the impetus of activity is seen to emerge currently, that is organisations separate from their communities and putting out their cultural offer, and the desirable positioning in the future, which centralises them in the heart of their communities.

Strategic interviewees offered institutional perspectives which indicated the necessity for long-term and sustained interventions:

*"[In Margate] it feels like a jigsaw is being put in place. So far Turner Contemporary seems to be having a strong impact, although the growth still feels quite vulnerable"*

(Tamsin Dillon, Head, Art On The Underground).

Above:  
Original images produced by charrette participant Kate Adams to illustrate (a) how cultural organisations currently connect to communities and (b) how cultural organisations might in the future connect to communities.

*“There are so many projects and initiatives in Margate – sexual health, health trainers, the Margate Task Force which is working on what to do about the appalling condition of much of the housing in multiple occupancy, and the Government’s Troubled Family Unit. So it’s almost impossible to attribute any specific effect to Turner – on its own it can do nothing, but it’s part of a wider picture”*

(Meradin Peachey, Director of Public Health, Kent County Council).

*“The identity of Folkestone as a town is now bound up in the arts activity the Creative Foundation has organised. I can see the impact of the work there over many years – arts activity is operating at a whole range of different levels, becoming almost unavoidably part of people’s lives: it’s very pervasive and potentially very powerful”* (Research participant).

## **Summary of findings relating to culture’s impact on health and wellbeing**

At present, cultural organisations do not necessarily prioritise health and wellbeing as a primary outcome of their activities, or as a driver for programming. This may be due in part to perceptions of instrumentalism jeopardising, at some level, art for art’s sake and in part to an acknowledgement that delivering specific health outcomes may require the design and delivery of highly specialised interventions. Some comments highlighted reluctance on the part of cultural organisations to centralise health and wellbeing as part of their mission, particularly if positive affect was implicit anyway. Nevertheless all three cultural organisations indicated that they would welcome the introduction of simple-to-use evaluation tools that might shed light on levels of wellbeing or positive affect generated by their everyday activities.

In general, active cultural experiences were thought more beneficial than receptive experiences but the broad range of motivations for people attending cultural spaces, the complex spectrum of experiences and individuals’ perceptions thereof were acknowledged to lay the question open.

Barriers to people engaging in cultural pursuits were identified as centring on macro phenomena, such as perceptions of class divide and national arts provision policy; meso-phenomena, such as educational experiences; and micro-phenomena, such as an individual’s economic constraints.

Despite no participant spontaneously referring to defined models of health and wellbeing, many comments indicated an intuitive connection between cultural activity and feeling good, many of the processes of which could be linked with the New Economics Foundation’s Five Ways to Wellbeing. Public aspirations for improving future cultural offer in the three towns appeared tied to aspirations for improved wellbeing.

A strong correlation was reported between engagement in cultural activities and improved social capital and health and wellbeing, but this was acknowledged to be a complex area and evidence of a causal link was regarded as inadequate. Suggestions were made for greater joined-up working between arts providers, cultural policy makers and the health sector.

## Question 2: Social capital theory and health and wellbeing

**Can social capital theory and social network analysis help to provide evidence of the impact of the three cultural organisations on the health and wellbeing of their respective communities?**

The main themes arising from data relating to Question 2 centred on:

- 2.1 Awareness of social capital and social capital theory
- 2.2 Interpretations of social capital
- 2.3 Cultural offer relating to social capital in the three coastal towns
- 2.4 Social capital: a primary objective or consequence?
- 2.5 The need for a social capital focus relating to culture
- 2.6 Evidence
- 2.7 The need for change
- 2.8 Driving forward changes
- 2.9 Challenges and barriers to change.

### 2.1 Awareness of social capital and social capital theory

All of the strategic interviewees were familiar with the term social capital and some cited key texts, from social capital theory, including those by Pierre Bourdieu and Robert Putnam, from which the concept has taken a foothold in recent decades. References to social capital research were fewer but the majority reported being vaguely aware of an evidence base. Four interviewees cited specific studies. Both MPs interviewed were well briefed on the topic. For example Damian Collins MP, Chairman, Conservative Arts and Creative Industries Network had engaged with GPs on the subject and he cited Malcolm Gladwell's book 'Outliers' (Gladwell, 2008) as an influential text. There was some scepticism around the outcome of current research, for example, Tim Joss, Director, The Rayne Foundation, voiced concern around there being no usable and understandable translation of Putnam's work into practical tools to date.

### 2.2. Interpretations

The defining themes of the strategic interviewees' interpretations of social capital fell into three main domains: connections, adding value beyond conventional financial models, and a vehicle for change, for example:

*"It means the value to a community of the connections between people. So in a community with lots of social capital, people know one another and have lots of trust. Communities with low social capital have low levels of connections and people don't like each other"*

(Helen Goodman MP, Shadow Culture Minister).

*"Social capital is the stuff that glues communities together; the networks; relationships that bond us together"* (Dan Thompson, Artist).

*"Social capital is the store of things that are valuable for societies"*

(Sir Peter Bazalgette, Chairman, Arts Council England).

*"I take it to mean the ability of people to engage in society and to have the resources to make change happen"*

(Richard Russell, Director of Policy and Research, Arts Council England).

The collective interpretations broadly reflected the concept's overarching values and principles but the comments showed differing views as to whether the values were attributed to individuals or to communities. This question also raised others around the momentum of social capital, from where it originates and who is responsible for its initiation.

### 2.3 Cultural offer relating to social capital in the three coastal towns

As in their descriptions of cultural experiences relating to health and wellbeing, public participants tended to acknowledge a relationship between cultural experiences and social capital in an abstract manner. For example, their comments commonly included terms of affection for one another that had grown out of engaging with and enjoying and supporting each other through a shared experience. For example:

*"...knowing that we can trust each other and that's the psychological benefit - and we can rejoice in other people's success – we are interdependent and we can't do without each other – we need each other and that's important"*

(Activity participant, Dance Horizons, Bexhill).

However, issues of exclusivity were also raised. This centred frequently on notions of saliency, whereby the town's cultural offer was seen as irrelevant to certain community groups, and therefore had little to offer in terms of social capital, for example:

*"There's a whole portion of Margate people who think this is a waste of money, they should be spending the money on the Millmead estate or somewhere like that instead of putting up an art gallery, who needs an art gallery?"*

(Activity participant, Lachrymose song project, Margate)

Commentary from the strategic interviewees and charrette contributors was more direct. For example, Alastair Upton referred to building social capital in Folkestone through the growth of co-creation and co-curation by socially engaged artists which engenders connectivity and social engagement. Stewart Drew reported that the recent Nick Ewbank Associates Social Capital Research (Ewbank, Mills and Gray, 2013) has heavily influenced the way the De La Warr Pavilion approaches and embeds audiences in the core of the organisation and the programme. Victoria Pomery and Karen Eslea referred to the importance of dialogue and reciprocity for underpinning social capital through the gallery programme.

### 2.4 Social capital: a primary objective or consequence?

Julian Baggini, writer, observed that some organisations want to focus on excellence and not social capital as a primary outcome and Harry Cayton, Former Chair, Arts and Health Working Party for the Department of Health and Arts Council England, suggested that assigning to artists a social capital brief could jeopardise their artistic output. Sir Peter Bazalgette agreed that the primary driver of the arts is the creative impulse on the part of the progenitor and not the generation of social capital.

Whilst some professional participants appeared content to accept that positive impacts of culture on social capital occur by default, others advocated strongly the need for cultural organisations to embrace it consciously. For example:

*"[Cultural organisations can foster improved health and wellbeing in their communities] by recognising that improving social capital and health and wellbeing is central to their mission - that it's not an add-on!"*

(Lord Howarth, Co-Chair, APPG on Arts, Health and Wellbeing).

