

CULTURE & WELLBEING

THEORY, METHODOLOGY, STORIES
AND OTHER CHALLENGES: *an itinerary.*

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culture
ACTION
europe



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THE THIRD YEAR: AN OUTLOOK

As stated in the project plan, by its end, the multiannual activity carried out by CAE on culture and wellbeing is expected to provide:

- Evidence of the impact of cultural practice and participation on the well-being of citizens and resilience to change
- Tools for cultural operators to assess their impact on audiences.

Year 3 outcomes are therefore:

- An enhanced online digital storytelling resource initially published in Year 2, which collects evidence of the positive impact of culture on well-being.
- More examples of ways to measure impact
- Greater awareness and capacity building
- Handbook on impact on well-being of cultural practice and final reflection paper

Cultural practices and participation are key factors for social and personal well-being and contribute to citizens' ability to deal with social and economic change. But these factors are seldom recognised in the existing, conventional systems of measurement. CAE has therefore addressed this issue by designing and disseminating an ad hoc information system, based upon qualitative and quantitative (indicators and data) methods of collection. This study has continued its work in Year 3 to address the question "why culture is best suitable for inducing social change?" to better understand the contribution of culture on society.

To that aim, CAE was committed to:

- Expand the collection of relevant literature and measures
- Organise 2 workshops on method: in Bressanone (I) and Gothenburg (S) to discuss and refine the theoretic reflection of the analysis
- Organise a workshop during the CAE Beyond The Obvious Conference
- Set up a set 3 training sessions operator and organisations (either online or face-to-face) to support their data collection and analysis
- Write a handbook at the end of the process, accompanied by a final reflection paper.

The collection of relevant literature and measures, carried out from March, 2016, to January, 2017, is briefly reported in Section 2.

As for the workshops on method, both have been carried out, on November, 25-26 in Goteborg and December 1st in Bozen (in the place of Bressanone-Brixen). In addition, an extensive field experiment has been carried out in Rome. This last, additional initiative has been specially designed to test a new methodological approach.

On January 27, 2017, as planned, a workshop on the project has been held during CAE's Beyond the Obvious annual conference in Budapest. The methodology at the root of the handbook was presented and discussed by an international group of about 30 scholars, researchers, cultural operators and other stakeholders.

As a whole, literature investigation, research, collection of stories, analysis of their content, training sessions, meetings and discussions, have involved directly about 500 people from 10 countries and at least three times as much indirectly. More important, this initiative has brought about, for the cultural organisations involved, a co-learning experience, capacity-building, growing awareness and ability to express, communicate, share and inspire.

THE DEBATE ABOUT THE SOCIAL IMPACT OF CULTURE: STATE OF THE ART AND RECENT DEVELOPMENTS

2016 has marked, internationally, a further progress in the line of tools for the assessment of social impacts of the arts.

A full account of the new additions to the debate would imply encyclopaedic dimensions, and would probably deserve a different, open and dynamic format. In this report, we propose two inspiring contributions. They represent a very welcome tip of an iceberg, since both are systems of vast collective research and practice in this field. As an ironic counterpoint to the Brexit, both are from the UK.

One adds precious advancements on the broad and overall theoretical dimensions of the matter, while the second focuses on heritage/museums and develops and collects tools and cases, more on the practical side.

In our view, they offer a varied and brilliant response to the needs of cultural organisations and individual members of CAE.

CULTURAL VALUE PROJECT

The Arts and Humanities Research Council's Cultural Value Project¹ Final report, made up by some 70 original pieces of work collectively (Crossick G.& P.Kaszynska, 2016) helps approaching the field with a robust theoretical and methodological basis. In particular, it points to a set of profound, non contingent, non instrumental reasons why assessment should be carried out. It blends new research, critical reviews of the literature and specialist workshops about how better to understand and capture the elusive phenomenon that is called 'cultural value'.

"Our key aim was to cut through the current logjam with its repeated polarisation of the issues: the intrinsic v the instrumental, the elite v the popular, the amateur v the professional, private v public spaces of consumption, qualitative v quantitative evidence, and the publicly-funded v the commercially-oriented. Definitional and boundary difficulties of these kinds have bedevilled debate about what constitutes the value of culture and in what ways it may be evaluated and captured. (...) Debate about cultural value has further been distorted by the wish to protect public funding and to influence policy. (...)

The report identifies a range of components of cultural value, often giving prominence to many whose importance has been too little acknowledged. It also challenges familiar claims about the importance of arts and culture and questions them when it doesn't find them to be sustained by the evidence. If we're to have the grown-up conversations about why arts and culture matter that the report calls for, then we have to accept when arguments are weak, methodologies are unsatisfactory, or evidence is insubstantial. In that sense the report is also a prospectus and signpost for future research. (...)

Thinking about cultural value needs to give far more attention to the way people experience their engagement with arts and culture, to be grounded in what it means to produce or consume them or, increasingly as digital technologies advance as part of people's lives, to do both at the same time." (...)

¹<http://www.ahrc.ac.uk/research/fundedthemesandprogrammes/culturalvalueproject/>

Arts in education has been shown to contribute in important ways to the factors that underpin learning, such as cognitive abilities, confidence, motivation, problem solving and communication skills. These are more compelling than claims to significant improvement in attainment on standard tests where the evidence is much less convincing. It also questions the hierarchy of subjects that means we're interested in whether studying music improves ability in maths, but not whether studying maths improves ability in music.

The positive relationship between arts and cultural engagement and subjective wellbeing is a major area of current interest, though the report is cautious about how much should be read into this in the absence of more sustained studies over time. It calls for culture to be more effectively incorporated in government approaches to measuring wellbeing. (...)

"The report calls for the wider application of evaluation as a tool within the cultural sector itself, rather than as something carried out just for accountability purposes. Formative and participatory evaluation, as opposed to summative evaluation at the end, needs more attention if it is to play a role in helping cultural organisations and practitioners learn from their activities and their audiences." (Crossick G.& P.Kaszynska, 2016, passim).

There is much more to be found in the Cultural Value Project Report, and, if on the one hand it is so rich and more scholarly than practitioner-oriented that browsing it is a bit complex, it represents an unprecedented opportunity of advancement in this matter.

NATIONAL ALLIANCE FOR MUSEUMS, HEALTH & WELLBEING

The National Alliance for Museums, Health & Wellbeing The National Alliance for Museums, Health and Wellbeing was established in July 2015 in recognition of the increasing contribution that museums and galleries are making to health and wellbeing. The Alliance is a consortium led by UCL Public and Cultural Engagement, National Museums Liverpool, the British Museum/Age Friendly Museums Network, the UK Medical Collections Group represented by the Thackray

Medical Museum, Tyne & Wear Archives & Museums, Manchester Museums and Galleries Partnership, the Research Centre for Museums and Galleries at the University of Leicester's School of Museum Studies, the Museums Association, the National Alliance for Arts, Health & Wellbeing and the Cultural Commissioning Programme/NCVO. The Alliance is a place where information about museums and health can be shared, to improve existing practice, help build resilience and provide resources and support for those individuals and organisations working in this area of activity, and its mission is to:

- provide leadership and advocacy for the sector's contribution to health and wellbeing;
- identify areas of best practice, and gaps in knowledge and training;
- provide support, guidance and recommendations on best practice, getting started, partnership work and health commissioning;
- establish a common language for this interdisciplinary field and highlight what works.

In this collaborative environment, over the past few years, University College London (UCL) have been researching the role of museums in improving health and wellbeing with a special focus on the benefits of touch and object handling for people in hospitals and healthcare settings. One of the most interesting stream of such endeavour, involving over 30 specialist museums and healthcare partners is a Toolkit, specially designed for measuring wellbeing among older adults and people with dementia participating in museum programmes. "A series of Heritage, Health and Wellbeing, AHRC-funded workshops hosted in London, Newcastle and Manchester revealed the need for generic, museum-focused measures of wellbeing following similar lines to the Generic Learning Outcomes and Generic Social Outcomes. Prior to these workshops, a three-year AHRC-funded research programme called 'Heritage in Hospitals' (HinH) was carried out by UCL and University College Hospital Arts. The project used clinical measurement scales to assess the benefits to patients of handling and discussing museum objects with a facilitator. Scales comprised the Positive Affect Negative Affect Schedule (PANAS) for psychological wellbeing (Watson et al, 1988), and two, Visual Analogue Scales (VAS) for subjective wellness and happiness (EuroQol Group, 1990). Comparison of the measurements taken before and after the HinH sessions showed significant improvements in wellbeing and happiness (Thomson et al, 2012a; 2012b)".

The Toolkit measures psychological wellbeing as an indicator of the mental state of the individual. It focuses on levels of self-reported changes in mood and emotion as these aspects of wellbeing are the ones that are more likely to change as a result of a short intervention, such as participating in a museum or gallery activity. Using both a questionnaire and an attractive multicolored colored positive and negative cutout scaling "umbrella form" (see <http://www.ucl.ac.uk/museums/research/touch/museumwellbeingmeasures/wellbeing-measures> for details), participants in museum/gallery activities are asked about their experiences: they felt happy, engaged, comfortable, safe and secure, enjoyed the company of other people, talked to other people.

In addition to the UCL Toolkit, the dedicated Alliance website (<https://museumsandwellbeingalliance.wordpress.com/evaluation-2/>) makes available other measurement and evaluation tools:

- AESOP Toolbox – the research methodology, evidence and policy for approaching arts' activity with a social purpose.
- Arts for health and wellbeing: an evaluation framework – A 2016 document by Public Health England that provides effective ways to document and evaluate arts projects and programmes that seek to improve health and wellbeing.
- Creative & Credible – A guide into evaluating arts & health projects.
- Inspiring Learning – A self-help improvement framework for museums, libraries and archives by MLA that supports organisations to assess their strengths and plan improvements; provide evidence of the impact of their activities through the generic learning and generic social outcomes; improve their strategic and operational performance.
- Manchester Cultural Impacts toolkit – Manchester City Council Cultural Strategy Team commissioned Burns Owens Partnership, Ltd. to develop a toolkit for measuring the impact of culture in Manchester.
- NEF Measuring Wellbeing handbook – A short handbook on measuring well-being from the Centre for Wellbeing at the New Economics Foundation – designed primarily for voluntary organisations and community groups delivering projects and services, to help them kick-start the process of measuring wellbeing outcomes.

The Alliance website (<http://museumsandwellbeing.org/>) also offers a collection of over 600 museum and wellbeing projects in the UK with a number of focuses (Creating Spaces For Wellbeing, Creative Workshops, Displays, Health Research, Information Cafés, Loan Boxes, Mind/Body/Spirit, Object Handling, Organisational Change, Outreach, Performance, Publishing/Sales, Reminiscence, Staff Training, Structured Museum And Gallery Visits, Structured Therapy Activities, Vocational Skills, Volunteering For Wellbeing) and target audience (Addiction Recovery, Asylum Seekers/Refugees, Autistic Spectrum, General Public, Homeless People, Hospital In-Patients, Isolated Adults, Medical Support, Medical Staff, Unpaid Carers, Mental Health Service Users, Offender Rehabilitation, Older People, Isolated Older People, Vulnerable Older People, Palliative Care, People Diagnosed With Dementia, People Living In Socio-Economic Deprivation, People With A Disability, Disabled Artists, Physical Disability, Sensory Impairments, People With Cancer/Leukaemia, Stroke Survivors, Unemployed, War Veterans).

International cases are presented in another section of the website: <https://museumsandwellbeingalliance.wordpress.com/international-examples/>.

They range from Brazil, Germany and the USA.

The Preliminary Report published in 2016 (Lackoi et al., 2016) offers an extensive account of the projects, studies, surveys and cases investigated by the Alliance and a list of 10 recommendations for museums.

Among other things, the Alliance activity confirms the conclusions reached by Chatterjee and Noble, who reviewed and summarized various studies to determine the many positive outcomes that museums can bring about (Chatterjee and Noble 2013, p. 115), concluding that museums provide:

- positive social experiences, leading to reduced social isolation
- opportunities for learning and acquiring new skills
- calming experiences, leading to decreased anxiety
- increased positive emotions, such as optimism, hope, and enjoyment
- increased self-esteem and sense of identity
- increased inspiration and opportunities for meaning making
- positive distraction from clinical environments, including hospitals and care homes
- increased communication between families, carers and health professionals.

