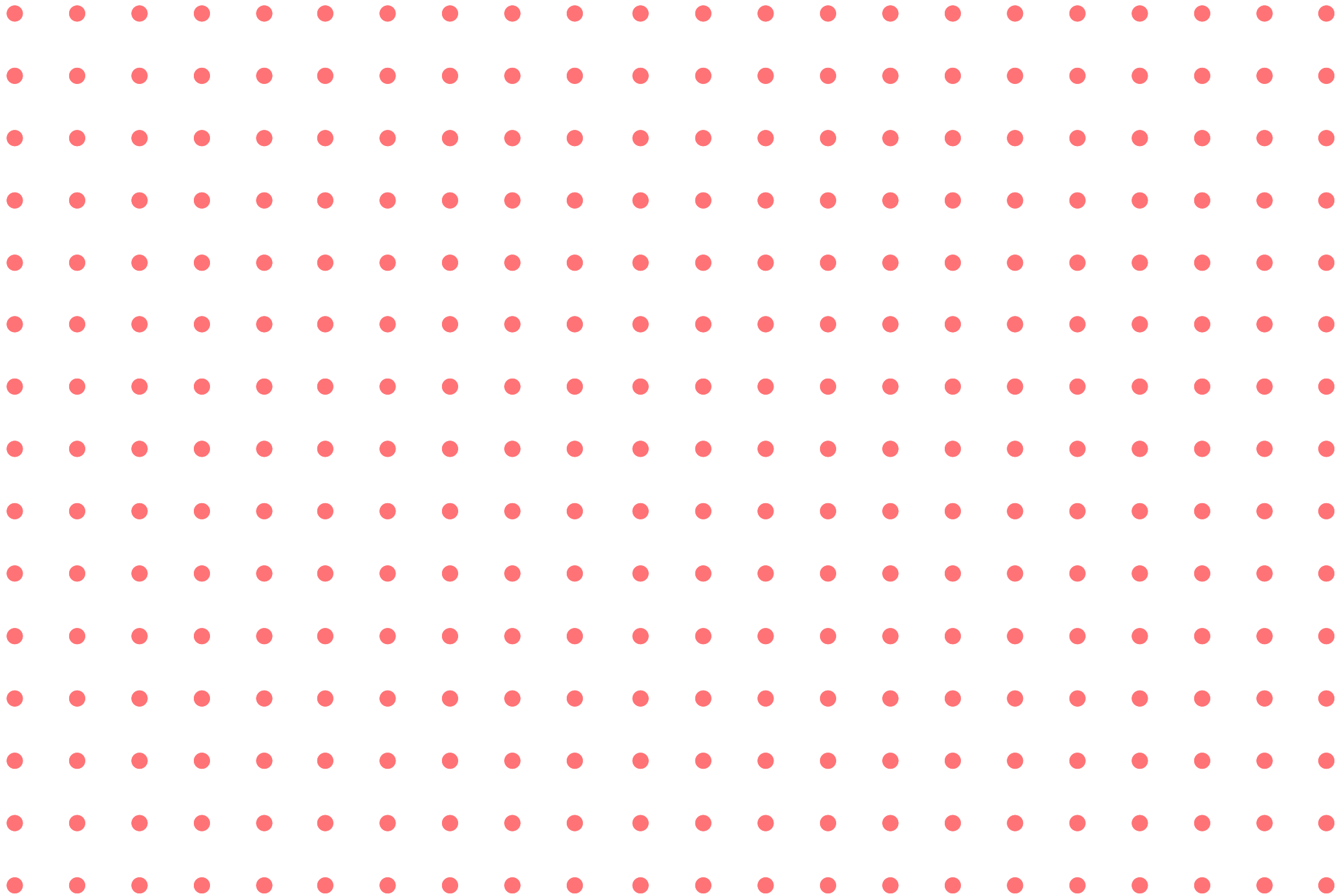


**Building a radical vision for  
health and wellbeing in Paisley**

**Dr Lan Pham**  
UWS







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## 1.0 Executive Summary

This consideration of policy recommendations for the health and wellbeing dimension of Future Paisley begins with an overview of key topics: the use of culture and the arts for social purposes, particularly health and wellbeing, further, what do we mean by health and wellbeing and, the influences of evaluation on these meanings? Together these four topics show that the way we think about health and society needs to be shifted towards a framing of public health that focuses on relational health and how relational health emerges from everyday experiences.

Research findings build on this approach by examining the topic of loneliness as a public health issue, developing a language for relational health and, looking at the relational work currently happening in Paisley. These findings also demonstrate that culture can contribute to relational health through facilitating encounters between community-centered health and cultural democracy. Policy insights are provided by placing the research in context, in terms of time and geographical area. A further insight is given by examining how evaluation can contribute to the shift to relational health.