However, whilst the social capital agenda may not deliberately influence cultural programmers in an overarching way, its principles were thought by most of the professional participants to have a conscious foothold at the very least. Professor Norma Daykin observed that even the most elite cultural organisations want to demonstrate some concept of community engagement and most commentators believed that social capital was intrinsic to audience experiences. Artist Dan Thompson suggested that:



This page:  
StevensonThompson and Dancing Horizons  
workshop at De La Warr Pavilion on 27  
November 2013.

*Photo: Matt Shipton*



*"Whether they like it or not, cultural organisations are social objects – they're places where we make social capital".*

Tim Joss suggested that excellence and social capital are not exclusive:

*"My hypothesis is you need excellent artistic practice to maximise social impact".*

## **2.5 The need for a social capital-focused culture**

The aspirations of public participants for extending platforms for social capital were clearly expressed. Mind mappers from each town focused significantly on fostering community engagement and cohesion, and building on existing and developing new civic partnerships. For example:

*"Forge greater links with local attractions e.g. Shell Grotto for wholesome and more widespread benefit to community and regeneration, reciprocal connectivity"*  
(Mind mapper, Turner Contemporary, Margate).

*"More inter-generational links: old-young/OAPs and kids"*  
(Mind mapper, Lookout Choir, Folkestone).

Meradin Peachey reflected that social capital has at its core holistic building blocks that enable *"a functioning, asset-based, resilient community"*. Peachey observes a direct link between social capital, the pinnacle of which is *"a resilient community that looks after itself"*, and the level at which a public resources are drawn upon. She said, *"where these things don't exist there's a huge call on public services"*.

## **2.6 Evidence**

Victoria Pomery illustrated succinctly the main issues concerning inadequate evidence relating to the impact of social capital on health and wellbeing:

*"We need to better understand what the social capital is and what the benefits are in terms of health and wellbeing. I don't feel we're well equipped to work with, for example, the acute mental health sector but we could do more if there was a stronger body of evidence"*.

Despite universal support from the professional participants for the proposition that arts and cultural organisations have a role in developing social capital and improving health and wellbeing, either as primary driver of programmes or as a consequence, in general a paucity of relevant evidence was acknowledged. Terms such as *"dodgy territory"* and *"sketchy"* were used in this context.

### **2.6.1 Inter-agency collaboration**

Where commented upon, the priorities around extending a robust body of evidence centred largely on developing inter-agency collaboration. A cyclical process of culture feeding social capital, feeding health and wellbeing, and vice versa, was thought to break down because of poor interrelationships. For example, Tim Joss observes that *"Social capital is an area that the health sector and the voluntary sector haven't engaged with much"* and he states concern that the art world tends to be *"atomised"*. The fragmentation of agencies was thought to both result from and perpetuate a clash of languages and this in turn was thought to inhibit rigorous and meaningful research. Victoria Pomery for example, noted: *"The cultural sector has not always been good at doing proper research. It has generally been one-off and the methodology is always changing"*.

Meradin Peachey observed:

*"The health sector is awash with scale and measures but people don't talk much about social capital"*.

## 2.6.2 Measuring tools

Charrette contributors also raised the challenge of cultural organisations measuring social capital effects. 'Change' was put forward as a potentially easy domain to assess pre/post activities but longer-term follow-up of the wider community effects was recognised as complex and problematic. One charrette group advocated the Social Return on Investment model because it was felt likely to speak most coherently to audiences, but issues of effective measurement remained unresolved.

## 2.7 The need for change

Despite disparity among the professional participants around the need for conscious embrace of social capital theory to promote social capital, there was universal support for the proposition that arts and culture generally contribute to public good. This was endorsed by public participants who frequently acknowledged the value of the current offer of the three organisations and who illustrated a strong desire for local, social-capital-engendering cultural activities in the future. Lord Howarth put forward a powerful case study to demonstrate a marriage between social capital, culture, health and wellbeing to this end:

*"I have an involvement with The Reader Organisation, a charity which sets up groups of people who read great literature together. Typically the participants are in severe social disadvantage - maybe with mental health issues, substance abusers, homeless, in prison. They take turns to read aloud in groups, texts such as the Winter's Tale – it's a shared experience, giving insight into the human condition, mutuality and support. It's a profound mystery – if neurologists could work out what is going on, you might be able to replicate it – but this great literature is having a profound influence on people in extremes of difficulty".*

Lord Howarth concluded by asking:

*"How much more benefit might there be if it could have an impact on people better integrated into their communities?"*

Professor Norma Daykin suggests that whilst arts exclusivity is not a sustainable strategy, successful community engagement is very challenging. Daykin cited examples of traditional venues having invited in community members but their offer of art forms and terms of engagement remain unchanged. There are little or no opportunities for community members to influence the creative processes. In addition to challenging local policy, this highlighted the need to build an effective infrastructure of practitioners able to work successfully in community settings. Daykin also observed that, to date, there is currently a lack of support for community artists who are doing pioneering work in this way and more resources need to be found for professional development.

The National Alliance for Arts, Health and Wellbeing, regional Arts in Health networks, local commissioning and emerging referral systems were cited as examples of inter-sector working, but the challenges of funding in light of cutbacks to local authorities and the abolition of Primary Care Trusts were understood to present significant barriers to inter-sector working. This brought up issues of diminishing grant aid and a move to commissioning. Meradin Peachey observed the very early stages of cultural organisations re-positioning themselves to deliver commissioned services. She added:

*"There needs to be a shift – if publicly funded cultural organisations can position themselves as charities that can deliver services, we'll make ourselves much more accessible to the agencies. We're starting to see the very early stages of this coming through commissioning".*

## 2.8 Driving forward changes

Richard Russell proposed that the arts sector must choose to engage with the agenda of social capital and health and wellbeing for the value of culture to be fully realised. The charrette engendered conversations around arts project-funding criteria that do not typically include a social capital agenda/outcome. Amongst contributors, some thought that funding criteria ought to be adjusted to take this into account, while others did not agree.

In addition to finding a common language, issues of advocacy at policy level, approaches to setting policies, brokering and sustaining inter-sector collaboration, media input and building an evidence base were believed to be important components of mechanisms for driving positive change.

### 2.8.1 Advocacy at policy level

Amongst others, Richard Russell highlighted the need for building a better understanding between the relevant sectors of their driving goals, policies and practices and how sectors can support one another and collectively contribute to national agendas:

*"We need to improve the ability of arts organisations to be commission-ready. A second goal is to improve the commissioning environment – this is partly about the evidence base and partly about arts and cultural organisations being seen as relevant to health and wellbeing".*

One arts provider noted that there is at present no equivalent for the cultural sector of the systems of regulation that apply to health, education and other sectors, and this may be desirable in the future.

### 2.8.2 A less risk-averse approach to policies on funding

Lord Howarth voiced the need for public funders to shift the emphasis on which they base funding criteria:

*"The public funding system is very bad at "risk capital" - the Treasury needs to send out signals that it's OK to take risks on new, untried projects as long as you are impressed by the integrity of the people involved, the quality of the project and the value of the purposes".*

### 2.8.3 Inter-sector collaboration

The notion of sectors sharing specialist skills, knowledge and understanding to expand their own practice was viewed variably by the professional participants. Advocates generally perceived value in proactive partnership-seeking:

*"Health and Wellbeing Boards need to realise that emotional wellbeing is part of their remit. They need to think for themselves and look around and see who can help them"* (Lord Howarth, Co-Chair, APPG on Arts, Health and Wellbeing).

*"It's about working with community organisations to see how they can develop links. The new Public Health Boards and the Clinical Commissioning Groups (CCG) offer significant opportunities"*  
(Damian Collins MP, Chairman, Conservative Arts and Creative Industries Network).