To sum up, both systems of research and experimentation, i.e. Cultural Value Project and the National Alliance, contribute to building a clearer vision and a practical sets of initiatives and tools, which can be adapted to and adopted by other cultural sectors, like music, the performing arts, libraries, etc.

UCL's toolkit, in particular, could be used in those, frequent cases, where the impact on wellbeing was not anticipated or planned in detail. It registers the sense of wellbeing possibly experienced by individuals during the cultural experience. It appears as an open, inexpensive, user-friendly tool, which can easily be integrated into other methods of assessment.

APPROACH, ACTIVITIES, MEETINGS AND SEMINARS IN 2016-2017

If Culture and wellbeing have been a constant reference theme in almost all CAE's activities in 2016, three events have been targeted specifically on this topic. They took place in Italy (Bozen and Rome) and Sweden (Västra Götaland).

VÄSTRA GÖTALAND, SWEDEN

Organised with the collaboration of the Dept. of Culture, Region Västra Götaland, the two-day initiative in Sweden included a seminar and two expert lessons.

On 24 November, at the Dept. of Culture, Region Västra Götaland, in Göteborg, roundtable discussion of culture and wellbeing, with special emphasis on health.

The meeting was prepared sharing CAE working papers and Ola Sigurdson's book Culture and Health - a Wider Perspective.

Participants in the roundtable:

- Ylva Gustafsson, Dept. of Culture, Region Västra Götaland;
- Annalisa Cicerchia, Culture Action Europe, presenting Culture and health: Stories I have been told.
- Peter Ljungstrand, Studio Director and Senior Researcher at Interactive Institute Göteborg, presenting Go to museum – new technologies for visiting museums without being there.
- Johan Lundblad, TILLT, presenting Horisont - Artists in elderly residences.
- Amelie Gamble and Michael Nordiln: Playfulness – dance and depression, a case study.
- Sofia Tillman, City of Gothenburg: Life filming – City of Gothenburg and University of Gothenburg.

A summary of the projects is reported below.

- **Go to museum.** Interactive remote technologies for enabling people with reduced mobility to go to museums: on the museums included in the experiment - primarily the Nordic Watercolour Museum in Skärhamn - a robot on wheels, with microphone and camera controlled via the Internet, can be directed around the museum. A group of older people (or, alternatively, people with reduced mobility) in a nursing home can thus take part in exhibitions on the big screen or projector, pose questions to museum or exhibit curators or guides, interact with them.
- **Horisont.** Artists driving and performing artistic processes together with staff and residents at 3 different nursing homes, for 10 months.
- **Playfulness:** dance courses as anti-depression therapy (http://www.fou.nu/info/dir/ansokan/263691/Playfulness_-_pilotprojekt.pdf, in Swedish). As an alternative to pharmacological therapy for mild to moderate depression, social phobia and mild to moderate anxiety or anxiety, theatrical techniques and particularly dance are taught regularly to a selected class of about 20 patients, with relevant improvement in their subjective wellbeing.

- Film-making courses for older citizens. This project is composed of three units:

- **Elderly images of aging**

Tried to capture important stories of life through an artistic approach, LIFE filming, where older people have been filming and photographing everyday events, environments and situations. But also by interviews.

- **Intergenerational meetings** - about the age organizing principle

PhD project. Aims to study how age is organized in people's everyday lives, based on the existing infrastructure in the municipality of Gothenburg in four case studies. Age, generation and meetings are central themes.

- **Making culture and age in municipal activities**

Intended in part to examine the municipal organized cultural activities in Göteborg aimed at children, young people and older people and how these can be developed to facilitate meetings across generations. And in part to problematize the view of children and elderly people in society, as well as the perception of culture and the position of culture.

What the four Swedish cases have in common is that Impacts are explicitly sought after, planned and, therefore, assessed. In all cases, in different ways, evaluations have been carried out and the projects have been continued, modified or discontinued accordingly.

Other experiences of cultural projects aimed at improving health and wellbeing mentioned during the seminar involved people with heart disease forced to drastically change their lifestyles, who followed a reading and writing programme to tell their own story of symptoms. The presentations are available as an annex of this report.

On 25 November, at the Hospital of Kungälv, two expert sessions given by Rita Charon (Columbia University) on Narrative medicine. They draw from her 2006 book Narrative medicine (Charon 2006). Charon defines this approach in the following terms: "I first used the phrase "narrative medicine" in 2000 to refer to clinical practice fortified by narrative competence—the capacity to recognize, absorb, metabolize, interpret, and be moved by stories of illness. Simply, it is medicine practised by someone who knows what to do with stories. My colleagues and I have conceptualized and put into practice some basic tenets of narrative medicine."

Charon describes her method as follows: "At Columbia University in New York, NY, we provide narrative training (ie, rigorous training in close reading, attentive listening, reflective writing, and bearing witness to suffering) to doctors, nurses, social workers, psychoanalysts, therapists, literary scholars, and writers who attend our intensive training workshops. We also provide such training to students of medicine, nursing, physical and occupational therapy, pastoral care, oral history, social work, literary studies, and law.

Our research projects are accruing evidence that students and clinicians who have undergone narrative training with us strengthen their therapeutic alliances with patients and deepen their ability to adopt or identify others' perspectives.

Narrative medicine curricula and projects are proliferating throughout the United States, Canada, Europe, Great Britain, Latin America, the Middle East, and Australia. We take this explosive growth of interest and practice as evidence that capacities that are currently lacking within clinical practice and for which clinicians and patients yearn—singular recognition of patients and authentic use of the self by clinicians—can be developed through our emerging practice of bringing narrative knowledge and skill to bear on the care of the sick". (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1949238/>)

The sessions at the Hospital of Kungälv focused on two aspects of the artistic and creative approach to medical practice:

- Honouring the stories of illness
- Bridging Health Care's Divides.

Humanities and the arts are necessary, innovative approaches in the medical practice. Narrative medicine brings literary and creative narration techniques into the therapy process. Care is a work of art, where caregivers become partners of the patients. Writing, or drawing or painting, writing music, sculpting or modeling to reconstruct patients' stories, especially the untold parts, which are often many and crucial for the healing process.

NARRATIVE MEDICINE PRINCIPLES

- To recognize, absorb, interpret and be moved by stories of illness.
- Sources in primary care, narrative studies
- Relational, intersubjective, phenomenal
- Co-construction of illness narrative
- Commitment to social justice.

Patients come to us so exposed, and the quality of care is affected by many disparities. A story is created by a narrator and a listener, a trustworthy listener.

The three movements of narrative medicine are

- Attention-reception, fine perception, use of the self.
- Representation. The writing renders the doctor audible, the patient visible, and the treatment a healing conversation between them. Until the writing, there are 2 isolated beings—the doctor and the patient—both of whom suffer, and both of whom suffer alone. By virtue of the writing, there is hope for connection, for recognition, for communion.
- Affiliation. The movements of attention and representation spiral together toward the ultimate goal of narrative medicine: affiliation. It is this that we are after—the authentic and muscular connections between doctor and patient, between nurse and social worker, among children of a dying parent, among citizens trying to choose a just and equitable health care policy.

Considered as a whole, the initiative carried out with the Dept. of Culture of Region Västra Götaland points to a very specific aspect of the culture-wellbeing relationship, i.e. health in its broadest sense, as psychological and physical wellbeing.

Measurability in this field is of course different from many other domains where the impact of culture on wellbeing is investigated. As I will document also in other sections of this report, there is a great learning potential in this particular sub-theme, which could be, with due adjustments, extended to other areas.

The reasons for a higher measurability lie, in my view, into two facts. One is that, in the cases considered in this event, specific impacts on health are the main aim of the cultural project. The second is that, being the result of close inter-disciplinary cooperation between health and arts organisations, those projects benefit from a cross-fertilisation of evaluation techniques.

BOZEN, ITALY

On the initiative of Fitzcarraldo and Weigh Station, a roundtable on "Impact evaluation of cultural projects" was held in Bozen (Italy, on the 1st December 2016).

Participants: Alessandro Bollo (Fitzcarraldo), Annalisa Cicerchia (CAE), Rosa Scapin (Operaestate Festival Veneto) e Bas Ernst (the Dutch Embassy in Italy).

Measurement of the impact of cultural projects is often associated to the dichotomy between intrinsic and instrumental value of culture.

Time and sector of spillover must be considered with the utmost attention, since impacts are often paradoxical, as in the case of cultural investments that ultimately benefit the tourist sector (hotels and restaurants).

Reductionism and limited metrics fail to grasp the multidimensional nature of cultural impacts, especially when those impacts take place not immediately, but in the medium and long run.

There is still much to be studied about a shared concept of a basic unit of relevance/impact. It depends by intensity, scale, duration, nature of the cultural activity that generates impacts. ECoC offers a valuable conceptual practice ground on this respect.

Rosa Scapin presented the Dance Well project, started in 2013, addressing Parkinsons disease patients through classes of contemporary dance. Participants report an improvement of their quality of life, their sense of rhythm, balance and movement, and interpersonal relations. Parkinson Dancers perform regularly at the Operaestate Festival Veneto.

ROME, ITALY

CAE has provided technical support to a "Collaborative process for cultural decisions" launched by the Roma Municipal Government in September, 2016.

It represents a participatory planning experiment where citizens are directly involved in anticipating and selecting the desired impacts on personal and community wellbeing stemming from a cultural project.

Cinema Aquila, in the Pigneto neighbourhood in Rome, is an asset confiscated from the Banda della Magliana and allocated to a social use at the end of the 1990s. Since then, due to a complex set of political and administrative reasons, the cinema opened haltingly and finally remained closed.

In September, 2016, the Municipal Government launched a participatory process aimed at including the ordinary citizens in the discussion about culture in the city and reviving cultural and social places that are fundamental for community and trust building. Final output of the process, a final document that will be submitted to the administration as main decision reference.

The process, described at the url: <http://www.labroma.it/> (in Italian), comprised:

- two open days (Weekend al Pigneto), the 12 and 13 November 2016, devoted to collection of ideas and the drawing of a participated perception map of the area (<http://www.labroma.it/pigneto/mappa>);
- two laboratories (19 November and 4 December, 2016), including plenary sessions, workshops, working groups, weblabs.

The final document (in Italian) can be found here: <http://www.labroma.it/images/pigneto/coroma-pigneto-doc-partecipazione.pdf?58a5cbc8>). Starting from here, the Administration will write the tender for the concession of the Cinema.

BEYOND THE OBVIOUS: EUROPE, QUO VADIS? BUDAPEST, HUNGARY. A CAE WORKSHOP ON CULTURE AND WELLBEING

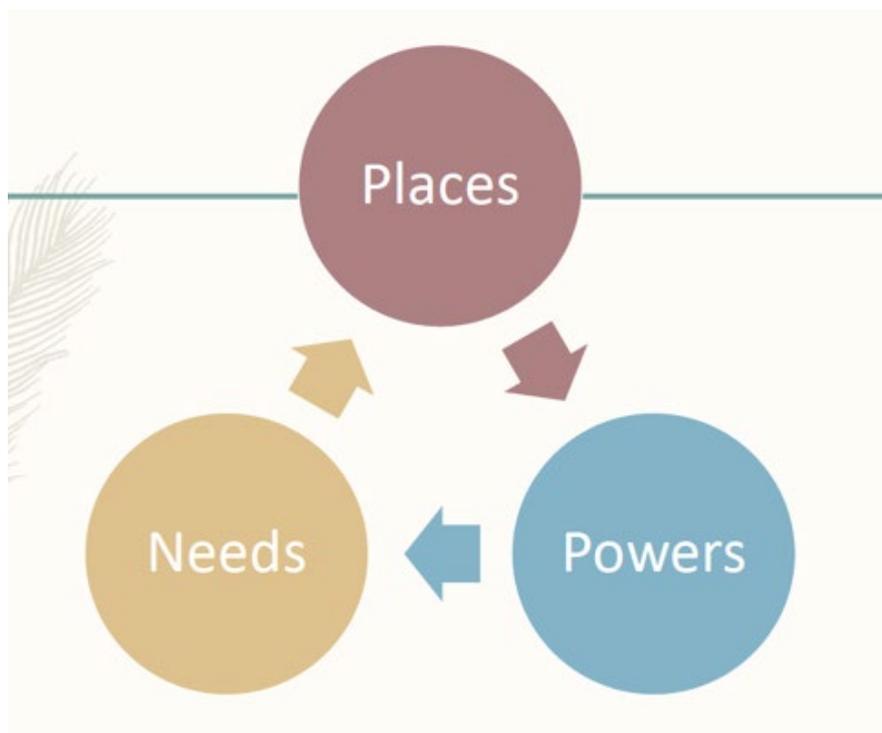
A workshop on Culture and Wellbeing was included in CAE's annual conference Beyond the Obvious, devoted to: Europe, Quo Vadis? held in Budapest, Hungary, 26-28 January 2017. The starting point of the Workshop was a presentation by Annalisa Cicerchia (see Annex for the full text), that opened with a rollup of the research carried out in the two previous years.