As it is situated outside the sectors of culture, health and wellbeing, Future Paisley is an opportunity to provide the innovative action needed to change how we view health and wellbeing, arts and health activity and evaluation. The recommendations outlined in this paper could help Future Paisley realise this opportunity. These recommendations could bolster what is already going on in Future Paisley, particularly with regard to the interest in system change and excellence in socially engaged practice that has informed the Future Paisley approach. The are also avenues through which

interested parties might explore how Future Paisley is more than the sum of its component activities. Future Paisley was built on the bold collective ambition of the UK City of Culture 2021 (UKCoC21) bid. A radical and relational vision for health and wellbeing could continue this legacy. There are seven recommendation themes:

- developing a clear ambition for culture, arts, health and wellbeing
- evaluating 'what matters' and 'what works'
- explore the links between the processes of community-centred health and cultural democracy
- explore the role of boundary workers and boundary spanning work
- make visible the atmospheres, affective resources and places that create health and wellbeing
- developing a more complete understanding of loneliness in Paisley
- developing a vision for relational health from local knowledge

## 2.0 Purpose

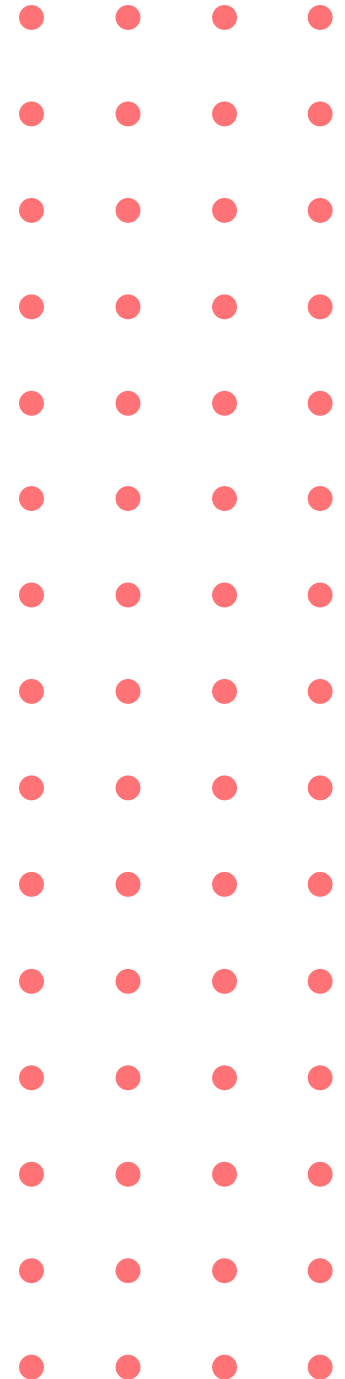
Cultural regeneration policy has traditionally emphasised economic benefits. Wellbeing has been a growing policy focus due to a strategic interest in the wellbeing economy and the growing evidence base on the impact of culture and the arts on health and wellbeing.

This report explores how cultural regeneration policy can help or hinder the contribution of culture to improving health and wellbeing. The report does not take the approach of 'what works' or make a 'case for the arts' by searching 'for the ultimate impact evaluation toolkit, applicable to all art forms, all audiences and in all geographical and social context' (Belfiore, 2021, p. 8). There have been concerns about the limits of this approach, such as the issues related to how to measure wellbeing (Oman, 2021) and, the potential to fixate on issues in such a way that one reduces attention paid to 'what matters' (Carlisle et al., 2007).

My research approach aligns with Belfiore's argument which considers research as an interaction of ideas with policy rather than in terms of providing evidence into policy. Asking 'what is culture for?' requires starting our investigation by asking what we trying to improve when we seek to improve health and wellbeing? This investigation is not about finding a definition of health and wellbeing that gives room for the social purposes of arts and culture. Instead, it is about *what health and wellbeing ideas are needed to address our stalling progress on various health and wellbeing issues*. Only once this idea is established can the role of culture in improving health and wellbeing be considered. Then, with our ideas of culture, health and wellbeing in place, we can begin to think about the purpose of evaluation in a cultural regeneration policy that seeks to improve health and wellbeing.

My ideas of how a cultural regeneration policy should envisage health and wellbeing and the actions a policy should focus on to realise this vision, draw on a range of evidence. These insights combine diverse knowledge from academia, policy and practice, and knowledge across topics ranging from community art and cultural regeneration to public health and loneliness.

I build on this knowledge to provide recommendations about *what the purpose of evaluation should be and what evaluation activities could help realise a radical vision for health and wellbeing*.





## 3.0 Key topics overview

### 3.1 How are culture and arts used for social purposes?

Future Paisley's interest in improving health and wellbeing brings together two topics that are concerned with the social impact of culture and the arts. The arts and health field brings together existing practices that combine culture, the arts, health and wellbeing. In the UK, the most visible and influential mapping of this field is the Inquiry Report which was set up in 2014 and published in 2017 by the All-Party Parliamentary Group on Arts, Health, and Wellbeing (APPGAHW). This report calls for recognition of the contribution the arts make to health and wellbeing.

Place-based policies have used culture and the arts for social ends, such as cultural regeneration policies. Historically these policies have been mostly focused on the economic benefits of culture and the arts. The rise of health and wellbeing to a point where it is (potentially) considered as the main approach for discussing the benefits of culture and the arts (Brook, O'Brien and Taylor, 2020) and interest in the wellbeing economy<sup>1</sup> has placed increased focus on the use of culture in place-based policies for wellbeing ends.

<sup>1</sup> <https://www.gov.scot/groups/wellbeing-economy-governments-wego/>

## 3.2 What do we mean by health and wellbeing?

Policy and projects need to understand what it is they seek to improve when they set out to improve health and wellbeing. How health and wellbeing are defined shapes how people are valued and seen, as well as what part they play in policy and projects.