There were also comments relating to brokering inter-sector collaboration, leadership and developing cross-sector confidence:

*"The tactics need to be developed for commissioning of arts in healthcare - we need to find early adopters in the health service who like the arts. It's back to language, leadership, policy connection"*  
(Tim Joss, Director, The Rayne Foundation)

*“We need new fora to bring them [arts/health sectors] together. We need to create new ways in which district councils and larger authorities, artists and cultural organisations can come together around key projects that will create dialogue and confidence”*

(Des Crilley, Chair, Kent County Council Strategic Group for Arts in Kent).

#### **2.8.4 Media support**

Two of the strategic interviewees referred to the potential role of the media to contribute to a broader marriage between culture and health and wellbeing. Lord Howarth highlighted some of the challenges:

*“The media can be a problem. They like heart-warming stories but many of the right wing tabloids are extremely hard nuts to crack. A media handling strategy is certainly needed”.*

#### **2.8.5 Building the evidence**

Professional participants frequently expressed the need for a stronger evidence base for understanding the role of the cultural sector in delivering social and health outcomes and supporting the delivery of social capital/health and wellbeing driven cultural activities. Notions of nationally-spread, systematic, rigorous, multi-agency, non-compromising (to artistic integrity) studies were collectively put forward as desirable:

*“The research is very valuable and we need to implement more. This needs to happen nationally – some people think it’s just another Department of Health fad which will come and go. It’s not”*

(Meradin Peachey, Director of Public Health, Kent County Council).

*“In addition to putting in resource, there must be freedom in the outputs, and trust in the outcome”*

(Helen Goodman MP, Shadow Culture Minister).

### **2.9 Challenges and barriers to change**

The findings show universal support for the potential beneficial impacts of culture on social capital within its complexities and scope, but Alastair Upton cautioned against raising people’s expectations in terms of what can be met. The professional participants discussed the challenges and barriers to extending culture-led social capital-related health and wellbeing. From a strategic arts and culture perspective, Tim Joss put forward a seven point model of barriers:

- A perception of the arts as “fluff”
- A patchy evidence base; poorly disseminated
- The arts sector has no connection with health economics
- The subsidised arts sector has its own ideology and feels much more comfortable with grant dependence [than with being commissioned]
- Allied to that: a lack of knowledge and experience of scaling (“Project-itis” – forever moving from one project to the next)
- Policy is not joined up at a national level – for example there is low engagement between the Department of Health and Arts Council England
- Exceptionalism within the arts sector – (the perception that the arts are somehow “special”).

Many other professional participants discussed the topics of these seven points, which could be categorised into consumer issues, evidence, politics and cultural organisations’ agendas/experiences:

### 2.9.1 Consumer issues

The challenges of inclusion, reaching all sections of communities, addressing their needs and, moreover, engaging them in impact studies, was widely acknowledged. Providers of art, particularly in Margate and Folkestone, highlighted inequality of provision for people living in areas of complex and far-reaching social deprivation and health inequalities. Sir Peter Bazalgette summed up, *“For some communities access to culture is an issue – it just isn’t there!”*

### 2.9.2 Evidence

Des Crilley pointed to the often nebulous nature of benefit relating to cultural organisations, saying *“They change people’s lives and don’t even notice”*. The challenge of capturing the mechanisms at play was frequently commented upon, with issues around evidencing effect, identifying suitable/manageable methodologies, lack of cross-sector collaboration, and accessible support and funding common topics of concern. However, Damian Collins MP observed that evidence is likely to be key to driving change:

*“The ‘holy grail’ is that GPs refer certain people to community arts projects for their general health and wellbeing. Would they even fund community arts projects? I think it will end up being very evidence led”*.

### 2.9.3 Politics

Understanding and meeting the complex and changing political agendas at national and local levels were identified as key challenges, particularly around sector integration. The momentum for arts/culture/wellbeing being driven by interested individuals, rather than being policy-embedded, was raised as inhibitory to systematic development. Professor Norma Daykin also noted, interestingly, the potential for non-prioritisation of arts and culture in national wellbeing policy because some people in positions of power dismiss the arts as ‘frivolous’, often despite, paradoxically, their own life-affirming experiences of the arts.

Meradin Peachey observed that with the wide-ranging challenges of health deficit in the country the concept of building community resilience might be a low priority in terms of winning votes for elected members.

### 2.9.4 Cultural organisations’ agendas/experiences/leadership

Sector fragmentation, although seen as a strength in terms of honing specialisms, was generally perceived as a barrier to the health and wellbeing/social capital-driven cultural offer agenda. The potential obstacles and challenges to joint sector thinking and action included: generating an overarching will for change; identifying the source; momentum and direction of leadership; funding for new fora; and a resource-shortfall to develop and activate changes in practice. Victoria Pomery OBE echoed the voices of other arts providers in that the weight of expectation on leaders in the arts sector is huge and she questioned whether people feel equipped, or have the will, to make changes. This may centre in part on whether or not social capital theory is seen to articulate more clearly to funders broader desirable outcomes of cultural programming, and whether embracing this model, in addition to the existing business model, would demand of arts providers resources that are not sustainable. Pomery asked, *“Is the sector trying to do too many things and not being clear about priorities?”* This includes issues of professional development for all providers of culture, including artists and practitioners.

Helen Goodman MP raised the challenge of quality control in the case of people and/or organisations who have other interests being urged to engage with the social capital theory/health and wellbeing agenda:

*“There are some excellent arts and health programmes, but the problem of*

*scalability arises - the minute successful programmes are churned out by people not committed to them, things turn sour”.*

## **Summary of findings relating to social capital and health and wellbeing**

The majority of public and professional participants saw a link between the effects of culture and social capital theory, either directly or indirectly. Participants from both groups expressed positive, abstract experiential affect (e.g. ‘feeling good’) which they associated with personal engagement with cultural activities. A number of the professional participants also voiced their knowledge of key texts and research which led to their seeing the concept as a vehicle for change, associating it with the principles of social connectedness, trust and added value.

Among providers of art, the significance of social capital was seen variably, ranging from it being a primary influence on programming to an unintended by-product of projects. The proposition that cultural organisations should embrace social capital theory and practice as a key component of their mission was variably received. Some advocated the proposition wholly and suggested mechanisms for investing in and driving momentum. Others were more circumspect and some identified a range of challenges and barriers. These fell into four broad categories: consumer issues (e.g. inclusive provision); evidence (e.g. sector-relevant methodologies); politics (e.g. agendas; leadership) and perceptions of the sectors’ differing needs (e.g. agendas/experiences/leadership).

## **Question 3: Research approaches: cross-sector learning**

### **What can the Sidney De Haan Research Centre and the three cultural organisations learn from each other’s evaluation and research approaches?**

The main themes arising from data relating to Question 3 centred on:

- 3.1 Methodological aims
- 3.2 Language
- 3.3 Limitations
- 3.4 Cross sector learning
- 3.5 Taking time/building blocks

### **3.1 Methodological aims**

Professional participants identified reporting to funders and quality control as the main drivers of evaluation. Providers of art were familiar, and appeared comfortable with measures of tangible outputs, for example, number of visitors/ events/web hits, ethnographic data on audiences. However, pressure to evaluate wider domains and longer-term impact was reported as increasing. In some cases this trend was associated with the shift from grant aid funding to commissioning.

Tim Joss provided an interesting distinction between *arts push*, wherein claims are made about the benefits of ‘the arts’, and *health pull*, which focuses on detailed changes to health and wellbeing in the context of specific arts activities. Joss suggested that *health pull* is far more interesting for providers of art if they are to engage with commission-funding streams. However, the cross-sector collaboration required to develop tools to evidence *health pull* was not commented upon.