- There is a growing demand of impact measures by cultural organisations, for different reasons and purposes. The classical debate about the legitimacy of such activities has been gradually replaced by a discussion of the appropriate methods. In other words, the question has shifted from Ifs to Hows.
- Since measurement is a very specific technical activity, that requires specific technical conditions, not always occurring in the arts and cultural fields, alternative methods for impact assessment, appreciation, evaluation, description and communication are worth exploring, both on the quantitative and the qualitative side. Reasons for measuring/appreciate/evaluate/describe/communicate impacts are also relevant in the choice of the most appropriate approach. Finally, the object of the above investigation must also be carefully considered, as it has relevant implications for the most suited method to follow. This line of research was presented and discussed by a focus group during the 2014 CAE Conference Beyond the Obvious held in Newcastle (UK). It was followed by further research, aimed at the preparation and submission of a wider project on this themes in response to a Horizon 2020 call. (See also the February, 2015 Progress Report).
- All the above encouraged a special attention for a narrative approach to cultural impact assessment. The second year of activity has thus been devoted, on the one hand, to investigating narrative methods and storytelling techniques, and, on the other, to developing a process for collecting, processing and making available stories of impact of culture on wellbeing . The research activity was also oriented to designing a variable geometry approach to measurable and nonmeasurable components of the stories. That was presented and discussed by a focus group during the 2015 CAE Conference Beyond the Obvious held in Gothenburg (Sweden) (see also the February, 2016 Progress Report).



The picture illustrates the elements that are regularly collected in the stories gathered in the CAE repository Tell Us A Story. Each of them can be quantified and made comparable, up to a point, while at the same time they convey meanings that escape quantification, but may be nonetheless represented and communicated.

- From the analysis of the stories collected by CAE, in view of writing a Handbook for cultural organisations, three key elements emerged, as potential axes of assessment of the impact of culture on wellbeing. They are represented in the picture below:



Places, their needs, our powers are three key inter connected focuses of the process by which culture affects wellbeing.

Cultural actions have the power to create, dignify, discover, explore, heal, identify, inspire, name/rename, promote, represent, reveal, see, symbolise, transform, etc. places.

Cultural actions have the power to communicate, connect, create, detect, discover, express, highlight, identify, interpret, listen to, make visible, meet, memorise, represent, research, symbolise, understand, etc. the needs of individuals, groups, communities.

From there, cultural organisations are able to make strategic decisions, develop their plans, set their objectives. The process can be described as self-identification, goal-setting, monitoring and evaluation. Each step in this process can and should be made using both a qualitative/narrative and a quantitative approach.

It is not easy to explain Farm Cultural Park, and it's normal that not everyone understands its reason for being; but everyone's noticed how Favara is no longer as it once was. Everyone's noticed that each day brings tourists and visitors from around the world and everyone's read some article or have seen their city on television. Not because of the mafia, not because of illegal construction; but for art, culture, and urban regeneration. Piazza Cavour is the main square of Favara; it's a beautiful square and hosts several noble palaces: the Chiaramonte Castle, the municipal library created by Baron Mendola, forgotten patron. Seven years ago, evening in the square became a small Maracanã, hosting African football championships until the early hours of the morning. It was nice even then, but no one if not immigrants lived in that beautiful part of the city. Today the square is home to small hotels, pizzerias, bars, and taverns and the youth of Favara no longer spend their evenings in San Leone. They are the friends of Agrigento that finally, for the first time, come to Favara to spend their evenings, and the young people of Favara finally feel proud.

THE FUN PALACES (UK)



Fun Palaces is both an ongoing campaign for culture at the heart of every community, and an annual weekend of active participation in culture – arts, science, craft and tech events run by and for local communities.

We believe in Everyone an Artist and Everyone a Scientist, and that culture belongs to us all.

Fun Palaces have two vital outcomes: cultural democracy and enabling and empowering local people to create by, for and with their own communities.

Fun Palaces happen anywhere, over the first weekend of October. They are free, participatory, created by the community for the community.

Fun Palaces facilitate individual and community engagement in culture, asserting the individual and community's right and ability to decide what culture means to them and their locality – and how best to share it.

We believe that this hyper-local, grassroots-up approach to cultural engagement can support community cohesion and help develop a more inclusive cultural and landscape – locally, nationally and internationally.

Fun Palaces HQ is a team of 6 people, all part-time, who run workshops, support local groups, manage national PR and communications, and work to shine a light on the amazing work being made in local communities, by and for local people.

Fun Palaces HQ chooses to stay small and part-time in order to keep the focus on the communities taking part.

Each local Fun Palace fundraises independently, and is largely reliant on volunteers and donations, unlocking huge latent value nationally.

Fun Palace Makers and participants come from all social groups and backgrounds. In the UK, the ethnic background of both Fun Palace Makers and participants is within 3% of the national distribution for all groups, and Makers and participants come from all deciles of the Index of Multiple Deprivation*, with most deciles within 3% of the national distribution.

*The Index of Multiple Deprivation ranks all postcodes in England by deprivations. Each decile is 10% of the population, with decile 1 being the most deprived, and decile 10 being the least deprived.

Over 2 weekends in 2014 and 2015 there were 280 Fun Palaces across 11 nations made by 5262 local people with over 90,000 people joining in.

In 2016 there were 292 Fun Palaces in 9 nations, made by 4800 local people, with 124,000 people joining in active participation

Makers are the people who lead locally – artists and scientists, community workers, volunteers, cultural enthusiasts – often a mix of all.

- 62% of Maker teams included people from an ethnic minority
 - 27% of Maker teams included people with a disability
 - 34% of Maker teams included people under 18
 - 30% included people over 65
 - 14% of Maker teams include BOTH people under 18 AND people over 65
 - 46% of Makers agree that they got to know people who are different to them through making a Fun Palace
-
- 98% of Makers would like to make another Fun Palace in the future (and 96% of participants would like them to)
 - 42% agree that making a Fun Palace opened up new opportunities for them
 - 37% agree that as part of making a Fun Palace, they did something they did not know they were capable of.

Fun Palaces make a difference for Participants

- 96% of participants think it should happen again
- 84% feel motivated to do more creative things in the future

Participants said :

"Lovely idea, glad to see meeting point between theory, practice, academia, fun and community."

"I've met a young girl today who I've never spoke to before and she lives on my street, through chatting I've found out her Grandma was my best friend at school..."

"I can't believe this is free!"

"Thank you for inviting my dad to do a talk – it's really been good for him."

ANIBAR ANIMATION FESTIVAL (KOSOVO)



Anibar Animation Festival is the only animation festival in Kosovo, which has had 7 successful editions until now. Each year the festival gets bigger, last edition having had seven days of film screening in four cinemas (two of them being open air) which screened about 280 short animated films, seven concerts, 5 animation workshops, debates, panels, and presentations. Besides film screenings, the festival also pushes local filmmakers to produce more films and promote them internationally. An important element of the initiative is the continuous teaching of young people to do animation and work in capacity building in order to have more animation productions in the future. The festival has many local visitors that participate in the workshops, debates, and panels, however international guests are also very important because their expertise helps in exchanging knowledge with local artists.

The festival is very rich in film content screening about 280 films which are divided in many competing categories. For professionals, activities such as workshops and Meet the Filmmakers are very important and useful. On the other hand, the festival offers another segment of the festival which are music concerts, that host about 50 musicians during the seven days of the festival. As for the panels and debates, professionals, authors, academics, and other influential figures of the field which is being discussed are present, and help in creating outcomes such as solutions to the problems being treated. Anibar started in 2010 by a group of friends who were 16 years old, but shared the idea of wanting to create something good for the city where they were living. The initiative was also registered as an NGO, but all the members were acting volunteers. With time the structure of the organization and the festival developed, now having directors, many event and program coordinators, staff, and volunteers. The total staff of the festival/organization now counts to 20, whereas the volunteers reach the number of 80. Anibar has a leader-driven approach in completing the operations, that offers all the individuals to contribute to all levels of organization regardless of their position. The fact that all the members of the organization come from different professional backgrounds that are not necessarily related to art, has helped Anibar in creating an open environment that accepts all kinds of professionals, as long as the love for art and animation brings them to work together in achieving the vision of the organization. Although animators are the primary beneficiaries of this activity, the inhabitants and the city of Peja are also on top of the list. The city has indeed changed because of the activities of Anibar, and has slowly been put on the map of the cities to be visited during August, since the festival has become an attraction for the animation world. The numbers coming from Peja Tourism Office confirm that the festival has an impact, and that the effect on the local economy is growing in a great pace. Most importantly, the youth and artistic community of Peja has been given a platform to put their ideas and thoughts to work. They are active before and during the festival, which has helped in creating a community where individuals and their ideas and help are important in achieving something great for the city.

The idea for the festival has primarily come from the need to break the cultural apathy that had captured the city of Peja. We have done this by putting our hobby (animation) to good use, by transforming the city, its public spaces, and turning its youth community into an engine of social change.

A HANDBOOK FOR CULTURAL ORGANISATIONS

In this section, we present guidelines to orient cultural organisations in their process of investigation, assessment and evaluation of the impacts they expect to generate on wellbeing of relevant groups.

It is important to underline that the section 5.1 to 5.4 are directly related to the collective research carried out by CAE from 2014, and the discussions specifically organised in the form of seminars, open sessions, training sessions, workshops involving different types of cultural operators and organisations, active in various fields, from heritage to libraries, from the performing arts to music, from the visual arts to digital creativity, cinema and the media, etc.

In view of that variety, and for the reasons we specify in par. 5.2, we are not suggesting any particular format, but rather we point to a few key passages that could assist cultural organisations in creating the tool best suited for them.

We do, however, in section 5.4, give a brief recollection of the evaluation framework recently published, on similar themes, by Public Health England.

LOOKING FOR EVIDENCE

Our three-year itinerary on culture and wellbeing documents that, if on the one side, there is a growing interest in this field of investigation and a growing number of examples of a positive direct relationship between the two; on the other side, despite its vast amount, the body of evidence that has been produced over the last decades is still considered not enough. Our Handbook starts by discussing the reasons for collecting evidence of the relevance of cultural practice for wellbeing.

Reasons for collecting evidence

In many occasions, during the three years of this project, representatives of cultural organisations have complained that they often feel unequal to the task of justifying to their funders their costs, their activities or their very existence, in terms of quantifiable economic or social returns to investments. Clear enough, most of those requests show little, if any, appreciation of arts "for art's sake". they are also the effect of a shift from a model of funding culture based upon the support to organisations/institutions to another one, which is based upon projects, and often in a competitive environment. As consequence, a fragmented approach project-by-project increasingly replaces an integrated, organic one, and a pressure is added to "getting a higher score" to obtain funds.

Ironically, such sophisticated evaluations would require an amount of dedicated funding resources which are instead very scarce and increasingly so.

Apart from the growing demand for accountability, there are other good reasons for cultural organisations to assess their impacts: greater transparency, more effective comparisons of their own diverse interventions, and more robust evaluations.

The following sessions summarise three of the possible motives for assessing impacts: self-assessment and planning, reporting and advocacy.

Self-assessment and planning

From the cultural organisation's own point of view, a clear idea of the direct and indirect effects of their activities in terms of wellbeing contributes greatly to increase the quality of management, optimal resource use, goal setting and attainment. It also helps to place those impacts, if desired or sought, in their proper rank among the organisation's priorities. For those organisations that address the theme of wellbeing among their core concerns, It also helps selecting the best, most effective and cost-efficient activities.