The dominant ways of thinking about health and wellbeing promote the values of individualism and human exceptionalism. This view uses reductionist approaches to streamline human experience into models and interventions that minimise the richness and uniqueness of people and their everyday life. These ways of thinking limit the effectiveness of society's responses to complex health challenges such as obesity and health inequalities (Hanlon et al., 2011; Rutter, Marshall and Coutts, 2020; Blue, Shove and Kelly, 2021). The dominant way of thinking about health and wellbeing has squeezed out the radicalness of new thinking about the area (Kickbusch, 1996) and entrenched the idea of health and wellbeing as the product of poor individual life choices that—in turn—can be fixed by changing individual behaviour (Kriznik et al., 2018; Smith and Anderson, 2018).

Such ways of thinking restrict our understanding of the full benefits of arts and culture. This is particularly so for the benefits that align with the Christie Commission<sup>2</sup> on the future delivery of Scotland's public services. The Commission found that positive approaches to public services reform centre on people's lives and communities of place and interest (White, 2009; Scottish Government, 2011). Therefore, without tackling ways of thinking that promote individualism, human

exceptionalism and reductionism, new ideas for arts and health interventions will have their potential for improving health and wellbeing blunted.

For the purposes of this document, it is useful to think of health as a relational phenomenon. Improving relational health means thinking about how we can be well together (Atkinson et al., 2019) and what it means to be collectively healthy. A useful question was posed by Berry (1994): can individuals be healthy in a toxic environment whether at home or in ecosystems?

Addressing these matters through the lens of relational health can help Future Paisley answer the question its exhibition posed to residents: How can Paisley evolve to meet the big issues facing the world in the next decade: from recovery from the pandemic to the climate emergency?<sup>3</sup>

<sup>2</sup> <https://www.gov.scot/publications/commission-future-delivery-public-services/>

<sup>3</sup> <https://www.whatsonrenfrewshire.co.uk/event/100442-future-paisley-exhibition/>



### 3.3 What can culture and the arts do for health and wellbeing?

The positive health outcomes deriving from cultural and art activities have been well researched, but how these activities create health outcomes has been less examined (e.g. Raw, 2014). What culture and the arts contribute is unclear (Secker et al., 2018). How a project or programme works is usually framed as a mechanism or pathway. However, the benefits of engaging with culture and the arts will vary for individuals, and the benefits may not be related to the engagement itself but, as Sagan (2017) argues, in the accumulation of benefits, as this accumulation is what leads to change. Duff (2016, p. 71) illustrates the process of accumulation; it starts with unassuming moments and, the author argues, that 'what counts is the extent to which these practices and relations begin to ramify, to accumulate, to resonate together in the formation of an assemblage of health.' A focus on these processes of accumulation and health and wellbeing as an experience, suggests that health and wellbeing should be thought of as something that emerges from everyday moments. Therefore, the experience of health and wellbeing that results from engaging with culture and the arts cannot be predicted or fully known.

A vision of culture and, a vision of health and wellbeing is needed to answer the question of how a policy can leverage culture and the arts to address health and wellbeing needs. There is a gulf between cultural practitioners and individuals regarding what constitutes meaningful activity and what is defined as culture. Many cultural policy and cultural projects have failed because they have struggled to negotiate this space (Jancovich and Stevenson, 2021).

An emphasis on 'what matters' leads to a focus on informal and everyday cultural activities, small-scale and organic assets, such as knitting circles and allotments (Crossick and Kaszynska, 2016). This emphasis brings attention to what it means to be

human and, to experience life. Valuing 'what matters' would emphasise valuing the experience of culture, a form of knowledge that policy research in the field of culture often takes little account of (Bennett, 2004) and, in turn, leaving casual leisure less valued (Oman, 2021). One reason for the low valuation of casual leisure Oman (2020) argues, is policy makers' tendency to place value on activity that can be recorded and measured. Culture as a meaningful everyday activity is found not in measurements or survey categories. Rather, it is far more likely that the value of culture will be captured in the way people speak about an experience they have had, using their own words (Oman, 2020).

Furthermore, the UK does have a tradition of community arts that aims to stimulate wellbeing and community engagement (Symons and Hurley, 2018). The cultivation of health and wellbeing through an approach rooted in place and people's everyday life has been part of the practice of community artists. Therefore, relational and meaning-making work and a focus on 'what matters' is a type of knowledge that artists possess, utilisation of this resource should be a central concern for those wishing to leverage arts and culture for health and wellbeing benefits.





### 3.4 What can evaluation do for health and wellbeing?

The emphasis on outcomes and impacts in 'evidence based' approaches can obscure other benefits (Carlisle et al., 2007; Porter, Roberts and Clements, 2007), and generally dilute the value of knowledge and expertise of practitioners, people and communities (Carlisle et al., 2007; White, 2009).

The conversation around evaluation usually revolves around barriers to undertaking it effectively and, how to improve the process using toolkits and frameworks.

**There is less questioning of what this search for evidence and wellbeing data does to how we think about culture, the arts, health, and wellbeing.** The purpose and value of evaluation have been an issue in cultural regeneration, in which there has been a tendency to focus on economic benefits more than other types of benefits (Campbell et al., 2016). The difficulty of defining and measuring health exacerbates the issue of identifying what are we seeking to improve when we are improving health and wellbeing.