### **3.2 Language**

As might be expected, the language of research used by arts providers and health sector professionals respectively was sometimes at odds. Arts providers and funders use quality measures in respect of artistic outcomes but quantitative measures in terms of audience impact. Referring to developing a specific health and wellbeing agenda in relation to offer in his cultural organisation, one provider

of art voiced his intention to “*measure and quantify*” the impact. Whilst some participants from the cultural sector used more qualitatively-oriented language, this was more consistent in health sector participants, with references to outcomes (rather than outputs), for example, changes and learning. Tim Joss gave his view on the propriety of including outcomes in the context of cultural offer evaluation:

*“Part of my wanting to explore outcomes more is: (a) a lot of people think ‘that’s posh – it’s not for me’ and (b) there’s an assumption the arts outcomes are all the same, which isn’t the case – for example Forum Theatre is great for exploring conflict, whereas instrumental music would find this difficult. We need to talk about the individual artforms – music, theatre, dance, art and so on”.*

### **3.3 Limitations**

Many participants observed that changes to health and wellbeing are too complex to quantify. Therefore traditional output measures have little relevance. Some providers of art queried whether qualitative measures were necessary when the wider outcomes are clearly visible. However, Tim Joss cited Professor Dame Sally MacIntyre who cautions against assumptions of this type because research evidence does not necessarily support intuition. Tim Joss suggested that this demonstrates the importance of randomised controlled trials, meta-analysis, and the Cochrane Collaboration (circa 31,000 specialists in healthcare who systematically review randomised trials of the effects of interventions). However, issues of funding these types of research projects were raised as an inhibitory factor to generating valuable evidence in a timely fashion for the groundswell of commissioning.

Lord Howarth also observed a ‘chicken and egg’ problem wherein until an established methodology is built, it will be difficult for newcomers to secure research funding.

### **3.4 Cross-sector learning**

A number of providers of art reported pressure to respond to political arguments and funding modes (commissioning) and to evidence the value of culture relating to health and wellbeing agendas. In principle, among the professional participants, aspirations to work collaboratively with other sectors were high in relation to developing programmes that relate to both agendas. However, there was an interesting paucity of comments about the potential for health and cultural agencies to work with Higher Education research communities to develop appropriate, creative-centred evaluation tools, or to jointly generate high quality evidence.

One striking consequence of the current project was the impact of the research process on providers of art. Many reported that taking part in interviews and the charrette afforded them reflection and greater insight into their planning and practices.

### **3.5 Taking time/building blocks**

Comments made around building relationships between the sectors frequently highlighted the importance of a long-term time frame. For example, Victoria Pomery and Karen Eslea said:

*“Measuring impact of culture on people’s health and wellbeing has to take place over a long period – a minimum of five years”.*

Richard Russell said:

*“Timing is an issue here – it’s obviously not going to happen overnight”.*

Stewart Drew proposed that building blocks to establish relationships could reflect the stages of formal research in which developing and piloting new evaluative approaches could be the first stage.

### **Summary of findings relating to research approaches: cross-sector learning**

In the main, the requirements of funders drive evaluation processes and reporting language. The business models of cultural organisations tend to engender more quantitative-oriented language, driven by economic-centred outputs, whereas qualitative-oriented language has become well established in health and wellbeing research. This highlights the challenge for arts providers to encompass soft outcomes in evaluation processes.

Limitations of current evaluation processes were, in general, thought to centre on:

i) the challenges of measuring outcomes efficiently and cost-effectively; ii) the lack of established measuring tools.

The findings indicate a strong potential for mutual learning and reciprocity arising from dialogue across sectors and participative action research.

There was a general consensus that inter-sector relationships to develop creative research approaches could flourish over time, but very little commentary related to including Higher Education research communities in this process.

### **Limitations of the study**

The process of this study aimed to generate data useful for addressing the research questions. The overall number of people taking part and their wide range of backgrounds provide a rich depth of data. The questions put to the professional participants appeared to generate data most relevant to the research questions. The public participants also provided a rich source of data, about two-thirds of which was central to the current study. Despite the wide experiences of the interviewees, the desire to voice other citizenship issues appeared strong in some of the public participants. This may reflect an unmet need and will be discussed with the relevant organisations for advice and, where appropriate, referral to the appropriate civic body. In addition, problems with access to public participants and the challenge of setting up site-specific activities from a remote location, inhibited greater opportunities for action research which could have resulted in additional relevant material.

Due to time limitations at source of data capture, the observational nature of the resultant mind maps did not enable the use of open source software to map respondents' social networks and their interconnections with the partner cultural organisations as had been proposed.

Although the literature points to some negative outcomes potentially arising from cultural engagement, these were not evidenced in the findings.

No data was gathered from people who do not usually engage in cultural activities or attend venues. This would provide a fuller picture if undertaken in the future.

The three main cultural organisations that took part in this study are arguably rare examples of sizable and influential institutions located in moderately-sized towns. This suggests that care should be taken in generalising the findings.



D  
R  
E  
A  
M  
L  
A  
N  
D

C  
O  
S  
M  
O  
P  
O  
L  
I  
T  
A  
N

★ ★ DREAMLAND ★  
AMUSEMENTS

DREAMLAND WELCOMES YOU

# Chapter 5

## Discussion and recommendations

### Discussion

At present, cultural organisations do not necessarily prioritise health and wellbeing as a primary outcome of their activities, nor necessarily as a driver for programming. This may be due in part to perceptions of instrumentalism jeopardising, at some level, art for art's sake and in part to an acknowledgement that delivering specific health outcomes may require the design and delivery of highly specialised interventions. Some comments highlighted reluctance on the part of cultural organisations to centralise health and wellbeing as part of their mission, particularly if positive affect was implicit anyway. Nevertheless all three cultural organisations indicated that they would welcome the introduction of simple-to-use evaluation tools that might shed light on levels of wellbeing or positive affect generated by their everyday activities.

In general, active cultural experiences were thought more beneficial, for social capital and health and wellbeing, than receptive experiences but the broad range of motivations for people attending cultural spaces and activities, the complex spectrum of experiences and individuals' perceptions thereof were acknowledged to lay the question open.

Barriers to people engaging in cultural pursuits were identified as centring on macro phenomena, such as perceptions of class divide and national arts provision policy; meso phenomena, such as educational experiences; and micro phenomena, such as an individual's economic constraints.

Despite no participant spontaneously referring to defined models of health and wellbeing, many comments indicated an intuitive connection between cultural activity and feeling good, many of the processes of which could be linked with the New Economics Foundation's Five Ways to Wellbeing. Public aspirations for improving future cultural offer in the three towns appeared tied to aspirations for improved wellbeing.

Whilst there appeared to be a strong correlation between engagement in cultural activities and improved social capital and health and wellbeing, this was acknowledged to be a complex area and evidence of a causal link was regarded as inadequate. Suggestions were made for greater joined-up working between arts providers, cultural policy makers and the health sector.

The majority of public and professional participants saw a link between the effects of culture and social capital, either directly or indirectly. All participants expressed positive, abstract experiential affect (e.g. 'feeling good') which they associated with personal engagement with cultural activities. A number of the professional participants also voiced their knowledge of key texts and research which led to their seeing the concept of social capital as a vehicle for change, associating it with the principles of social connectedness, trust and added value.

Among providers of art, the significance of social capital theory and practice was seen variably, ranging from it being a primary influence on programming to an unintended by-product of projects. The proposition that cultural organisations should embrace the concept of social capital as a key component of their mission was variably received. Some advocated the proposition wholly and suggested mechanisms for investing in and driving momentum. Others were more circumspect and some identified a range of challenges and barriers. These fell into three/four broad categories: consumer issues (e.g. inclusive provision); evidence

Left:  
Dreamland, once the "heartbeat of Margate" and one of the UK's oldest and best-loved seaside amusement parks, as well as being a major entertainment venue.

*Photo: Stephanie Mills*

(e.g. sector-relevant methodologies); politics (e.g. agendas; leadership) and perceptions of the sectors' differing needs (e.g. agendas/experiences/leadership).