In this case, there is no special constraint as to the method of assessment/evaluation to adopt. It may range from very informal, as in the case of closed-room, restricted staff or staff-and-management meetings held time to time to discuss how things proceed, to more enlarged and public meetings, to narrative reports including an assessment of the wellbeing component, to technical reports written with a specific form and including data and indicators, and so on. Some rules should be followed by cultural organisations, nonetheless, like committing themselves to report the impact on wellbeing of their activity regularly, and to be the first to take those reports seriously as a base for decision and choice. Cultural organisations may also want circulating, on paper or digitally, wellbeing reports, to communicate in a horizontal way all their initiatives taken to that purpose or with content, as in sustainability reports or social responsibility reports. Cultural organisations aware of their impact on wellbeing will be more likely to share that awareness beyond their inner circles, and to use it when reporting to third parties.

Advocacy

Another excellent reasons for reporting is advocacy. Many cultural organisations want that their voices to be heard by decision makers at various levels, local communities, the media, the general or specific public, etc. To do so, they must be credible, reliable, competent in their own field. Effectively reporting the impact on wellbeing of their activities helps building and strengthening their credibility. To do so in regular ways, with accuracy of data and careful selection of sources, builds up their reliability. Their competence is clearly shown by the range of their impacts on wellbeing. All this calls for a substantial effort for high quality evaluations, that, once again, should be built-in since the planning stage. Trying to reconstruct ex post possible impacts without any clear ex ante idea about the expected results is a inefficient time and resource-consuming exercise, la sort of piñata game, designated hitter, after being turned around three times, strikes at the moving target while blindfolded.

Reporting to third parties

Reporting impacts on wellbeing to third parties may be done for a set of reasons, under different conditions and degrees of freedom. Cultural organisations may want to report their accomplishment to their stakeholders, to the larger public, to Government, national and international partners, patrons, funders, for contributing to the political debate, to raise issues, to suggest solutions, to gain consensus, to introduce themselves into new arenas. Contents and methods of that reporting can be freely established by the cultural organisation itself, taking into account the characteristics of their targets. They can alternatively resort to numbers, to narratives, to cases, to a mix of them, to self-built indicators. Cultural organisations are free to select their fallout area, time dimension, the emphasis and priority they will give to wellbeing aspects when presenting their results, and to include outputs, outcomes and impacts in their account, or, conversely, limit their report to their inputs: efforts, resources, etc.

In other cases, reporting is required by third parties who adopt specific logical frames and standardised forms. This often implies for cultural organisations forced adjustments, and the risk of being unable, on the one side, to fill properly some of the required fields, and, on the other, to make with a full account of all the relevant outcomes and impacts of their actions. Time frames are again crucial, since significant impacts may become evident only in the long run.

In such cases, the information gap could be better bridged if cultural organisations were prepared to integrate the evaluation sheets required by third parties with their own assessment and evaluations, expressed in their own terms and matched to their own plans and expected results.

A noteworthy progress in the debate about wellbeing, impacts and their assessment, revealed by the recent literature, is represented by the general recognition that in this field, metrics cannot follow a "one size fits all" logic. The very term, "measurement" has been questioned (Cicerchia, 2015) extensively. As Matarasso puts it, "Measurement is a scientific concept that assumes the existence of a fixed scale against which different values (quantities, this time, not goods) can be compared. (...) But because people do not agree about culture, its definition or its good, it seems unlikely that they will be able to agree on a scale against which that good could be measured. (Matarasso, 2012)." Where measurement in the strict sense is not applicable, valid alternatives are many. Scientific reliability is not uniquely based upon massive quantification, as Epidemiology demonstrates beautifully. The temptation to ape economic measurements forcing their models into cultural activities and, above all, impacts on wellbeing, leads to frustration. We suggest that cultural organisations develop a variable geometry approach, and that they resort to measures when measurement is viable, to cases, stories, descriptions, images and other narratives when they are more suitable to convey the desired meaning. The next sections describe a few criteria for selecting the most appropriate methods of assessing impacts.

Project-generated impacts vs Continued activity impacts

Assessing impacts on wellbeing resulting from continued activities may require different strategies and tools than when project-generated impacts are considered. Differences can be due to changing v. constant audience/beneficiaries/participants, intensity, frequency, repetition, duration in time, etc. Continued activities may rely on progressions, or cumulative effects, while one-shot projects tend to be more fragmented, although, sometimes, more intensive and focused. This distinction should be borne in mind in the design of the evaluation, to suit best nature and characteristics of the actions that generate impacts on wellbeing.

Outputs, Outcomes, Impacts

Cultural activities may interact with wellbeing of individuals and groups with a wide range of effects. Spending a few hours watching a good film may be an important temporary relief for a long term hospital patient. A guided session in a museum may help raising spirits for Alzheimer affected persons and their caregivers. Learning to play a musical instrument in a marching band may be the only alternative to boredom, despair and deviance for teenagers in depressed areas. Libraries may be a welcoming place where you feel at home even if you are a migrant. Spaces created by architects present cherished doses of beauty to people passing by. And sometimes, an image you see or a book you read change forever your life.

The technical distinction outputs, outcomes, impacts, may be of use.

Outputs refer to the immediate product an action generates, e.g.: a cycle of training lessons in archaeological field work for 10 young offenders; puppet theatre performance in a child hospital ward involving 50 young patients, etc.

Outcomes look beyond the immediate product, and represent a perceived change of the level of wellbeing. It can be assessed informally, i.e. collecting comments "I felt happy all the time", "My neighbourhood looks nicer", "I have learned a few new interesting things", and the like. Videos are used sometimes to record participants' opinions. Alternatively, such perceptions may be collected in a more formal way, as in the case of the paper umbrella proposed by UCL for museums (section 2.2), or regular questionnaires.

Impacts are defined as long lasting or permanent changes. They can be detected in subjective or/and objective terms, with different qualitative (like the Most Significant Change) and quantitative methods (like the SROI), the use of proxies (e.g.: increase in the rate of cultural participation or in the rate of people declaring themselves satisfied of their neighbourhood/workplace/life, improvement of the image of the city in the local or national press, etc.).

It may happen that cultural organisations who concentrate resources to attain significant changes in terms of wellbeing, have no way to record them for a period of time. In those cases, keeping track of inputs specifically addressed to well defined wellbeing goals may be advisable: number of hours/people/programmes, total amount spent, etc.

Types of activity

As in the case of project v. continued activity, different disciplines (museums, libraries, visual arts, performing arts, music, digital creation, literature, poetry, etc.) require to develop each the most appropriate approach to detecting and assessing their impact on wellbeing. Due account must be taken in particular of their different degrees of involvement of their public, the extent of the interaction they display, the level of skills and knowledge they require from participants, the familiarity with the target audience/participants, voluntary/compulsory, paying/non-paying attendance, etc.

Types of target groups

Who is the impact on wellbeing for? There are occasions when the target groups are clearly identified and occasions when they are not. Addressing groups with specific characteristics facilitates the tasks of assessing impacts. Target groups may also be internal to the organisation itself.

Planned vs side or unexpected impacts

The piñata game effect is frequent when cultural organisations try to guess unplanned, unexpected, side effects of their action. They represent a difficult and risky exercise. The main reason of its difficulty is not so much due to the fact that culture and wellbeing are slippery concepts, with many intangible and non quantifiable aspects, but rather lies in the fact that lack of ex ante evaluation increases enormously the area of uncertainty of the final result. The piece of advice that we feel proposing to cultural organisations, then, is "steer more, row less", i.e. try, as much as possible, to decide in advance what your desired impacts in terms of wellbeing are. You may even discover that you do not want to attain anything specific in terms of wellbeing, and you are perfectly entitled to skip that part. But, if you decide that wellbeing is within your area of interest, see if your activities lead to those impacts or not. If not, adjust your activities. Adopt ex ante, in itinere and ex post evaluation practices to help yourself to stay on course.

SIX FOCUSES, IN TWO STAGES

Based upon the participatory work CAE has carried out in this respect since 2014, we propose cultural organisations who want to become more aware and accountable for their impacts on wellbeing to consider six focuses: three help the analytical stage, three the planning stage.

Places, needs, powers

Places, their needs and our powers should be the focuses of the analytical stage of the process.

Focus on the place of your action.

Places may be physical or conceptual.

They locate your action in a space with characteristics about wellbeing (which ones?) that demand your attention and express needs (again, which ones?) of their own. Can your organisation help satisfying those needs?

Needs are about changes.

What changes are in your power to bring about, at least partially? How wellbeing in that place will increase, and for whom, thanks to your powers?

Decisions, goals, plans

The planning stage of the process is built on the information gathered and the awareness reached in the analytical stage. We suggest that impacts on wellbeing are decided in a deliberate procedure, with constant reference to needs the organisation wishes to address and its actual powers. Decisions not only concern the desired impacts on specific groups, but also the resources allocated to attain them within a given time horizon, with or without concurring external supply of means and people. Thus, by setting goals and the course of action (strategy) to reach them, and identifying with increasing levels of detail the individual actions the organisation will develop, impacts on wellbeing will be at the core of a strategic plan. The plan will include monitoring, as well as ex ante, in itinere and ex post evaluations.

THE CASE OF ARTS IN HEALTH

"The arts, including music, dance, theatre, visual arts and writing, are increasingly recognised as having the potential to support health and wellbeing. However, in order for arts to be included in commissioning of health and social care services, there needs to be robust evidence of their effectiveness, impacts and costs. (...) Artists can find it challenging to navigate the terrain of evaluation and to access the language and frameworks that are required in order to develop robust evidence that will ensure that their programmes are understood and are eligible for funding". Daykin N. and T. Joss (2016)

In 2016, Public Health England published Arts for health and wellbeing. An evaluation framework, to provide guidance on appropriate ways of documenting the impacts of arts for health and wellbeing, whether through small scale project evaluations or large scale research studies. It suggests a standard framework for reporting of project activities that will strengthen understanding of what works in specific contexts and enable realistic assessment and appropriate comparisons to be made between programmes.

The document starts from the widely shared view that a number of different evaluation designs are possible in arts for health and wellbeing.

Quantitative evaluation can be used for monitoring project delivery and capturing measurable outcomes. It may involve quasi-experimental designs, using pre-and post-testing of participants, individually or in groups.

Qualitative evaluation, using interviews, focus groups and observation, can explore broader project impacts, such as those on organisations and staff. Qualitative designs range from simple process evaluation through to detailed ethnographic research.

Participatory action research places participants at the centre of the process as they work closely with evaluators to design, implement and report evaluation. This allows understanding of impacts of arts for health and wellbeing projects to develop through dialogue and not in response to themes and outcomes that are pre-determined by evaluators, funders or commissioners.

Case studies can use a range of methods but most often they draw on qualitative data. They can contribute to high quality evaluation when used rigorously. They - the document adds - can be strengthened by drawing on good research practice including sampling and case selection, data analysis and ethics.

The document also suggest that creative and arts-based methods using techniques, such as photography, film, visual arts, poetry, creative writing, music, drama and dance can be used to support evaluation. Arts for health and wellbeing projects often produce outputs – artworks and artefacts that may inform understanding of project impacts. These can be effective for uncovering hidden perspectives, adding empathic power and strengthening participants' voices. They are also used in dissemination to make evaluation and research findings accessible to audiences beyond traditional academia or policy making circles.

They also note that economic evaluation can be used to capture benefits and savings from using arts-based approaches within health and social care. While formal approaches, such as cost benefit analysis have not been widely used to date. More commonly, social return on investment (SROI) is used to project forward the costs and impacts that would occur if an intervention did or did not take place.

Finally, the document mentions the arts observational scale (ArtsObs), a non-intrusive tool developed specifically for the evaluation of performing arts interventions in healthcare settings (www.cwplus.org.uk/assets/pdf/Manual.pdf).

The document also proposes an agile and convincing reporting and evaluation tool. Its full version is available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496230/PHE_Arts_and_Health_Evaluation_FINAL.pdf

Below, we offer a description of its contents.

The first section is aimed at gathering information about the project.

Essential information

What does the intervention aim to do? What are the intended outcomes and impacts?

What is the rationale for the evaluation, ie, why are you doing it?

Identify the key health and wellbeing outcomes as well as the personal, artistic, organisational, financial and social outcomes that the project seeks to achieve. Identify any broader impacts that the project seeks to influence.

Who will be involved in the project delivery? List the key people involved in the intervention planning, delivery and evaluation.