These issues regarding the purpose of evaluation can be seen in Scotland, where arts and health activity is potentially caught in a self-reinforcing loop of evaluation. Artists consulted on their opinions about carrying out arts and health activity reply that they are concerned about evaluation. These concerns are channelled into recommendations for 'better evaluation' (Rocket Science, 2021). However, the desire for evaluation to provide evidence into 'what works' can hinder relational health and relational working and, instead, entrench dominant health and wellbeing ideas (White, 2009). The focus can be pulled away from 'what matters' and what is meaningful activity to individuals. In turn, this increases the likelihood of failure in cultural policy and cultural projects (Jancovich and Stevenson, 2021).

## 4.0 Findings

### 4.1 Loneliness

Loneliness is considered a critical public health issue (Frost and Cowie, 2019, Lim, Eres and Vasan, 2020) and, an issue that the Scottish Government has a strategy to tackle.<sup>4</sup>

Loneliness is a subjective feeling of a gap between the relationships a person wants and what they have. Three types of loneliness have been described in academic and grey literature (Mansfield et al., 2019):

- social—absence of social connection, the perception of social isolation and dissatisfaction with the quality of relationships
- emotional—absence or loss of meaningful relationships that meet a deeply felt need to be recognised and 'belong' to someone or a group such as at work or in a family
- existential—less related to the specifics of relationships and is about a sense of disconnection from others and the world

Loneliness and social isolation have evolved into a policy concern for Future Paisley. In April 2021, a workshop was held to review Step Change 2, 'Lifting Paisley's communities out of poverty' and the associated strategic outcomes. A revised Step Change was proposed in 2021 'Raise prosperity and increase wellbeing in our communities' with an attached outcome of 'Enhanced mental health and reduced social isolation in our communities.' Based on my research, I raised the question of whether loneliness should be included with social isolation because

addressing social isolation does not always translate into addressing loneliness (Burholt, Nash and Phillips, 2013). I raised concerns that focusing on loneliness obscures the differences between types of loneliness (Dahlberg and McKee, 2014), leaving undisturbed the greater focus on social loneliness than emotional loneliness in policy and practice (Mansfield et al., 2019). In addition, existential loneliness is less discussed in policy and research.

My research finds that policy considerations of loneliness lack nuance of how connections are formed, what people are connected to, and quality of connections. The dominant approaches to addressing loneliness as a health issue focus predominately on fixing people and differ in their conclusions from research that explores people's experiences of loneliness in terms of what matters to them. Loneliness is many things to people, but without room for feelings, we have an incomplete understanding of loneliness and an incomplete assembly of resources to live with it.

<sup>4</sup> <https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/>

## 4.2 Health and wellbeing—developing a language to think about relational health

My research finds that how we think about health and society needs to be shifted towards a framing of public health that resists dominant ways of thinking. Without this shift, practice and projects will have their potential for improving health and wellbeing constrained due to a lack of visibility and focus on the relational work involved. Paying attention to the following ideas can help us think about the collective character of relational health and how relational health emerges from everyday experiences.

### Atmospheres

**What this term means:** Atmospheres are about *what places and events mean and how they are felt*. Understanding atmospheres requires understanding of how we constantly encounter and make sense of our surroundings, what we do in them, with whom, and how we ascribe value and meaning to this (Sumartojo and Pink, 2018). The concept of atmospheres has been used to understand how a sense of being wellbeing can be facilitated (Fletcher and Barroso, 2020). Duff's (2016) research explores how atmospheres are encountered and facilitated in the recovery process. Three atmospheres helpful to health are identified: **atmospheres of sociality, atmospheres of safety, belonging and becoming well, and atmospheres of hope and belief.**

**Why we need this term:** By reflecting on how places are experienced, Atmospheres help bring a focus to the relational work needed to make a space *feel* a certain way, such as safe and social. This focus can help us value the people who do relational work and their

practices, including those in the cultural sector (White, 2009; Raw, 2014). The focus on *how we make meaning* highlights the everyday moments that my research shows accumulate into feelings that—in turn—are helpful to health.

**How does this relate to Paisley:** I have found various examples of these atmospheres in Paisley. the importance of Art Boss<sup>5</sup> project to participants in terms of social connections; an atmosphere of sociality. Paisley Museum's work with care-experienced children and young adults<sup>6</sup> asked *how the Museum feels* to the group when they visit and *what the Museum can do* to make people feel like they belong when they visit.

**How do atmospheres change how we think about health and wellbeing:** Evaluations tend to think of places, such as a safe spaces or welcoming spaces, as factor or process that contributes to the outcome of health and wellbeing.<sup>7</sup> Highlighting the relational work that creates these spaces can help make the relational nature of health more visible.

<sup>5</sup> <https://www.oneren.org/culture/arts/arts-in-the-community/art-boss/>

<sup>6</sup> <https://www.npconference.uk/event-7-reimagining-museums-as-caring-places-27-april>

<sup>7</sup> One example that I discussed with people in Paisley is <https://whatworkswellbeing.org/resources/place-space-wellbeing-loneliness-art-sport-culture/>

## Affective resources and infrastructure

**What this phrase means:** Affective resources shapes moods and feelings and transform an individual's capacity to improve health and wellbeing. Examples include hope, belonging and optimism (Duff, 2011, 2016). Affective resources help create atmospheres.