In the main, the requirements of funders drive evaluation processes and reporting language. The business models of cultural organisations tend to engender more quantitative-oriented language, driven by economic-centred outputs, whereas qualitative-oriented language has become well established in health and wellbeing research. This highlights the challenge for arts providers to encompass soft outcomes in evaluation processes.

Limitations of current evaluation processes, in general, were thought to centre on: i) the challenges of measuring outcomes efficiently and cost-effectively: ii) the lack of established measuring tools.

The findings indicate the strong potential for mutual learning and reciprocity arising from dialogue across sectors and participative action research. There was a general consensus that inter-sector relationships to develop creative research approaches could flourish over time, but very little commentary related to including Higher Education research communities in this process.

It has become clear that the three cultural organisations which are the subject of this study make a significant, but at present largely undefined, contribution to social capital and to delivering improved health and wellbeing in their respective communities. By extension, and based on the findings, it is reasonable to conclude that publicly-funded cultural organisations around the country are currently responsible for a very considerable quotient of public value in the realms of social capital and health and wellbeing. However, outside the specialist field of Arts in Health practice, much of this important aspect of cultural value is currently hidden. As one professional participant put it:

*"I don't think arts and cultural organisations are able to define the impact they are able to make. They don't trace it and make it visible. It drives me mad! They change somebody's life and they don't even realise!"*

(Des Crilley, Chair, Kent County Council Strategic Group for Arts in Kent)

Whilst there are numerous complexities and challenges in bringing this hidden cultural value to light (issues which are considered at some length in the findings), the process of cultural organisations analysing and gaining an understanding of the contributions they make to the public good through the generation of social capital and the delivery of improved health and wellbeing can be a positive one which itself can lead to improvements in performance and in external relationships.

As the Director of De La Warr Pavilion said, being involved in this research (and previous linked research) has led to changes in: *"the way De La Warr Pavilion now approaches audiences and embeds them in the core of the organisation and the programme. That in turn has helped audience levels, engagement levels and the quality of work - all have moved up in a virtuous spiral."*

(Stewart Drew, Director and CEO, De La Warr Pavilion)

## Recommendations

The recommendations are addressed to:

- National cultural policy makers (including Department of Culture, Media and Sport, Arts Council England and national trusts and foundations)
- Regional and local cultural policy makers (including Local Authorities, LEPs and local trusts and foundations)
- The statutory Health and Social Care sectors
- Cultural organisations
- The arts and health research community.

The collective recommendations aim: to support, across the sectors, a better understanding of the way in which people may change in relation to their physical and mental health and emotional wellbeing due to engagement in culture and the arts, and how this might relate to community resilience and social capital and to health maintenance and to health promotion; and to support a range of strategic actions that will help to build evidence-based policy, and local actions that will enhance practice with this focus.

The specific recommendations are as follows:

### **General Recommendation 1**

- That national, regional and local government and other cultural policy makers, the statutory health and social care sectors, the cultural sector and the research community engage with one other to develop a deeper common understanding of the contribution that public engagement in culture and the arts makes to physical and mental health, to emotional wellbeing, to community resilience and social capital, to health maintenance and to health promotion.
- That additional resources are allocated to enable further research to be undertaken into the role of culture and the arts in contributing to social capital and health and wellbeing. Such research should involve joint working between government and other cultural policy makers, cultural organisations, health and social care professionals and the research community to develop a suite of standardised evaluative tools that are relevant, appropriate and respected by all stakeholders.

### **Recommendation 2**

#### **To National Cultural Policy Makers (including the Department of Culture, Media and Sport, Arts Council England and national trusts and foundations), we recommend:**

- That national cultural policy makers take a leadership role in encouraging the cultural sector to acknowledge, better understand and evaluate the contribution it makes to social capital and health and wellbeing, including through supporting collaborative approaches.
- That national cultural policy makers consider introducing guidelines for the publicly funded cultural sector and/or disseminating models of good practice regarding standards of public benefit in respect of the cultural sector's role in contributing to health and wellbeing. Where appropriate, this might include encouraging cultural organisations to develop policies in respect of social capital and health and wellbeing.
- That national cultural policy makers take a leadership role in brokering dialogue and partnerships between the cultural sector and the health and social care sectors as a means of optimising resources and aligning multiple national policy outcomes.

### **Recommendation 3**

#### **To Regional and Local Cultural Policy Makers (including Local Authorities, LEPs, local trusts and foundations), we recommend:**

- That regional and local cultural policy makers take a leadership role in brokering enhanced common understanding and local relationships between health and social care sectors and the cultural sector.

- That regional and local cultural policy makers further extend support for cultural activity that contributes to improved social capital, health and wellbeing. This might, for example, involve piloting and test-bedding new approaches (including innovative means of aligning policy outcomes and joining-up services), contributing to the growing body of research evidence and developing models of good practice.

#### **Recommendation 4**

##### **To the Statutory Health and Social Care Sectors, we recommend:**

- That the health and social care sectors consider disseminating existing evidence and supporting collaborative research to develop a deeper understanding of the impact that public engagement in culture and the arts can make on social capital and on health and wellbeing.
- That the health and social care sectors engage with cultural policy makers and the cultural sector in developing partnerships as a means of optimising resources and aligning multiple policy outcomes.
- That the health and social care sectors consider developing and promulgating public health messages to encourage and extend public engagement in the creative arts as a route to community resilience, health maintenance, health promotion and wellbeing.
- That the health and social care sectors consider developing evidence-based guidelines for referring members of the public (including service users) to arts and cultural activities and engagement programmes.
- That, where appropriate, health and social care professionals consider referring members of the public (including service users) to arts and cultural activities and engagement programmes as a means of delivering improved health and wellbeing outcomes.

#### **Recommendation 5**

##### **To cultural organisations, we recommend:**

- That cultural organisations give due consideration to the value to society they currently deliver through their existing activities in respect of the health and wellbeing of their users and the wider public, and the development of resilient communities.
- That cultural organisations consider adopting evaluative tools to measure the value they deliver to people's health and wellbeing, both as a contribution to the body of evidence regarding the value of culture and the arts to society and as a means to organisational development.
- That, where appropriate, cultural organisations consider undertaking research into barriers to further public engagement in their work. Such research may be more impactful if undertaken collaboratively with other cultural organisations.
- That cultural organisations, where appropriate to organisational mission, consider designing and delivering targeted interventions aimed at addressing specific health and social issues (including through commissioning).
- That cultural organisations consider supporting and engaging in the work of national and regional arts, health and wellbeing, and community networks, sharing best practice and undertaking joint initiatives where appropriate.

## **Recommendation 6**

### **To the Arts and Health Research Community, we recommend:**

- That the arts and health research community works collaboratively with the relevant stakeholders to consider:
  - Embedding action research within policy science.
  - Comparing the value of quantitative and qualitative outputs and outcomes in evaluating the effects of cultural engagement on social capital and health and wellbeing.
  - Further evaluating the wider role of the arts as a mechanism for enhancing social capital, health and wellbeing and the apparent tensions between intrinsic value and instrumental value.
  - Evaluating differential effects of artforms and engagement typology (e.g. active / receptive).
  - Undertaking longitudinal studies to better understand the dynamic nature of change relating to cultural engagement, social capital and health and wellbeing over time.
  - Developing and disseminating tools to further explore and strengthen social capital and health and wellbeing in the context of culture and the arts. By working together these tools can be made readily understandable and usable by arts and cultural organisations and by non-academics.
- That the arts and health research community embeds itself within existing arts and health partnerships and networks, and develops and maintains new national, regional and local cross-sector networks in respect of cultural value and the arts and health and wellbeing.