Commissioner(s) and funding sources

How is the intervention funded and who has commissioned it?

For how long does the intervention run? How many sessions, episodes or events are delivered?

Location and setting

Where is the intervention taking place? It could be in a community centre, school or other setting.

Type of arts intervention

Provide details of the art form, for example, music, singing, visual arts, theatre, literary, digital or electronic. Also provide details of the nature of the activity: for example, static, live performance or participatory.

Description of the activity

Can the evaluation be reproduced based on your description? Identify the elements of the intervention so that others can deliver it outside your project. Give details of the content, delivery method, session format.

Context and setting for the activity

Will the project work equally well in different settings? It is helpful to appreciate the context of the activity. Give details of the setting and identify any particular features of the environment or setting.

Quality assurance

Who will manage the intervention? Who will deliver it? What quality assurance procedures will be followed?

Target population

Who is the target population? Are there specific admission criteria? Provide details of the individuals and groups as well as the settings where the project is targeted. Include age and demographic details as well as health conditions.

Method of recruitment and referral

How are participants recruited to the intervention? Is there a referral process or is it self-selecting?

Equipment and resources required

What equipment is needed to run the intervention? How much space is needed? Can the facility accommodate population groups with specific requirements (such as people with physical limitations or specific dietary needs)?

Core staff competencies (and training required)

How are those delivering the intervention recruited? What are the core skills needed by everyone involved in delivering the intervention? Does the intervention require the involvement of a professional artist or musician? What personal skills such as communication or facilitation are needed? Do those staff delivering the intervention need to be trained in certain aspects of the intervention such as group work, community music or working with older people?

Quality assurance mechanisms; assessment of risk and potential unintended consequences.

Project costs per participant

Is there a cost to the participant? Provide details of any charges made for any part of the intervention and other costs such as equipment, clothing or transport.

Ethics and consent

It is important to consider any ethical issues that arise in the delivery of the project. Will individuals' artworks or performances be reproduced, broadcast or disseminated? Will participants be identified in advocacy or marketing materials? What procedures will be used to obtain consent and protect the privacy of participants?

Declaration of interest

It is important to declare any potential conflicts of interest, even if these do not seem to be important. This is particularly important if the evaluation is funded by an agency that could be perceived to have a commercial interest in the results.

Desirable information

Detailed rationale and theory of change

Give details of the rationale in terms of the mechanisms of change underlying the intervention. This includes identifying a clear goal or primary outcome, tracing intermediate outcomes that might contribute towards this and using evidence to demonstrate the link between outcomes.

Evidence review

Give details of the evidence review process including reviews of comparable interventions that have informed the development of the project.

Consultation

Consultation is important to establish that an arts intervention is being developed in response to an identified need. Describe the consultation processes with stakeholders, including service users, which have informed the development of the activity.

Duration of funding

Special conditions of attendance and incentives

Details of health needs assessments

Details of equality impact assessments

The second section of the tool gathers evaluation details

Evaluation aims

What is the rationale for the evaluation – why are you doing it? Identify the key outcomes and impacts that have been prioritised for evaluation.

Evaluation questions

What questions does the evaluation seek to address?

Type of evaluation and evaluation design

What kind of evaluation design will be used? For example, will it draw on quantitative or qualitative approaches? Describe the evaluation approach, the data collection methods and the procedures that will be used for analysing the data.

Evaluation budget

What resources have been set aside for evaluation? Give details of the evaluation costs and a budget to include evaluation planning, staff, transport, materials and other evaluation costs.

Monitoring

It is essential to capture basic information such as the numbers of people recruited to a project and have completed all its stages. Recording demographic information about participants including age, sex, ethnicity, disability and socio-economic status can help to assess whether the project has successfully reached its target population and it can also help to establish whether the outcomes are more or less likely to be delivered for different groups. It is standard practice in public health evaluations to monitor such details. In public services there is a legal requirement to carry out ethnic monitoring.

Data collection procedures

In addition to monitoring, what data collection activities will be undertaken? What tools will be used? Who is going to collect the data? What skills do they need?

Sampling, selection and recruitment of participants

Evaluation timeline

When are the data going to be collected? Baseline data for the outcomes should be collected before the intervention begins and assessment should be repeated at the end. Ideally, longer term follow-up will include data collection between six and 12 months after the intervention has been completed. Provide a timeline for the evaluation, allowing for planning and preparation as well as data analysis and reporting.

Process evaluation

How will broader project impacts, including strengths and challenges of delivery, be assessed? How will learning be captured in order to inform future projects and the wider arts for health and wellbeing field? Outline the information used for process evaluation, including diaries and activity logs. Record what actually happens during the project, including any challenges to the delivery of the evaluation. Note that unexpected outcomes and impacts can be positive as well as negative.

Participants' views about the intervention

How will participants' views about aspects of the project and its delivery be captured? Give details of any methods used to capture participants' experiences including satisfaction questionnaires, focus groups or interviews. It is important to bear in mind that participants may not wish to be seen as criticising the project or the team delivering it. Consider methods that enable participants to give anonymous feedback, including talking to people who are not directly connected with the project delivery.

Ethics and consent

What are the ethical considerations for the evaluation? Will the anonymity of participants be protected? Could the evaluation include discussions about upsetting topics? Are the participants particularly vulnerable? Are adverse effects a possibility?

Conducting the evaluation

Who will conduct the evaluation? How will you ensure that they have the requisite skills? Will the evaluation team include expertise from different disciplines including arts, health and research and evaluation? Internal evaluation often means that the project is being evaluated by the artists and staff who are running it: if this is the case then possible causes of bias may need to be acknowledged. External evaluation by independent specialists is more likely to produce an objective view of the outcomes of the intervention.

Managing evaluation

Who will manage the evaluation? It is important that there is a process in place to record progress against the original plan as well as any changes that are made to the evaluation design and delivery.

Evaluation findings: data analysis and interpretation

How will the data be analysed? How will you avoid bias in data analysis and reporting? How will you use the findings? In outcomes evaluation, the purpose of analysis is to show whether the key outcomes have changed over the course of the intervention. Qualitative analysis can be used to explore impacts, process issues and participants' experiences of the project. Give details of results compared to baseline for each outcome measure included in the evaluation. Give details of the methods of analysis used for each component of the evaluation. Comment on limitations of the analysis and the extent to which it can be generalised – how likely is it that the results would be reproduced if the project was undertaken with another group? It is also important to consider what would be done differently with hindsight. Show how the learning from evaluation will be embedded in programme delivery and provide recommendations for changes in future projects and evaluation approaches.

Reporting and dissemination

How will you report your evaluation findings? Who are the target audiences for dissemination? It is important that evaluation evidence is made available so as to inform broader awareness and understanding of the role and impact of the arts. Give details of how the evaluation will be reported and disseminated including publications, conference presentations, multimedia links, public performances, and engagement with policy makers, professionals and the public

BIBLIOGRAPHY

- ACE (2014). The value of arts and culture to people and society, London: Arts Council England: www.artscouncil.org.uk/media/uploads/pdf/The-value-of-arts-and-culture-to-people-and-society-An-evidence-reviewMar-2014.pdf, accessed 11 February 2017
- Ander, E.E., Thomson, L.J., Noble, G., Menon, U., Lanceley, A. & Chatterjee, H.J. (2012). Heritage in Health A guide to using museum collections in hospitals and other healthcare settings. London: UCL.
- Annabel Jackson Associates (2012). Quality of experience in the arts. A Discussion Paper. Bath: Annabel Jackson Associates: <http://www.vasw.org.uk/documents/files/AJA%20Quality%20of%20Experience%20Conceptualisation%20a.pdf>, accessed 11 February 2017
- APPGWE (2014). Wellbeing in Four Policy Areas. London: All-Party Parliamentary Group on Wellbeing, Economic and New Economics Foundation: b3cdn.net/nefoundation/ccdf9782b6d8700f7c_lcm6i2ed7.pdf, accessed 11 February 2017
- Arts Council England. (2006). The Power of Art. Visual arts: evidence of impact. Part 2. London: Arts Council England: www.artscouncil.org.uk/media/uploads/documents/publications/phpOCmaHq.pdf, accessed 11 February 2017
- Arts Council England. (2007). A Prospectus for Arts and Health, Arts Council England, London: www.artscouncil.org.uk/publication_archive/a-prospectus-for-arts-and-health, accessed 11 February 2017
- Atkinson, S. and White, M. (2013). Beyond the local agenda: international perspectives in community-based arts and health, in Arts & Health: an International Journal for Research, Policy and Practice 5, 175-176.
- Barnett, M. (2013). Make My Day: the impact of Creative Caring in older people's care homes. Artlink, Suffolk.
- Barraket, J. (2005). Putting people in the picture? The role of the arts in social and Centre for Public Policy University of Melbourne: http://library.bsl.org.au/jspui/bitstream/1/571/1/barraket_arts_social_inclusion_1.pdf, accessed 11 February 2017
- Beard, R.L. (2012). Art therapies and dementia care: a systematic review, in Dementia 11 (5), 633-656.
- Belfiore, E. (2008). On bullshit in cultural policy practice and research. Notes from the British case, ICCPR 2008 International Conference in Cultural Policy Research 2008, Istanbul, 20-23rd August 2008 (work in progress):
- Belfiore, E. (2010). Beyond the "Toolkit Approach": arts impact evaluation research and the realities of cultural policymaking, in Journal for Cultural Research 14 (2), 121-142.
- Belfiore, E. and Bennett, O. (2007). Determinants of impact: towards a better understanding of encounters with the arts in Cultural Trends 16 (3), 225-275.
- Belfiore, E. and Bennett, O. (2009). Researching the social impact of the arts: literature, fiction and the novel, in International Journal of Cultural Policy 15 (1), 17-33.
- BFI (2011). Opening our Eyes. How film contributes to the culture of the UK. London: www.bfi.org.uk/sites/bfi.org.uk/files/downloads/bfi-openingour-eyes-2011-07_0.pdf, accessed 11 February 2017
- Bolwerk, A. et al. (2014). How Art Changes Your Brain: differential effects of visual art production and cognitive art evaluation on functional brain connectivity, in PLoS ONE 9 (7): <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0101035>, accessed 11 February 2017

- BOP (2013). The Economic, Social and Cultural Impact of the City Arts and Culture Cluster, City of London Economic Development: <https://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/research-2013/Economic-social-cultural-impact-of-the-city-arts-and-culture-clusture-ForWeb.pdf>, accessed 13 February 2017
- Brandling, J. et al. (2011). Taster days evaluation. Arts therapies for carers and families. Community Arts Therapies Project.
- Brecht, B. (1964). Brecht on Theatre: The Development of an Aesthetic, Methuen, New York.
- British Academy (2014). Prospering wisely. How the humanities and social sciences enrich our lives. British Academy, London: <http://www.britac.ac.uk/prosperingwisely/> accessed 13 February 2017
- British Council (2013). Trust Pays. How international cultural relationships build trust in the UK and underpin the success of the UK economy, British Council, London: <https://www.britishcouncil.org/sites/default/files/trust-pays-report-v2.pdf> , accessed 13 February 2017
- Brown, A. and Novak, J. (2007). Assessing the Intrinsic Impacts of a Live Performance, WolfBrown: http://ddcf.org/globalassets/doris_duke_files/download_files/IntrinsicImpactsLivePerfJan2007OVW.pdf, accessed 11 February 2017
- Bunting, C. and Knell, J. (2014). Measuring quality in the cultural sector. The Manchester Metrics pilot: findings and lessons learned, Arts Council England, London: www.artscouncil.org.uk/media/uploads/doc/Manchester_Metrics_Final_Report_May_2014.doc, accessed 11 February 2017
- Burrowes, N. et al. (2013). Intermediate outcomes of arts projects: a rapid evidence assessment. NOMS: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/254450/Intermediate-outcomes-of-arts-projects.pdf, accessed 13 February 2017
- Bygren, L.O. et al. (2009). Attending cultural events and cancer mortality: a Swedish cohort study, in Arts & Health 1, 64-73.
- Cameron, M. et al. (2013). Promoting well-being through creativity: how arts and public health can learn from each other, in Perspectives in Public Health 133, 52-59.
- Carey, J. (2005). What Good Are the Arts?, Faber and Faber, London.
- Carnwath, J.D. and Brown, A.S. (2014). Understanding the Value and Impacts of Cultural Experiences: a literature review, Arts Council England, London: www.artscouncil.org.uk/media/uploads/pdf/Understanding_the_value_and_impacts_of_cultural_experiences.pdf, accessed 11 February 2017
- Cicerchia A. 2015. "Why we should measure, what we should measure," Economia della Cultura, Società editrice il Mulino, issue 1, pages 11-22.
- Charon, R. (2006). Narrative medicine: Honoring the stories of illness. New York: Oxford University Press.
- Chatterjee, H. and Noble, G. (2013). Museums, Health and WellBeing, Ashgate, Farnham.
- Cheliotis, L. (2014). Decorative justice: deconstructing the relationship between the arts and imprisonment, in International Journal for Crime, Justice and Social Democracy 3 (1), 16-34.
- Cheliotis, L. and Jordanoska, A. (forthcoming). The Arts of Desistance: assessing the role of arts-based programmes in reducing reoffending, in Howard Journal of Criminal Justice (forthcoming)
- Clandinin, D.J. and Connelly, F. M. (2004). Narrative Inquiry: experience and story in qualitative research, Jossey Bass, San Francisco.
- Clary, B.B. (2008). Program Evaluation, Literature and Medicine Program. Final Report. Maine Humanities Council: www.okhumanities.org/Websites/ohc/images/Programs/Literature_and_Medicine/Lit_Med_Program_Evaluation.pdf, accessed 11 February 2017