**Why we need this phrase:** Social infrastructure is a concept on the rise (Middleton and Samanani, 2022) and growing in familiarity to policymakers (Kelsey and Kenny, 2021). The concept is concerned with spaces where people connect with others (Latham and Layton, 2019). To be effective as a tool, consideration of social infrastructure should be combined with consideration of affective infrastructure to make more visible the work of facilitating atmospheres.

**How does this relate to Paisley:** Projects, organisations and practitioners across Paisley are concerned with creating spaces that people feel they belong to and also belong to people, (e.g. the Recovery Hub and Paisley Museum). This concern contributes to the evident interest in practices such as co-creation with groups. There is a history of community-centred and peer approaches to tackling loneliness in Paisley. In 2020, RAMH<sup>8</sup> led the Renfrewshire Connected Champions Project. The project used a peer-led approach to support others in overcoming barriers to social connectedness. In various research encounters, an interest in community gardens became clear. Nature is threaded through a range of cultural projects.<sup>9</sup> Examples such as Paisley Museum and the RHSCP Connectedness Network show that developing affective resources and infrastructure deriving from hope and optimism in Paisley.

**How does it change how we think about health and wellbeing:** Recognising affective resources helps bring attention to emotional loneliness and existential loneliness through consideration of the quality and feeling of social encounters rather than the quantity. Living with loneliness requires affective resources, as well as social and material resources.<sup>10</sup> Thinking this way centres the diversity of human experience and the range of things we have relationships with, not just other people but also nature, places and ideas. In doing so, we push back against dominant ways of thinking that entrench human exceptionalism and individualism and, increase focus on how we can collectively be well together.

<sup>8</sup> Recovery Across Mental Health: <https://ramh.org/>

<sup>9</sup> <https://cycleartsrenfrewshire.co.uk/>

<sup>10</sup> Such as money, services and objects

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## Places that create relational health and wellbeing

**What this phrase means:** I draw on academic ideas about how places that create health and wellbeing are made and, what the health and wellbeing qualities of these places are (Duff, 2012; Kearns and Milligan, 2019). These ideas consider these places as the interaction of affective, social and material resources to create certain types of atmospheres. These places are 'created by' our relationships and how we make meaning.

**Why we need this:** This phrase makes visible the health and wellbeing related output of relational work and relational practices.

**How does this relate to Paisley:** Future Paisley's cultural regeneration programme is described in documents as physical and environmental, social, and economic. The social dimension focuses on thriving communities with cohesion, creativity, and opportunities for children and young people. Affective resources are not explicitly mentioned. In Paisley, an interest in places that create health and wellbeing is apparent. Paisley Museum staff have had conversations with Dr Nuala Morse about the idea of the museum as a space of social care. Her research builds on the work of museums as places of health and wellbeing by considering health and wellbeing through the notion of care and community engagement practice as care practice. She terms this practice 'the museumness of care,' a practice with distinct relational, affective, and material dimensions.

**How does it change how we think about health and wellbeing:** We can think about places as a combination of affective, social and material resources to create connections that grow atmospheres that make us well. This way of thinking makes visible the processes of relational health and the work of facilitating relational health. This way of thinking widens who we think of as health and wellbeing workers and enables us to value the work that already exists and work that practitioners know contributes to health and wellbeing.


### 4.3 How does culture fit with relational health?

The Paisley example shows how investment in community-centred health leads to the emergence of everyday cultural experiences that Oakley (2015) argues should be the starting point for area-based regeneration. Health, seen through the lens of community-centred health, can be seen as practices of everyday living (of community and belonging), rather than health as something identified and, to be achieved.

Placing community-centred health as the focus for encounters for culture and health makes this an amenable setting for idea of cultural democracy suggested by Kelly (1985), which is culture arising from communities, through common meanings and purpose. Creative acts help shape this description of culture (these can range from jokes to informal sports and dance music). Research has also shown how these creative acts also generate atmospheres and resources that facilitate enabling places that generate health (Anstiss, Hodgetts and Stolte, 2018). The range of excellent practices and projects in Paisley means that the town has the conditions for this emergence to take place. Three of the ten projects cited in Audit Scotland's report into community empowerment during COVID come from Renfrewshire.<sup>11</sup>

During my time in Paisley, RHSCP and its community-centred health activities have become more involved in Future Paisley and bringing culture, arts, health, and wellbeing together more widely. RHSCP's involvement with Future Paisley is layered and connected with Renfrewshire's Third Sector Interface (TSI), Engage Renfrewshire's engagement with the local third sector and, involvement with Future Paisley at both strategic and delivery levels. This layering creates multiple possibilities for third-sector organisations to interact with Future Paisley, either directly or indirectly. Interactions that are created by this layering are enhanced by the strong partnership between RHSCP and Engage Renfrewshire.

<sup>11</sup> <https://www.audit-scotland.gov.uk/publications/community-empowerment-covid-19-update>



Creative Scotland's report mapping Arts and Health provision notes that organisations need a strong TSI to help build partnerships with HSCPs. Paisley's example offers insight in terms of what 'strong' could mean in this context and, how these partnerships inform the landscape for culture, arts, health, and wellbeing.