# References

- Aked, J., Marks, N., Cordon, C. and Thompson, S. (2008). *Five Ways to Wellbeing. A Report Presented to the Foresight Project on Communicating the Evidence Base for Improving People's Wellbeing*. London: New Economics Foundation.
- Banks, J., Nazroo, J. and Steptoe, A., Editors. (2012). *The dynamics of ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5)*. London: Institute for Fiscal Studies.
- BBC, (2014). *The Politics of Architecture - BBC Radio 4*. [online] Available at: <http://www.bbc.co.uk/programmes/b03k5fh2> [Accessed 23 May. 2014].
- BBC News, (2014). *Can we control how we age?* [online] Available at: <http://www.bbc.co.uk/news/health-27207219> [Accessed 14 May. 2014].
- Beaumont, J. (2011). *Measuring National Wellbeing: Discussion Paper on Domains and Measures*. London: Office of National Statistics.
- Bexhill Observer, 18 September 1954.
- Bishop, C. (1973). *Folkestone - the story of a town*. 1st ed. Folkestone: C. H. Bishop.
- Bourdieu, P. (1984). *Distinction*. 1st ed. Cambridge, Mass.: Harvard University Press.
- Bourdieu, P. and Wacquant, L. (1992). *An invitation to reflexive sociology*. 1st ed. Chicago: University of Chicago Press.
- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), pp.77-101.
- Brodie, A. and Winter, G. (2007). *England's seaside resorts*. 1st ed. Swindon: English Heritage.
- Brook Lyndhurst Ltd., (2010). *Social Capital and Quality of Life in Rural Areas*. London: Department for Environment, Food and Rural Affairs.
- Bungay, H. and Clift, S. (2010). Arts on Prescription: A review of practice in the UK. *Perspectives in Public Health*, [online] 130(6), pp.277-281. Available at: <http://rsh.sagepub.com/content/130/6/277.abstract> [Accessed 14 May. 2014].
- Bygren, L., Konlaan, B. and Johansson, S. (1996). Attendance at cultural events, reading books or periodicals, and making music or singing in a choir as determinants for survival: Swedish interview survey of living conditions. *BMJ: British Medical Journal*, 313(7072), p.1577-80.
- Clift, S. (2012). Creative arts as a public health resource: moving from practice-based research to evidence-based practice. *Perspectives in Public Health*, 132(3), pp.120-127.
- Clift, S. and Morrison, I. (2011). Group singing fosters mental health and wellbeing: findings from the East Kent "singing for health" network project. *Mental Health and Social Inclusion*, 15(2), pp.88-97.
- Clift, S., Hancox, G., Morrison, I., Hess, B., Kreutz, G. and Stewart, D. (2010). Choral singing and psychological wellbeing: Quantitative and qualitative findings from English choirs in a cross-national survey. *Journal of Applied Arts and Health*, 1(1), pp.19-34.

Left:  
Folkestone beach.

Photo: Stephanie Mills

Clift, S., M. Camic, P., Chapman, B., Clayton, G., Daykin, N., Eades, G., Parkinson, C., Secker, J., Stickley, T. and White, M. (2009). The state of arts and health in England. *Arts and Health Journal for Research, Policy and Practice*, 1(1), pp.6-35.

Cohen, G., Perlstein, S., Chapline, J., Kelly, J., Firth, K. and Simmens, S. (2006). The impact of professionally conducted cultural programmes on the physical health, mental health and social functioning of older adults. *The Gerontologist*, 46, pp.726–734.

Cohen G, Perlstein S, Chapline J, Kelly J, Firth KM, Simmens S. The impact of professionally conducted cultural programmes on the physical health, mental health and social functioning of older adults: Two-year results. *Journal of Aging, Humanities and the Arts*, 2007; 1: 5-22.

Cohen, G. (2009). New theories and research findings on the positive influence of music and art on health with ageing. *Arts and Health*, 1(1), pp.48-62.

Coleman, J. (1988). Social Capital in the creation of Human Capital. *American Journal of Sociology*, 94, pp.95-120.

Coleman, J. (1990). *Foundations of social theory*. 1st ed. Cambridge, Mass.: Belknap Press of Harvard University Press.

Cuypers, K., Krokstad, S., Holmen, T., Knudtsen, M., Bygren, L. and Holmen, J. (2012). Patterns of receptive and creative cultural activities and their association with perceived health, anxiety, depression and satisfaction with life among adults: the HUNT study, Norway. *Journal of epidemiology and community health*, 66(8), pp.698-703.

Davies, C., Knuiman, M., Wright, P. and Rosenberg, M. (2014). The art of being healthy: a qualitative study to develop a thematic framework for understanding the relationship between health and the arts. *BMJ open*, 4(4), p.004790.

Department of Health with Arts Council England, (2007). *A prospectus for arts and health*. London: Arts Council England.

Department of Health, (2010). *Our health and wellbeing today*. London: Department of Health.

Durkheim, E. (1897). *Le Suicide: étude de sociologie*. Paris: Alcan.

Engel, G. (1997). From Biomedical to Biopsychosocial: Being Scientific in the Human Domain. *Psychosomatics*, 38(6), pp.521-528.

Ewbank, N., Mills, S. and Gray, F. (2013). *De La Warr Pavilion: Analysis of Generation of Social Capital*. East Sussex County Council Cultural Strategy. Folkestone: NEA Publishing.

Fairley, A. (2006). *De La Warr Pavilion*. 1st ed. London: Merrell.

Field, J. (2003). *Social capital*. 1st ed. London: Routledge.

Forgan, L. (2014). *Evidence to House of Commons Culture Media and Sport Committee*.

FreshMinds for Department for Culture, Media and Sport, (2007). *Culture on Demand: Ways to engage a broader audience*. London: Department for Culture, Media and Sport.

Fujiwara, D., Kudrna, L. and Dolan, P. (2014). *Quantifying the Social Impacts of Culture and Sport*. London: Department of Culture, Media and Sport.

- Gladwell, M. (2008). *Outliers*. 1st ed. New York: Little, Brown and Co.
- Gov.uk, (2013). Taking Part - GOV.UK. [online] Available at: <https://www.gov.uk/government/collections/taking-part> [Accessed 15 May. 2014].
- Granovetter, M. (1973). The strength of weak ties. *American journal of sociology*, 78(6), pp.1360-1380.
- Granovetter, M. (1983). The strength of weak ties: A network theory revisited. *Sociological theory*, 1(1), pp.201-233.
- Gray, F. (2006). *Designing the seaside*. 1st ed. London: Reaktion.
- Greaves, C. and Farbus, L. (2006). Effects of creative and social activity on the health and wellbeing of socially isolated older people: outcomes from a multi-method observational study. *The Journal of the Royal Society for the Promotion of Health*, 126(3), pp.134-142.
- Hacking, S., Secker, J., Speller, H., Kent, L. and Shenton, J. (2008). Evaluating the impact of participatory art projects for people with mental health needs. *Health and Social Care in the Community*, 16(6), pp.638-648.
- Halpern, D. (2005). *Social capital*. 1st ed. Cambridge, UK: Polity.
- Hamilton, C., Hinks, S. and Petticrew, M. (2003). Arts for health: still searching for the Holy Grail. Public Health Policy and Practice. *Journal of Epidemiology and Community Health*, 57, pp.401-2.
- Hanifan, L. (1916). The Rural School Community Center. *Annals of the American Academy of Political and Social Sciences*, 67, pp.130-138.
- Hasselkus, B. (2002). *The meaning of everyday occupation*. 1st ed. Thorofare, NJ: Slack Inc.
- Holloway, I., Wheeler, S. and Holloway, I. (2002). *Qualitative research in nursing*. 1st ed. Oxford, UK: Blackwell Science.
- Kawachi, I., Kennedy, B., Lochner, K. and Prothrow-Stith, D. (1997). Social capital, income inequality, and mortality. *American journal of public health*, 87(9), pp.1491-1498.
- Lin, N. (1999). Building a network theory of social capital. *Connections*, 22(1), pp.28-51.
- Mental Health Foundation, (2008). *How To Look After Your Mental Health*. London: Mental Health Foundation.
- Mental Health Foundation, (2011). *An Evidence Review of the Impact of Participatory Arts on Older People*. London: The Baring Foundation.
- Monaghan, A. (2014). Bank of England governor: capitalism doomed if ethics vanish. *The Guardian*. [online] Available at: [www.theguardian.com/business/2014/may/27/capitalism-critique-bank-of-england-carney](http://www.theguardian.com/business/2014/may/27/capitalism-critique-bank-of-england-carney) [Accessed 29 May. 2014].
- Nash, V. Editor. (2002). *Reclaiming community*. London: Institute for Public Policy Research.
- Nash, V. and Christie, I. (2002). *Building community*. London: Institute for Public Policy Research
- OECD, (2001). *The Wellbeing of Nations: The role of human and social capital*. Paris: OECD.