- Clary, B.B. (2012). Program Evaluation, Literature and Medicine Program. Healthcare Facilities, United States Department of Veterans Affairs 2011. Maine Humanities Council: <https://mainehumanities.org/wp-content/uploads/2014/09/Lit-MEd-Eval-Report-2011-VA.pdf>, accessed 11 February 2017
- Clift, S. (2012). Creative arts as a public health resource: moving from practice based research to evidence-based practice, in *Perspectives in Public Health* 132, 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, in *Mental Health and Social Inclusion* 15 (2), 88-97: www.emeraldinsight.com/doi/abs/10.1108/20428301111140930, accessed 11 February 2017
- Clift, S. et al. (2008). Choral Singing, Wellbeing and Health: Summary of Findings from a Cross-national Survey. Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University: <https://www.canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-research-centre/documents/choral-singing-summary-report.pdf>, accessed 11 February 2017
- Clift, S. et al. (2012). A controlled evaluation of the health benefits of a participative community singing programme for older people (Silver Song Clubs), Sidney De Haan Research Centre for Arts and Health, Christ Church University <https://www.canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-research-centre/documents/community-singing-programme-for-older-people.pdf>, accessed 13 February 2017
- Clift, S. et al. (2012a). Health Benefits of a Participative Community Singing Programme for Older People. Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University: www.ahsw.org.uk/userfiles/Other_Resources/SSCRCTsummaryreportOct12.pdf, accessed 11 February
- Colvin, S. (2015). Why should criminology care about literary fiction? Literature, life narratives and telling untellable stories, in *Punishment & Society* 17 (2), 211-229.
- Cooper, A. (2012). The drivers, impact and value of CASE: A short history from the inside, in *Cultural Trends* 21 (4), 281-289.
- Cotelli, M. et al. (2012). Reminiscence therapy in dementia: a review, in *Maturitas* 72, 203-205.
- Cox, T. and Gilmore, A. (2015). ArtWorks Evaluation Literature Review, Paul Hamlyn Foundation, London
- Cox, T. and Gilmore, A. (2015). ArtWorks Evaluation Literature Review. DHA and the Institute for Cultural Practices, University of Manchester: www.phf.org.uk/wp-content/uploads/2015/06/ArtWorks-Literature-Review.pdf, accessed 11 February 2017
- CPA (2011). Keep Dancing. The health and wellbeing benefits of dance for older people. Centre for Policy on Ageing, London: <http://www.cpa.org.uk/information/reviews/shall-we-dance-report.pdf>, accessed 11 February 2017
- Crawford, P. et al. (2013). Creative practice as mutual recovery in mental health, in *Mental Health Review Journal* 18 (2), 55-64.
- Crossick, G. and Kaszynska, P. (2016). Understanding the value of arts & culture. The AHRC Cultural Value Project, Arts and Humanities Research Council, Swindon, UK.
- Cutler, D. (2009). Ageing Artfully. Older people and professional participatory arts in the UK, Baring Foundation, London <http://baringfoundation.org.uk/wp-content/uploads/2009/08/AgeingArtfully.pdf>, accessed 11 February 2017
- Dart, J. and Davies, R. (2003). A Dialogical, Story-Based Evaluation Tool: The Most Significant Change Technique, in *American Journal of Evaluation* 24,137.
- Davies, R. and Dart, J. (2005). The 'Most Significant Change' (MSC) Technique. A Guide to Its Use: <https://www.kepa.fi/tiedostot/most-significant-change-guide.pdf>, accessed 11 February 2017

- Daykin, N. and Byrne, E. (2006). The impact of visual arts and design on the health and wellbeing of patients and staff in mental health care: A systematic review of the literature. Centre for Public Health Research, University of the West of England: <http://eprints.uwe.ac.uk/4829>, accessed 11 February
- Daykin, N. and Joss, T. (2016). Arts for health and wellbeing: an evaluation framework, London, UK: Public Health England.
- Daykin, N. et al. (2008). The impact of participation in performing arts on adolescent health and behaviour. A systematic review of the literature, in *Journal of Health Psychology* 13, 251-264.
- Denzin, N. (2009). The elephant in the living room: or extending the conversation about the politics of evidence, in *Qualitative Research* 9, 139-160.
- Dodd, J. et al. (2008). Rethinking Disability. Representation in Museums and Galleries. RCMG: University of Leicester: <http://www2.le.ac.uk/departments/museumstudies/rcmg/projects/rethinking-disability-representation-1>, accessed 11 February 2017
- Dolan, P. and White, M. P. (2007). How can measures of subjective well-being be used to inform public policy?, in *Perspectives on Psychological Science* 2, 71-85.
- Duxbury, N. et al. (2015). *Culture Mapping as Cultural Inquiry*, Routledge, London.
- Eurostat (2014). GDP and Beyond. Measuring quality of life in the EU, in Eurostat news release: http://europa.eu/rapid/press-release_STAT-14-45_en.htm, accessed 11 February 2017
- Everitt, A. and Hamilton, R. (2003). Arts, Health and Community. A study of five arts in community health projects. CAHHM, University of Durham: <https://www.dur.ac.uk/resources/cahbm/reports/Arts%20Health%20%26%20Community.pdf> accessed 11 February
- Fancourt, D. and Joss, T. (2014). Aesop: A framework for developing and researching arts in health programmes, in *Arts & Health: an International Journal for Research, Policy and Practice*, 1-13
- Foreman-Wernet, L. and Dervin, B. (2013). In the context of their lives: how audience members make sense of performing arts experiences. *The Audience Experience: a critical analysis of audiences in the performing arts*, Intellect, Bristol.
- Foster, P.C. and Ocejo, R.E. (2015). Brokerage, mediation, and social networks in the creative industries, in *The Oxford Handbook of the Creative Industries*, eds Jones, C. et al., 405-420. Oxford University Press, Oxford.
- Francis, R. (2013). Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, The Stationery Office, London: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf, accessed 11 February 2017
- Frith, S. (1996). *Performing Rites.*: OUP, Oxford.
- Fritsch, T. et al. (2009). Impact of TimeSlips, a creative expression intervention program, on nursing home residents with dementia and their caregivers, in *The Gerontologist* 49 (1), 117-127.
- Fujiwara D. et al. (2014). Quantifying and Valuing the Wellbeing Impacts of Culture and Sport, Department for Culture, Media & Sport: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304899/Quantifying_and_valuing_the_wellbeing_impacts_of_sport_and_culture.pdf, accessed 11 February 2017
- Fujiwara, D. & McKerron, G. (2015). Cultural activities, artforms and wellbeing. Arts Council England, London: www.artscouncil.org.uk/media/uploads/Cultural_activities_artforms_and_wellbeing.pdf, accessed 11 February 2017

- Fujiwara, D. (2013). Museums and happiness: The value of participating in museums and the arts. Museum of East Anglian Life & Arts Council England, London: www.creativenz.govt.nz/assets/ckeditor/attachments/1120/museums_and_happiness_the_valueof_participating_in_museums_and_the_arts_2013_by_fujiwara.pdf?1416776178, accessed 11 February 2017
- Gadamer, H-G. (1976). *Philosophical Hermeneutics*, University of California Press, Berkeley.
- Gamble, J.A.A. (2008). *A developmental evaluation primer*, JW McConnell Family Foundation, Montreal: <http://animatingdemocracy.org/sites/default/files/A%20Developmental%20Evaluation%20Primer%20-%20EN.PDF>, accessed 13 February 2017
- Gane, N. (2011). Measure, value and the current crises of sociology, in *The Sociological Review Special Issue: Sociological Review Monograph Series: Measure and Value 59 (S2)*, 151-173.
- Garfinkel, H. (1967). *Studies in Ethnomethodology*, Englewood Cliffs, NJ: Prentice-Hall.
- General Medical Council (2009). *Tomorrow's Doctors*. GMC: www.gmc-uk.org/Tomorrow_s_Doctors_1214.pdf_48905759.pdf, accessed 11 February 2017
- Goodlad, R., Hamilton, C. and Taylor, P. (2002). 'Not Just a treat': Issues in evaluating arts programmes to secure social inclusion. UK Evaluation Society Conference *The Art of Evaluation: artistry, discipline and delivery*, London, 12-13 December 2002.
- Gould, V. (2013). *Reawakening the Mind. Evaluation of Arts4Dementia's London Arts Challenge in 2012*, Arts4Dementia: www.careinfo.org/wp-content/uploads/2013/02/Franklin-Gould-Veronica.pdf, accessed 11 February 2017
- Goulding, A. (2013). Older People Learning through Contemporary Visual Art – Engagement and Barriers, in *International Journal of Art & Design Education* 32 (1), 18-32.
- Graham, C. and Nikolova, M. (2013). Does Access to Information Technology Make People Happier? Insights from Well-being Surveys from Around the World, in *The Journal of SocioEconomics* 44 (0), 126-139.
- Graham, C. et al. (2014). *Using New Metrics to Assess the Role of the Arts in Well-Being: Some Initial Results from the Economics of Happiness*. The Brookings Institution, Washington DC: <https://www.arts.gov/sites/default/files/Brookings-Final-Report.pdf>, accessed 11 February 2017
- Grossi, E. et al. (2010). The impact of culture on the individual subjective well-being of the Italian population: an exploratory study, *Applied Research in Quality of Life* 6 (4), 387-410.
- Grossi, E. et al. (2012). The Interaction Between Culture, Health and Psychological Well-Being: Data Mining from the Italian Culture and Well-Being Project, in *Journal of Happiness Studies* 13, 129-148.
- Hacking, S. et al. (2008). Evaluating the impact of participatory art projects for people with mental health needs, in *Health and Social Care in the Community* 16 (6), 638-648.
- Hamari, P. (2010). Thinking culture. National cultural policy issues and the role of cultural heritage in Finland, in *Uncommon Culture* 1, 102-107: <http://uncommonculture.org/ojs/index.php/UC/article/view/3319/2729>, accessed 11 February 2017
- Hamilton C, S. Hinks, M. Petticrew. (2003). Arts for health: still searching for the Holy Grail: *Journal of Epidemiology and Community Health* 2003; 57:401-402.
- Hammersley, M. (1992). *What's Wrong With Ethnography? Methodological explorations*, Routledge London.
- Harries, B. (2013). *The Storybox Project. Examining the role of a theatre and arts-based intervention for people with dementia*, Manchester Interdisciplinary Collaboration for Research on Ageing, Manchester: www.humanities.manchester.ac.uk/medialibrary/micra/events/2013/The_Storybox_Story.pdf, accessed 11 February 2017