Relationships between community organisations weave threads for an asset-based approach. The more threads that exist, the more health and wellbeing processes can be woven. The greater the diversity of threads, the greater the quality, and the richer and more robust the cloth will be. An asset-based approach picks the most useful thread. In Paisley this thread is culture (in other places the thread could be nature, food, or a historical narrative). I find connections emerging in Paisley from cultural activity to other social challenges.

The above insights focus on how culture might be mobilised to shift our ideas of health to relational health and expand the current arts and health field. This field has tended to focus on artist-led activity more than culture that emerges from grassroots activity. This field focuses more on projects than places.

## 4.4 Who is doing the work of culture and relational health?

Creative Scotland's mapping of arts-related activity focuses on professional artists (Rocket Science, 2021) and the healthcare workforce. This focus is narrower than the scope of the activities my research has uncovered in Paisley. Creating more interaction between culture, arts, and health and wellbeing, requires people who can cross boundaries between sectors. Daykin (2019) terms these individuals— who build bridges between different groups and domains—as boundary workers. The CAHSC coordinator role<sup>12</sup> could be considered a boundary worker, along with the three other new posts created to support the delivery of the redeveloped Step Change 2.<sup>13</sup> The collective purpose of these four roles is to function as builders of the cultural ecology in health and social care in Paisley. The relational work includes configuring, deepening and opening up to others existing relationships and, transporting them into new partnerships. COVID-19 has highlighted the importance of having a network of community-health activity that is wider than the formal health sector therefore collaborative, cross-sector working is required (Head of Strategic Planning and Health Improvement for Renfrewshire, 2021). Boundary workers are in an ideal place to be the 'systems 'knitters', who can link together disparate knowledge, relationships and resources across complex settings' and facilitate a mindset for co-design (McKercher, 2020, p. 64).

<sup>12</sup> The two-year post was advertised in April 2022. This role creates for CAHSC the resource of a dedicated staff member to drive forward the agenda of embedding culture and the arts in health and social care sector. The job holder will also be responsible for designing a cultural strategy for health and social care sector and developing partnerships and networks.

<sup>13</sup> Social and Cultural Prescribing Co-ordinator, a Cultural Champions Network Co-ordinator focussing on creative learning, and an Arts and Cultural Engagement Support Worker focussing on The Promise (<https://thepromise.scot/what-is-the-promise/care-experienced-people>).



## 4.5 What are the practices of culture and relational health?

The starting point for engagement should be 'where people are' rather than 'what an intervention brings;' listening is an important part of this process. Paisley Museum's listening exercises and its co-production projects are examples of this.<sup>14</sup> A member of the Renfrewshire Arts Team commented that they had never had a job that required so much listening. Interviewees talked enthusiastically about the many conversations they had in their roles in Paisley and how this was a core part of the strength of Paisley's bid. Engage Renfrewshire led engagement with the public about the UK City of Culture 2021 (UKCoC21) bid, and 36,000 people joined in the conversation (Crearie, 2018), corresponding to approximately half of the population of Paisley and a fifth of the population of Renfrewshire.

Listening is an essential process for service development. Services should be meaningful to be trusted. Listening to those affected by the service is key to understanding if a service works or fails. The skill of listening is a relational process as it requires reciprocity and may create affective encounters as people feel seen. Listening builds resources and infrastructure. Listening is an essential part of co-design (McKercher, 2020), and therefore Future Paisley's aims for excellence in co-design and co-production practice.

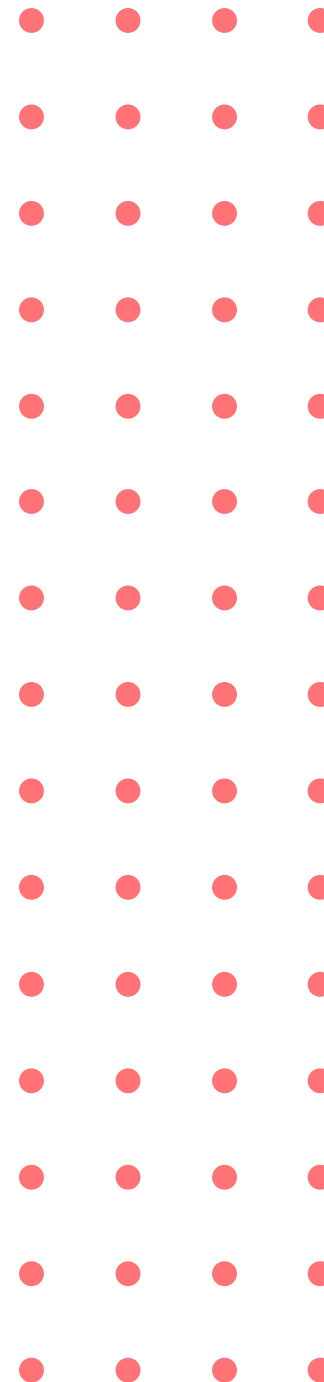


<sup>14</sup> <https://reimagined.paisleymuseum.org/news-stories/listening-to-local-priorities-2/>

## 5.0 Policy Insights

### 5.1 The Future of Future Paisley

My research followed an interim phase of Future Paisley's development. The disruption of COVID-19 also impacted Future Paisley's work and my research which ended at a time when new activities were starting. I found evidence of the desire to think differently about public services and observed that much of the work with young people is about increasing the imagining of potential futures. The admission of potential is the admission of a future and of hope, which is an important affective resource for health-generating places. Staff involved in an art project workshop with young people asked how we can know what effect this project may have in 20 years. A participatory evaluation with young people for Creative Scotland (Media Education, Nugent and Deacon, 2020) answers by focusing on what we can know, which is letting participants tell their stories in ways which felt meaningful to them so the experience of evaluation is beneficial to their lives and participants are happy to keep returning with updates. I have recommended this evaluation report to practitioners in Paisley to deal with the question of how to evaluate prevention, incorporate possible futures into reports and, to co-create evaluation.