- Piper, S. (2006). Qualitative theory testing as mixed-method research. *Journal of Research in Nursing*, 11(3), pp.183-193.
- Pottenger, M. (2013). *Social media, social capital and... lolcats?* [online] Economics Student Society of Australia (ESSA). Available at: <http://economicstudents.com/2013/09/social-media-social-capital-and-lolcats/> [Accessed 23 May. 2014].
- Putnam, R. (2000). *Bowling alone*. 1st ed. New York: Simon & Schuster.
- Rother.gov.uk, (2014). *Rother District Council - History of Egerton Park*. [online] Available at: <http://www.rother.gov.uk/article/4562/History-of-Egerton-Park> [Accessed 15 May. 2014].
- Rother.gov.uk, (2014). *Rother District Council - New funding deal for De La Warr Pavilion on the agenda*. [online] Available at: <http://www.rother.gov.uk/article/9882/New-funding-deal-for-De-La-Warr-Pavilion-on-the-agenda> [Accessed 16 May. 2014].
- RSPH Working Group on Arts, Health and Wellbeing, (2013). *Arts, Health and Wellbeing beyond the Millennium: How far have we come and where do we want to go?* London: Royal Society for Public Health.
- Ryff, C. and Singer, B. (1998). The contours of positive human health. *Psychological inquiry*, 9(1), pp.1--28.
- Smith, J. and Inglis, S. (2005). *Liquid assets*. 1st ed. London: English Heritage.
- Stafford, F. and Yates, N. (1985). *Kentish sources*. 1st ed. Gloucester: Sutton for Kent Archives Office.
- Sproston, K. and Purdon, S. (2010). *Taking Part and Active People Surveys: an independent review*. London: Department for Culture Media and Sport.
- Stickley, T. and Duncan, K. (2007). Art in Mind: Implementation of a community arts initiative to promote mental health. *Journal of Public Mental Health*, 6(4), pp.24-32.
- Takingpartinthearts.com, (2014). *Taking Part in the Arts | Case Studies of Current Practice | New Audiences archive | Not for the Likes of You*. [online] Available at: <http://www.takingpartinthearts.com/content.php?content=508> [Accessed 23 May. 2014].
- Twitter.com, (2014). *De La Warr Pavilion (dlwp) on Twitter*. [online] Available at: <https://twitter.com/dlwp> [Accessed 16 May. 2014].
- Wade, D. and Halligan, P. (2004). Do biomedical models of illness make for good healthcare systems? *BMJ: British Medical Journal*, 329(7479), p.1398.
- White, M. (2009). *Arts development in community health*. 1st ed. Oxford: Radcliffe Publishers.
- White, M. and Robson, M. (2011). Finding sustainability: University-community collaborations focused on arts in health. *Gateways: international journal of community research and engagement*. 4, pp.48-64.
- Whitehead, M. and Diderichsen, F. (2001). Social Capital and Health: Tip-toeing through the minefield of evidence. *The Lancet*, 358(9277), pp.165-6.
- Whyman, J. (1985). *Kentish sources*. 1st ed. Gloucester: Sutton for Kent Archives Office.

Webarchive.nationalarchives.gov.uk, (2007). *[ARCHIVED CONTENT] Design Council / About design / Managing design / The design process*. [online] Available at: <http://webarchive.nationalarchives.gov.uk/20080821115409/designcouncil.org.uk/en/about-design/managingdesign/the-study-of-the-design-process/> [Accessed 27 May. 2014].

Wikipedia, (2014). *Appreciation Index*. [online] Available at: [http://en.wikipedia.org/wiki/Appreciation\\_Index](http://en.wikipedia.org/wiki/Appreciation_Index) [Accessed 23 May. 2014].

Wikipedia, (2014). *The Waste Land*. [online] Available at: [http://en.wikipedia.org/wiki/The\\_Waste\\_Land](http://en.wikipedia.org/wiki/The_Waste_Land) [Accessed 24 May. 2014].

Wikstrom, B. (2004). Older adults and the arts: the importance of aesthetic forms of expression in later life. *Journal of Gerontological Nursing*, 30(9), pp.30-36.

Wilkinson, R. (1996). *Unhealthy Societies: The afflictions of inequality*. 1st ed. London: Routledge.

Woolcock, M. (2001). The place of social capital in understanding social and economic outcomes. *Isuma: Canadian Journal of Policy Research*, 2(1), pp.1-17.



# Acknowledgements

The research team would like to thank the following participants (in alphabetical order) for their contributions and valuable insights to this project:

**Kate Adams MBE** - Director, Project Art Works, Hastings.

**Julian Baggini** - Writer. Co-founder The Philosophers' Magazine.

**Laura Bailey** - Arts and Regeneration Officer, Kent County Council.

**Sir Peter Bazalgette** - Chairman, Arts Council England.

**Peter Bettley** - Roger De Haan Charitable Trust, Folkestone.

**Lewis Biggs OBE** - Curator of Folkestone Triennial.

**Blank Canvas** - Mind mapping at Turner Contemporary.

**Cllr. Paul Carter CBE** - Leader of Kent County Council.

**Harry Cayton OBE** - Chief Executive, Professional Standards Agency for Health and Social Care.

**Damian Collins MP** - Chairman of Conservative Arts and Creative Industries Network.

**Des Crilley** - Director of Customer Services, Kent County Council. Chair of Strategic Group for Arts in Kent.

**Professor Geoffrey Crossick** - Director of the Cultural Value Project.

**Professor Norma Daykin** - Professor of Arts in Health, University of the West of England.

**Tamsin Dillon** - Head of Art On The Underground and Trustee of Turner Contemporary, Margate.

**Stewart Drew** - Director and CEO, De La Warr Pavilion, Bexhill.

**Karen Eslea** - Head of Learning, Turner Contemporary, Margate.

**Helen Goodman MP** - Shadow Culture Minister.

**Professor Grenville Hancox MBE** - Music Director, Canterbury Cantata Trust.

**Simon Himbury** - Folkestone Academy Sixth Form Centre.

**Tania Holland-Williams** - Opera activist / Producer.

**Lord Howarth of Newport** - Co-Chair of All Party Parliamentary Group on Arts, Health and Wellbeing.

**Andrew Jackson** - Canterbury Christ Church University. Director, COaST.

**Tim Joss** - Director of The Rayne Foundation.

**Patrycja Kaszynska** - Project Researcher at the Cultural Value Project.

Top row:

Mind mapping wall at De La Warr Pavilion, Bexhill, Spring 2013.

Second row:

Mind mapping at Folkestone Glassworks Sixth Form Academy, December 2013.

Third row:

Charrette at Turner Contemporary, Margate, February 2014.

*Photos: Stephanie Mills*

Fourth row:

StevensonThompson and Dancing Horizons workshop at De La Warr Pavilion, Bexhill, November 2013.

*Photo: Matt Shipton*

Bottom Row:

Lachrymose choir performance at Turner Contemporary, November 2013.