- Harvey, A. and Julian, C. (2015). A Community Right to Beauty: Giving communities the power to shape, enhance and create beautiful places, developments and spaces, The ResPublica Trust, London: <http://www.respublica.org.uk/wp-content/uploads/2015/07/Right-to-Beauty-Final-1.pdf>, accessed 13 February 2017
- Hill, K. (2013). The Arts and Individual Well-Being in Canada, Hill Strategies, Canada: www.hillstrategies.com/sites/default/files/Arts_well_being2010.pdf, accessed 11 February 2017
- Hilliard, R.E. (2005). Music Therapy in Hospice and Palliative Care: a Review of the Empirical Data, in *Evid Based Complement Alternat Med* 2, 173-178.
- Houston, R. and McGill, A. (2015). English National Ballet, Dance for Parkinson's: an investigative study 2. A report on a three-year mixed methods research study, English National Ballet & University of Roehampton, London: http://www.ballet.org.uk/media/finder_public/2016/01/20/enb_research-report_final_2.pdf, accessed 13 February 2017
- Hyppa, M.T., et al. (2005). Leisure participation predicts survival: a population-based study in Finland, in *Health Promotion International* 21, 5-12.
- Hytner, N. (2003). To Hell with Targets. The Observer: www.theguardian.com/theobserver/2003/jan/12/featuresreview.review, accessed 11 February 2017
- Ings, R., Crane, N. and Cameron, M. (2012). Be Creative Be Well. Arts, wellbeing and local communities. An evaluation, Arts Council England, London: www.artscouncil.org.uk/media/uploads/pdf/BCBW_final.pdf, accessed 11 February 2017
- Jeffrey, E.J. et al. (2012). Performance and palliative care: a drama module for medical students, in *Medical Humanities* 38, 110-114.
- Jermyn, E. (2001). The Arts and Social Exclusion: a review prepared for the Arts Council of England, Arts Council of England, London: https://www.creativecity.ca/database/files/library/arts_social_exclusion_uk.pdf, accessed 12 February 2017
- Johnson, H. et al. (2011). Unlocking Value. The economic benefit of the arts in criminal justice, New Philanthropy Capital, London: https://www.artsincriminaljustice.org.uk/sites/default/files/UnlockingValue_0.pdf, accessed 11 February 2017
- Kasser, T. (2013). The potential of engagement in arts and culture to encourage values that support well-being, social justice and ecological sustainability, in *The Art of Life: understanding how participation in arts and culture can affect our values*, 8-12, Mission Models Money, London: <http://valuesandframes.org/download/reports/The%20Art%20Of%20Life%20-20MMM%20and%20Common%20Cause.pdf>, accessed 11 February 2017
- Kaszynska, P. (2015). Capturing the vanishing point: subjective experiences and cultural value, in *Cultural Trends* 24 (3), 256-266.
- Kattenstroth, J.C. et al. (2013). Six months of dance intervention enhances postural, sensorimotor, and cognitive performance in elderly without affecting cardio-respiratory functions, in *Frontiers in Aging Neuroscience* 5
- Kearsley, J.H. and Lobb, E.A. (2014). "Workshops in healing" for senior medical students: a 5-year overview and appraisal, in *Medical Humanities* 40, 73-79.
- Keen, S. (2010). *Empathy and the Novel*, Oxford University Press, Oxford.
- Kidd, D.C. and Castano, E. (2013). Reading literary fiction improves Theory of Mind, in *Science* 342, 377-380.
- Kirklin, D. (2001). Creating space to reflect and connect, in *Medical Humanities: a Practical Introduction*, 7-14, eds Kirklin, D. and Richardson, R., Royal College of Physicians, London.

- Knell, J. (2013). Manchester Metrics Pilot: final report of stage one. Manchester: Arts Council England: www.artscouncil.org.uk/media/uploads/doc/Manchester_Metrics_Stage_One_Report_Dec_2013.docx, accessed 11 February 2017
- Kocache, M. (2014). Framing the Discourse, Advancing the Work: Philanthropy at the Nexus of Peace and Social Justice and Arts and Culture, Andrew Milner: <http://p-sj.org/files/FRAMING%20THE%20DIS-COURSE%20ADVANCING%20THE%20WORK%20FINAL%20JULY%202014.pdf>, accessed 13 February 2017
- Konlaan, B.B. et al. (2000). Visiting the cinema, concerts, museums or art exhibitions as determinant of survival: a Swedish fourteen-year cohort follow-up, in *Scand J Public Health*, 28,174-178.
- Lackoi, K., Patsou, M., and Chatterjee, H.J. et al. (2016) Museums for Health and Wellbeing. A Preliminary Report, National Alliance for Museums, Health and Wellbeing. Available at: <https://museumsandwellbeingalliance.wordpress.com>
- Lancet (2015). Literature and medicine: why do we care? in Editorial, *Lancet*, 385 (9963), 90.
- Layard, R. (2005). Happiness – Lessons from a New Science, The Penguin Press, London.
- Leadbetter, C. and O'Connor, N. (2013). Healthy Attendance? The Impact of Cultural Engagement and Sports Participation on Health and Satisfaction with Life in Scotland, Scottish Government Social Research: www.gov.scot/Resource/0043/00430649.pdf, accessed 11 February 2017
- Leavy, P. (2009). *Method Meets Art: Art-based Research Practice*, Guildford Press, New York.
- LeCompte, M. and Goetz, J.P. (1982). Problems of Reliability and Validity in Ethnographic Research, in *Review of Educational Research* 52 (1), 31-60.
- Lee, D. and Gilmore, A. (2012). Mapping cultural assets and evaluating significance: theory, methodology and practice, in *Cultural Trends* 21, 3-28.
- Liamputtong, P. and Rumbold, J. (2008). *Knowing Differently: Arts-based and Collaborative Research Methods*, Nova Science Publishers, New York.
- Liikanen, H. L. (2010). Art and Culture for Well-being. Ministry of Education & Culture Finland: www.minedu.fi/export/sites/default/OPM/Julkaisut/2010/liitteet/OKM9.pdf?lang=fi, accessed 11 February 2017
- Lilley, A. and Moore, P. (2013). Counting What Counts. What big data can do for the cultural sector, Magic Lantern, London: www.nesta.org.uk/publications/counting-whatcounts-what-big-data-can-do-cultural-sector, accessed 11 February 2017
- Long, J. et. Al (2002). *Count Me In: The dimensions of social inclusion through culture & sport*, Leeds Metropolitan University, Leeds.
- LSE Centre for Economic Performance (2012). *How Mental Illness Loses Out in the NHS. A Report by the Centre for Economic Performance's Mental Health Policy Group*, School of Economics, London: <http://cep.lse.ac.uk/pubs/download/special/cep26.pdf>, accessed 11 February 2017
- Magee, W. and Stewart, L. (2015). The challenges and benefits of a genuine partnership between Music Therapy and Neuroscience: a dialogue between scientist and therapist, in *Frontiers in Human Neuroscience* 9, 223.
- Maruna, S., (2001). *Making Good: How Ex-convicts Reform and Rebuild Their Lives*, American Psychological Association, Washington.
- Matarasso F. (2012), On 'the very idea of measuring cultural value', <http://parliamentof-dreams.com/2012/01/20/on-the-very-idea-of-measuring-cultural-value/>.
- McNeill, F. (2006). A desistance paradigm for offender management, in *Criminology and Criminal Justice*, 6 (1), 39-62.
- McNeill, F. (2009). *Towards Effective Practice in Offender Supervision*, Scottish Centre for Crime and Justice Research, Glasgow: www.sccjr.ac.uk/documents/McNeil_Towards.pdf, accessed 11 February 2017

Mental Health Foundation (2011). An Evidence Review of the Impact of Participatory Arts on Older People, Baring Foundation, London: <http://baringfoundation.org.uk/wp-content/uploads/2011/04/EvidenceReview.pdf> ,accessed 11 February 2017

Miles, A. and Strauss, P. (2008). The Academy. A report on outcomes for participants (June 2006-June 2008), CRESC, Manchester: www.cresc.ac.uk/sites/default/files/The%20Academy%20a%20Report%20on%20Outcomes%20for%20Participants.pdf, accessed 11 February 2017

Misra-Hebert, A.D. et al. (2012). Improving empathy of physicians through guided reflective writing, in International Journal of Medical Education 3, 71-7.

Mittelman, M. and Epstein, C. (2009). Research results, in The MoMA Alzheimer's project: Making art accessible to people with dementia, eds Rosenberg, F. et al., New York, NY: the Museum of Modern Art: www.moma.org/docs/meetme/MeetMe_FULLL.pdf, accessed 11 February 2017

Morse, J.M. (2006). The Politics of Evidence, in Qualitative Health Research 16 (3), 395-404.

Moss, H. and O'Neill, D. (2014). The aesthetic and cultural interests of patients attending an acute hospital – a phenomenological study, in Journal of Advanced Nursing, 70 (1), 121-129.

Muller, L. et al. (2015). Understanding Third Space: Evaluating Art-Science Collaboration. 21st International Symposium of Electronic Art, at Vancouver, Canada, Volume: Proceedings: http://isea2015.org/proceeding/submissions/ISEA2015_submission_332.pdf, accessed 11 February 2017

Muller, L. et al. (2015). Understanding Third Space: evaluating art-science collaboration. 21st International Symposium of Electronic Art, at Vancouver, Canada, Volume: Proceedings: http://isea2015.org/proceeding/submissions/ISEA2015_submission_332.pdf, accessed 11 February 2017

Mulligan, M. and Simpson, A. (2014). The Streaming Effect. Assessing the impact of streaming music behavior, MIDiA Research, London: <http://www.deezer-blog.com/assets/sites/18/MIDiA-Research-The-Streaming-Effect-Executive-Summary.pdf>, accessed 11 February 2017

Narval Media. et al. (2009). Stories we Tell Ourselves. The cultural impact of UK Film 1994-2006, UK Film Council, London.

National Endowment for the Arts (2011). The Arts and Human Development, NEA, Washington DC: <https://www.arts.gov/sites/default/files/TheArtsAndHumanDev.pdf>, accessed 11 February 2017

National Endowment for the Arts (2012). How Art Works. The National Endowment for the Arts' five-year research agenda, with a system map and measurement model, NEA, Washington DC: https://www.arts.gov/sites/default/files/How-Art-Works_0.pdf, accessed 11 February 2017

National Endowment for the Arts (2013). The Arts and Aging. Building the Science, NEA, Washington DC <https://www.arts.gov/publications/arts-and-aging-building-science>, accessed 11 February 2017

National Endowment for the Arts (2014). Measuring Cultural Engagement: a quest for new terms, tools and techniques, NEA and Arts & Humanities Research Council, Washington DC: <https://www.arts.gov/sites/default/files/measuring-cultural-engagement.pdf>, accessed 11 February 2017

National Museums Liverpool (2012). An Evaluation of National Museums Liverpool: Dementia Training Programme: www.liverpoolmuseums.org.uk/learning/documents/house-of-memories-evaluation-report.pdf, accessed 11 February 2017

National Museums Liverpool (2014). An Evaluation of House of Memories Dementia Training Programme: Midlands Model: www.liverpoolmuseums.org.uk/learning/documents/house-of-memories-midlands-evaluation-2014.pdf, accessed 11 February 2017

Neve, J.E. de et al. (2013). The Objective Benefits of Subjective Well-Being. Centre for Economic Performance, London School of Economics: <http://cep.lse.ac.uk/pubs/download/dp1236.pdf>, accessed 11 February 2017