## 5.2 Where is Paisley in relation to other areas?

Cultural regeneration policy is an ongoing process developing similar structures to policies and strategies developed in other places where culture, arts, health, and wellbeing are being brought together (e.g. Wales,<sup>15</sup> Greater Manchester, and the Australian state of Victoria).<sup>16</sup> Similar activities include co-creation with communities, developing social prescribing and coordinator roles to embed culture and arts in healthcare, (e.g. CAHSC coordinator role).

In conversations with people in Paisley, I shared documents, reports, and blog posts from other areas. In these conversations, I highlighted Paisley's ambition to be the leading place for creative health activity (despite Paisley/Renfrewshire's significantly smaller population compared to other areas). Greater Manchester's ambitions in *Social Glue* (Parkinson, 2021) resonate with Paisley's ambitions, though Renfrewshire has approximately 6% of the population of Greater Manchester.

### What can evaluation do?

Evaluation processes set the stage for what and whose knowledge is valued. Evaluation can both bring practitioners closer to policy or distance them from it and, as such, is a site of tension.<sup>17</sup> Processes are usually structured by dominant ways of thinking about health and wellbeing, which may not align with practitioners' knowledge or experience.

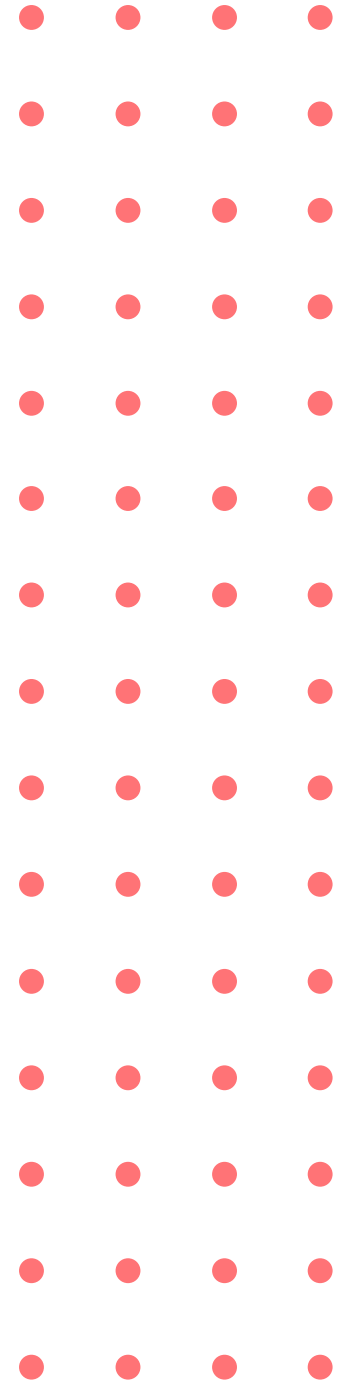
Evaluation practices are not currently suited to relational health. To understand relational health benefits, questions about how we can be well together, and what it means for us to be collectively healthy must be asked. These questions require a different approach to data. How to evaluate health and wellbeing as more than the sum of individual people is a challenge that requires more attention (Atkinson et al., 2019). When projects attempt to develop a collective wellbeing framework, this work tends to focus on incorporating social relations only.

<sup>15</sup> <https://www.nhsconfed.org/publications/advancing-arts-health-and-wellbeing>

<sup>16</sup> <https://www.vichealth.vic.gov.au/our-work/arts-and-social-connection>

<sup>17</sup> <https://failspaceproject.co.uk/gallery/>

For a policy that uses culture for multiple ends, Future Paisley has little discussion of the use of culture and the arts in evaluation. Potential health and wellbeing spaces are being created, the artist in-residence projects in Paisley could be used innovatively, to capture how these spaces form. Creative projects could be undertaken to co-create atmospheres with people in the space or, to chart the growth of affective resources by following how a sense of belonging forms and, how it is formed within physical spaces. Creative methods could follow the accumulation of small moments over time. Through these activities, the relational work and values of care that are required to create these spaces can be illustrated. These activities could bring together '*what works*' and '*what matters*.' Is it possible to harness the creative thinking of the Future Paisley commissioned artists to engage, challenge and inform the ethos and purpose of evaluation? By so doing, we can start considering how to approach a complex challenge like understanding and illustrating relational health.



A decorative graphic on the left side of the page consisting of a grid of red dots. The dots are arranged in 15 rows and 4 columns, with a small gap between the grid and the main content area.