*Photo: Darren Hollister*

**Paul Kelly** - Director of Leisure Republic.

**Amanda King** - Project Manager for Contemporary Visual Arts Network South East.

**Sally Ann Lycett** - Director of External Relations, De La Warr Pavilion, Bexhill.

**Angus McLewin** - Angus McLewin Associates, Whitstable, Kent.

**Ian Morrison** - Senior Research Fellow, Sidney De Haan Research Centre, Canterbury Christ Church University.

**Meradin Peachey** - Director of Public Health, Kent County Council.

**Victoria Pomery OBE** - Director, Turner Contemporary, Margate.

**David Powell** - Visiting Professor at London East Research Institute.

**Richard Russell** - Director of Policy and Research, Arts Council England.

**Isobel Salisbury** - Sidney De Haan Research Centre, Canterbury Christ Church University.

**Phil Self** - Sidney De Haan Research Centre, Canterbury Christ Church University.

**Arthur Shipton** - Mind map scanning services.

**Ann Skingley** - Senior Research Fellow, Sidney De Haan Research Centre, Canterbury Christ Church University.

**Sally Staples** - Cultural Strategy Manager, East Sussex County Council.

**Sian Stevenson** - Artistic Director, StevensonThompson.

**Dan Thompson** - Director of Revolutionary Arts.

**Jayne Thompson** - Artistic Director, StevensonThompson.

**Jayne Tyler** - Senior Relationship Manager, Arts Council England.

**Alistair Upton** - Chief Executive, The Creative Foundation, Folkestone.

**Maria Varvarigou** - Senior Researcher, Sidney De Haan Research Centre, Canterbury Christ Church University.

**Nicola Vella-Burrows** - Editorial assistant.

**Cathy Westbrook** - Director, futuredream.

**Lian Wilson** - Research Assistant, Sidney De Haan Research Centre, Canterbury Christ Church University.

**Richard Winrow** - Mind map volunteer at Turner Contemporary, Margate.

**Sarah Wren** - Arts and Regeneration Officer, Kent County Council.

**David Yard** - Head of Communications, Turner Contemporary, Margate.

**Thanks to all the many site-specific cultural activity programme - and public - participants who helped with our research. And to Beano's Vegetarian Cafe Bar in Folkestone for serving as our informal co-work space during this project.**

*"Prosperity requires not just investment in economic capital, but investment in social capital.... Just as any revolution eats its children, unchecked market fundamentalism can devour the social capital essential for the long-term dynamism of capitalism itself. To counteract this tendency, individuals and their firms must have a sense of their responsibilities for the broader system."*

(Mark Carney, Governor of the Bank of England)

(Monaghan, 2014)

Opposite - right:  
*Out of Tune* (A K Dolven) seafront  
interactive installation from Folkestone  
Triennial 2011, now part of the Folkestone  
Artworks permanent collection.

*Photo: Stephanie Mills*



# About the authors

## **Dr Trish Vella-Burrows**

Co-Investigator

Trish Vella-Burrows has combined her formal qualifications in music and nursing to specialise in therapeutic care, using music and the arts as a catalyst for engagement, communication and empowerment. She is a researcher with, and Assistant Director of, the Sidney De Haan Research Centre for Arts and Health, CCCU and has written a PhD on the perceptions of care staff and music practices in care homes. Trish lectures in Music and Health at Canterbury Christ Church University working across the Faculties of Health, Education and Arts and Humanities. Her work also involves outreach community art and music projects for a range of people living with special needs, and inter-generational projects that unite older and younger people in their communities.

## **Nick Ewbank**

Consultant Research Partner

Nick Ewbank is one of the UK's leading authorities on creative urban regeneration. He was the founding Director of the culture, education and regeneration charity The Creative Foundation and, with the philanthropist Roger De Haan CBE, steered the ground-breaking project to revitalise Folkestone from its inception in 2001 until 2010. Prior to this he was the Director of Devon's leading arts centre, Exeter Phoenix Arts and Media Centre, for seven years, during which time he also co-founded Upstream Health Living Centre, an arts in health charity. Nick founded NEA in 2010 a consultancy firm specialising in sustainable urban regeneration through culture, learning and social cohesion. Nick is a Visiting Lecturer at City University and Canterbury Christ Church University and writes for a number of periodicals and publications. He is an Academician of the Academy of Urbanism, a Fellow of the Royal Society of Arts and a Kent Ambassador.

## **Stephanie Mills**

Consultant Research Partner

Stephanie Mills has three decades of design and development experience in architecture, urbanism and independent film production. A graduate of Harvard University, she has worked within interdisciplinary teams to realise a broad variety of projects. In 1999 she established Cite Design Limited a London UK based consultancy that aims to incite new perspectives, processes and ways of doing things. In the past five years she has been researching how to foster social innovation in cities. This is founded on an interactive workshop and events based approach as part of a public engagement process. The aim is to nurture self-organising initiatives, to facilitate alternative ways of learning and co-production while improving the capacity, resilience and vitality of the urban environment. She is a member of the RIBA, an Academician of the Academy of Urbanism and a Fellow of the Royal Society of Arts.

**Professor Stephen Clift**

Principal Investigator

Stephen Clift is Professor of Health Education in the Faculty of Health and Social Care, Canterbury Christ Church University, and Research Director of the Sidney De Haan Research Centre for Arts and Health. He has worked in the field of health promotion and public health for over twenty-five years, and has made contributions to research, practice and training on HIV/AIDS prevention, sex education, international travel and health and the health promoting school. His current interests relate to arts and health and particularly the potential value of group singing for health and wellbeing. He is one of the founding editors of *Arts and Health: An international journal for research, policy and practice* and Honorary President of the Singing Hospitals International Network.

**Matt Shipton**

Co-Investigator

Matt Shipton is a Research and Knowledge Exchange Officer at the Sidney De Haan Research Centre for Arts and Health. He is responsible for developing the centre's business, training, and core funding while also contributing to research projects. He has run international conferences and seminar series on Music and Health and is also a sessional lecturer, piano teacher, accompanist and Programme Director for the International Foundation in Music at Canterbury Christ Church University in the Department of Music and Performing Arts. He is a regular performer in the East Kent area and beyond, predominantly in chamber ensembles. Matthew is a Director of The Consortium of Therapeutic Communities, and a Trustee of the Sacconi Music Festival.

**Professor Fred Gray**

Consultant Research Partner

Fred Gray is a researcher and writer specialising in the history and contemporary character of the Western, and particularly, the British seaside. A social scientist and historian, he has degrees from the University of Hull and University of Cambridge. For over three decades Fred worked at the University of Sussex, Brighton, becoming a senior academic and experienced academic manager before leaving Sussex in 2011. His current research interests include the history of Western seaside architecture; the contemporary social and economic condition of seaside resorts; coastal regeneration through interventions in arts and culture, higher education and architecture and urban design; and the cultural history of the relationships between society and nature at the seaside.



Opposite left, top to bottom:  
De La Warr Pavilion, Bexhill-on-Sea  
The Creative Quarter, Folkestone  
Margate Sands (showing Harbour Arm and  
Turner Contemporary).

*Photos: Stephanie Mills*



ISBN 978-1-909067-29-5

**Sidney De Haan Research Centre for Arts and Health  
The Block  
60 Tontine Street  
Folkestone  
Kent CT20 1JR**

**[www.canterbury.ac.uk/research/centres/SDHR](http://www.canterbury.ac.uk/research/centres/SDHR)  
[isobel.salisbury@canterbury.ac.uk](mailto:isobel.salisbury@canterbury.ac.uk)  
T. +44 1303 220 870**

**Nick Ewbank Associates  
Unit 1, The Old Bank  
78 Sandgate High Street  
Folkestone  
Kent CT20 3BX**

**[www.nickewbank.co.uk](http://www.nickewbank.co.uk)  
[enquiries@nickewbank.co.uk](mailto:enquiries@nickewbank.co.uk)  
T. +44 1303 256 088**