- Nightingale, F. (1860). Notes on Nursing. American edition, Appleton & Co, New York.
- Noble, G. and Chatterjee, H.J. (2008). Enrichment Programs in Hospitals: using museum loan boxes in University College London Hospital, in Touch in Museums: policy and practice in object handling, 215-23 ed Chatterjee, H.J., Berg, Oxford.
- Novak-Leonard, J. and Brown, A. (2011). Beyond attendance: a multi-modal understanding of arts participation, NEA, Washington DC: <https://www.arts.gov/sites/default/files/2008-SPPA-BeyondAttendance.pdf>, accessed 11 February 2017
- NPC (2010). Social Return on Investment. Position Paper, NPC, London: www.thinknpc.org/publications/social-return-on-investment-position-paper, accessed 11 February 2017
- O'Brien, D. and Lockley, P. (2015). The social life of cultural value, in Making Culture Count: The Politics, eds MacDowall, L. et al., Palgrave, London.
- O'Connell, C. et al. (2012). The aesthetic and cultural pursuits of patients with stroke, in Journal of Stroke & Cerebrovascular Diseases 22, 404-18.
- O'Reilly, K. (2005). Ethnographic Methods, Routledge, London and New York.
- Oakley, K., et al. (2013). Happy Now? Well-being and cultural policy, in Philosophy & Public Policy Quarterly 31 (2), 18-26.
- Oehler, K. and Sheppard, S.C. (2010). The Potential of Social Network Analysis for Research on the Cultural Sector, Centre for Creative Community Development, Willimstown: <http://web.williams.edu/Economics/ArtsEcon/library/pdfs/NetworkAnalysisAndCulture.pdf>, accessed 11 February 2017
- Olsen, S. and Galimidi, B. (2008). Catalog of Approaches to Impact Measurement. Assessing Social Impact In Private Ventures: http://compromisoytransparencia.com/upload/90/57/Metodologias_de_Medicion.pdf, accessed 11 February 2017
- ONS (2013). Measuring What Matters: understanding the Nation's Wellbeing. Office for National Statistics: www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/domains-and-measures---may-2013/national-wellbeing-wheel-of-measures.pdf, accessed 11 February 2017
- Oster, I. et al. (2006). Art therapy improves coping resources: a randomized, controlled study among women with breast cancer, in Palliative Support Care 4 (1), 57-64.
- Overgaard, S. and Zahavi, D. (2009). Phenomenological Sociology – the Subjectivity of Everyday Life, in Encountering the Everyday: an Introduction to the Sociologies of the Unnoticed, ed Jacobsen, M., Palgrave Macmillan, Basingstoke.
- Parr, H. (2006). Arts and social capital, in Mental Health Today 6, 23-25.
- Parsons, W. (2002). From Muddling Through to Muddling Up - Evidence Based Policy, in Public Policy and Administration 17, 43.
- Patton, M.Q. (2014). Qualitative Research and Evaluation Methods. 4th edn, Thousand Oaks, CA: SAGE.
- Petrie, K.J. (2004). Effect of Written Emotional Expression on Immune Function in Patients with Human Immunodeficiency Virus Infection: a randomized trial, in Psychosomatic Medicine 66, 272-275.
- Phelps, E.S. (2013). Mass Flourishing: How Grassroots Innovation Created Jobs, Challenge, and Change, Princeton University Press, Princeton.
- Preti, C. and Boyce-Tillman, J. (2015). Elevate. Using the arts to uplift people in hospitals, ArtCare, Salisbury: www.ahsw.org.uk/reports.aspx?x=1&id=1503, accessed 11 February 2017

- Redshaw, M. (2004). Design for Health. The impact of a new hospital environment on children, families and staff, The Stationery Office, Norwich: www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=212431, accessed 11 February 2017
- Roberts, R. (2003). Involving the public, in The International Handbook of Social Impact Assessment. Conceptual and Methodological Advances, eds Becker, H. A. and Vanclay, F., Edward Elgar Cheltenham, UK, Northampton, MA, USA.
- Roughley, A. Dart, J. (2009). Developing a Performance Story Report: <http://nrmonline.nrm.gov.au/downloads/mql:2162/content>, accessed 11 February 2017
- RSPH Working Group on Arts, Health and Wellbeing (2013). Arts, Health and Wellbeing Beyond the Millennium: How far have we come in 15 years? Summary Report, RSPH, London: http://artshealthnetwork.ca/ahnc/rsph_summary_document.pdf, accessed 11 February 2017
- Ryan, R.M. and Deci, E.L. (2001). On happiness and human potentials. A Review of Research on Hedonic and Eudaimonic Well-Being, in Annual Review of Psychology 52, 141-66.
- Sarkamo, T. and Soto, D. (2012). Music listening after stroke: beneficial effects and potential neural mechanisms, in Annals of the New York Academy of Sciences 1252, 266-81.
- Sarkamo, T. et al. (2008). Music listening enhances cognitive recovery and mood after middle cerebral artery stroke, in Brain 131, 866-876.
- Schutt, R.K. et al. (2004). Changing Lives through Literature. Bibliotherapy and recidivism amongst probationers. University of Massachusetts Boston, Boston: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1884659, accessed 11 February 2017
- Secker, J. et al. (2007). Mental health, social inclusion and arts: developing the evidence base, National Social Inclusion Programme, London: <http://clock.uclan.ac.uk/3846/>, accessed February 13 2017
- Secker, J. et al. (2009). Development of a measure of social inclusion for arts and mental health project participants, in Journal of Mental Health 18, 65-72.
- Sheppard, S. (2012). Measuring the Economic and Social Impacts of Cultural Organizations, Department of Economics Williams College, Williamstown: <http://www.frbsf.org/community-development/files/measuring-the-economic-and-social-impacts-of-cultural-organizations.pdf>, accessed 12 February 2017
- Sherman, L. et al. (1997). Preventing Crime: What Works, What Doesn't, What's Promising, College Park, MD: Department of Criminology & Criminal Justice, University of Maryland
- Simons, H. (2015). Interpret in context: generalizing from the single case in evaluation, in Evaluation 21, 173-188
- Simons, H. and McCormack, B. (2007). Integrating arts-based inquiry in evaluation methodology. Opportunities and challenges, in Qualitative Inquiry 13 (2), 292-311.
- Slayton, S.C. (2010). Outcome Studies on the Efficacy of Art Therapy: A Review of Findings, in Art Therapy 27(3), 108-11.
- Smith, R. (2002). Editorial: spend (slightly) less on health and more on the arts, in British Medical Journal 325, 1432.
- Smith, T. (2003). An evaluation of sorts: Learning from Common Knowledge, CAHHM, University of Durham.
- Solway, R., Camic, P.M., Thomson, L. J. & Chatterjee, H.J. (2016). Material objects and psychological theory: A conceptual literature review. Arts & Health: An International Journal of research, Policy and Practice, 8(1), 82-101. <http://dx.doi.org/10.1080/17533015.2014.998010>

Stacey, G. and Stickly, T. (2010). The meaning of art to people who use mental health services, in *Perspectives in Public Health* 130 (2), 70-77.

Staricoff, R. (2004). *Arts in health: a review of the medical literature*, Arts Council England, London: www.artscouncil.org.uk/media/uploads/documents/publications/phpY8yuOy.rtf, accessed 11 February 2017

Staricoff, R. and Clift, S. (2011). *Arts and Music in Healthcare: an overview of the medical literature: 2004-2011*. Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University: www.ahsw.org.uk/research.aspx?x=1&id=116, accessed 11 February 2017

Stern, M. and Seifert, S. (2009). *Civic Engagement and the Arts: Issues of Conceptualization and Measurement*, University of Pennsylvania, School of Social Policy & Practice, Philadelphia: http://animatingdemocracy.org/sites/default/files/CE_Arts_SternSeifert.pdf, accessed 13 February 2017

Stern, M. and Seifert, S. (2013). *Creative capabilities and community capacity*, in *Enhancing Capabilities. The Role of Social Institutions*, 179-196 eds Otto, H.U. and Ziegler, H., Opladen: Barbara Budrich Publishers.

Stern, M. and Seifert, S. (2013a). *Cultural Ecology, Neighborhood Vitality, and Social Wellbeing – a Philadelphia Project*. CultureBlocks Final Research Report. SIAP & TRF, Philadelphia.

Taylor, P. (2015). *A Review of the Social Impacts of Culture and Sport*, DCMS, London: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416279/A_review_of_the_Social_Impacts_of_Culture_and_Sport.pdf, accessed 11 February 2017

The Reader Organisation, (2014). *Read to Care. An investigation into quality of life benefits of shared reading groups for people living with dementia*, TRO, Liverpool: www.thereader.org.uk/media/114285/Read_to_Care_new_online.pdf, accessed 11 February 2017

Thomson, L.J. and Chatterjee, H.J. (2013). *UCL Museum Wellbeing Measures Toolkit*, UCL, London: <https://www.ucl.ac.uk/museums/research/touch/museumwellbeingmeasures/wellbeing-measures>, accessed 13 February 2017

Thomson, P. et al. (2013). *Performing Impact. How does community theatre understand and evaluate its work?* University of Nottingham: <http://www.ahrc.ac.uk/documents/project-reports-and-reviews/connected-communities/performing-impact/>, accessed 13 February 2017

Thomson, L. J. & Chatterjee, H.J. (2016). *Wellbeing with Objects: Evaluating a museum object- handling intervention for older adults in health care settings* *Journal of Applied Gerontology*, 35(3), 349-362. <http://dx.doi.org/10.1177/0733464814558267>

van Schooten, M., Vanclay, F., and Slootweg, R. (2003). *Conceptualizing social change processes and social impacts*, in *The International Handbook of Social Impact Assessment. Conceptual and Methodological Advances*, eds Becker, H. A. and Vanclay, F., Edward Elgar Cheltenham, UK, Northampton, MA, USA.

Various Authors (2014). *Digital storytelling for social impact*, Hattaway Communications, Inc: <https://www.rockefellerfoundation.org/app/uploads/Digital-Storytelling-for-Social-Impact.pdf>, accessed 11 February 2017

Verghese, J. et al. (2003). *Leisure activities and the risk of dementia in the elderly*, in *New England Journal of Medicine*, 348, 2508-16.

Walmsley, B. (2013). "A big part of my life": a qualitative study of the impact of theatre, in *Arts Marketing: an International Journal* 3, 73-87.

Wavell, C., Baxter, G., Johnson, I. and Williams, D. (2002). *Impact Evaluation of Museums, Archives and Libraries: Available Evidence Project. Working report*. Information Management Aberdeen Business School. The Robert Gordon University: Aberdeen.

White, M. (2002). *Determined to Dialogue. A survey of arts in health in the Northern and Yorkshire region 2001-02*, CAHHM, University of Durham.

White, M. (2009). *Arts Development in Community Health. A Social Tonic*, Radcliffe, Oxford.

White, T.R. and Hede, A.M. (2008). Using narrative inquiry to explore the impact of art on individuals, in *The Journal of Arts Management, Law, and Society* 38 (1), 19-36.

Williams, D. (1997). *Social Impact of Arts Programmes: How the Arts Measure Up - Australian Research into Social Impact Working Paper 8 (The social impact of the arts: Working paper)*: <http://animatingdemocracy.org/sites/default/files/Comedia.pdf>, accessed 13 February 2017

Woods, B., et al. (2009). *Reminiscence therapy for dementia*, Cochrane Database of Systematic Reviews, Wiley.

Wright, C. (2008). *Creative Carers: a reflective study of the creative carers programme*, Artlink, Suffolk: www.suffolkartlink.org.uk/wp-content/uploads/2014/10/CARERS_REPORT.pdf, accessed 11 February 2017

Zunshine, L. (2006). *Why We Read Fiction. Theory of Mind and the Novel*, Ohio State University Press, Columbus.

Web resources:

<http://culturalpolicies.net/web/socio-economic-impact-of-culture.php>, accessed 11 February 2017

http://www.socialinvestmentscotland.com/social-impact-report-2015/?gclid=CjwKEAiApLDBBRC8oICb-gNvKsgoSJAD9yOHsoMaN3o4Zjp9F3d8cmllPe2ZSjq1xhluPL-ANDYhnSxoCBjw_wcB, accessed 11 February 2017

https://www2.warwick.ac.uk/fac/arts/theatre_s/cp/research/researchthemes/fellowship/, accessed 11 February 2017

<http://animatingdemocracy.org/social-impact-indicators>, accessed 11 February 2017

<http://www.urban.org/research/publication/art-and-culture-communities-framework-measurement>, accessed 11 February 2017

<http://blog-ripple-effect-mapping.extension.umn.edu/>, accessed 11 February 2017

<http://animatingdemocracy.org/sites/default/files/McConnellPPT.pdf>, accessed 13 February 2017

Edmund S. Phelps (2013) *Mass Flourishing: How Grassroots Innovation Created Jobs, Challenge, and Change*. Princeton: Princeton University Press.

Citazione: "Flourishing is the heart of prospering—engagement, meeting challenges, self-expression, and personal growth. Receiving income may lead to flourishing but is not itself a form of flourishing. A person's flourishing comes from the experience of the new: new situations, new problems, new insights, and new ideas to develop and share. Similarly, prosperity on a national scale—mass flourishing—comes from broad involvement of people in the processes of innovation: the conception, development, and spread of new methods and products—indigenous innovation down to the grassroots."

Annexes:

Annalisa Cicerchia, *Culture and health: Stories I have been told - 2016*

culture
ACTION 
europe



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