## 6.0 Recommendations

The health and wellbeing dimension of Future Paisley have gone through more development than other dimensions. Health and wellbeing have long been part of cultural regeneration programmes (Matarasso, 1997; Campbell et al., 2016). However, when compared to the economic dimension of these programmes, there are no established delivery and evaluation approaches and structures. Future Paisley offers lessons on developing a health and wellbeing dimension that is rooted in culture, health and wellbeing activities that are meaningful to people. Evaluation can help illustrate these lessons.

Paisley has a vision of what culture is and what culture is for. The vision for health and wellbeing is less clear. My first recommendation is this vision should be clarified through a clear ambition for culture, arts, health and wellbeing.

## Developing a clear ambition for culture, arts, health and wellbeing

Greater Manchester's Social Glue document outlines clear ambitions for culture, arts, health and wellbeing<sup>18</sup> and suggests recommendations that go beyond current practice.<sup>19</sup> In this document, the outlined vision for health and wellbeing aligns with and exceeds Greater Manchester's social vision for health and wellbeing, by including affective resources. This approach will ensure that any approach to tackling health and wellbeing can be applied to a range of social challenges (e.g. climate change). Greater Manchester's vision for health and wellbeing is built on the foundation of being the UK's first Marmot City region.<sup>20</sup> Future Paisley's vision should also build on Paisley's current strength for example RHSCP's relationships with the third sector and the potential uniqueness of its CAHSC Coordinator role.

This vision should not be a definition. Organisations and people need to have their own meanings of health and wellbeing for activities to be meaningful. The vision should be about we value and the work we want to make visible. This vision requires more than excellent practice and fantastic projects, these need to come together collectively and be more than the sum of its parts. This vision could be in the form of a manifesto produced through participatory methods.<sup>21</sup> Drawing on the best of the 'old' and combining effectively with new innovation will help Paisley to achieve its goals.

Thinking about relational health draws on many examples of relational ways of working and practices (such as listening and co-production) which gather in 'what matters'. Therefore, evaluation should be more than a new scale to measure relational health or new ways of evidence gathering to capture relational work. My research shows that when scales and models have been applied to new ideas of health and wellbeing, the radical potential of these ideas have been blunted. My second recommendation is about what evaluation should seek to do.

<sup>18</sup> "By 2024 Greater Manchester will be the UK city-region where heritage, culture and the arts play a key part in the health and wellbeing of its diverse residents and workforce; a global leader addressing systemic inequalities across the life-course, demonstrating and nurturing the power of collective, creative action for social change."

<sup>19</sup> "Greater Manchester should move beyond Social Prescribing, linking green and blue spaces, heritage and the arts to the potential to live well."

<sup>20</sup> <https://www.gmhsc.org.uk/opinion/greater-manchester-is-a-marmot-city-region-what-does-that-mean-and-how-will-it-improve-our-health-and-reduce-inequalities/>

<sup>21</sup> <https://manifestosfromtimesofcrisis.com/manifesto/#26>

## Evaluating 'what matters' and 'what works'

Evaluation should be a process to make systems, strategies and services more human. Evaluation should bring practitioners closer to the policies that they deliver. The process should be joyful and messy, not just tasks and tick boxes. It should be meaningful to the people it is intended to benefit, not a performance for funders. I recommend that evaluation consider the question that Doherty and De St Croix (2019) posed in their research on evaluating and valuing youth work: what is the everyday, and what is the remarkable? This question provides a way of understanding 'what matters' to go alongside the interest in 'what works. Evaluation should seek to highlight the ways of working that develop and embed 'what matters' into projects, practices and service design. Highlighting these ways of working such as listening, co-production and co-creation would help make the work of relational health visible. There is a growth in interest in these ways of working in Scotland.<sup>22</sup>

Evaluation should do more than document health and wellbeing outcomes. Future Paisley should bring Paisley's expertise in ways of working such as co-production and lived experience,<sup>23</sup> to create evaluation processes that contribute to health and wellbeing by facilitating a collective voice and shared meanings. Creative approaches to 'what matters' already exist in Paisley, (i.e. the manifesto by Paisley Book Festival's 2021 writer-in-residence<sup>24</sup> and Creative Scotland's Culture Collective network).<sup>25</sup> These processes should be brought together to build a shared understanding of relational health.

The recommendations in this report are not about how evaluation can make a 'case for the arts' or, provide a toolkit. These are recommendations for what evaluations should focus on for Paisley to offer lessons elsewhere on developing its health and wellbeing dimension. These recommendations can help develop the radical nature of this dimension by using evaluation as a tool to shift towards relational health rather than enforce the dominant ways of thinking;

My recommendations seek to help Paisley in its aspirations to be radical, suggesting a practical radicalness that comes not from new ideas or innovation but, from recognising and valuing what exists and through helping us think collectively about health and wellbeing. By using evaluation to investigate relational practices and ideas, we can build a picture of the work done to facilitate relational health and shift ideas of health and society. In so doing, we can start to explore how collective wellbeing is more than the sum of individual wellbeing. I recommend the following practices and ideas for evaluation to investigate these processes.

<sup>22</sup> <https://binks-hub.ed.ac.uk/>

<sup>23</sup> <https://www.the-gazette.co.uk/news/23303142.renfrewshire-new-poverty-panel-help-shape-policy/>

<sup>24</sup> [https://paisleybookfest.com/wp-content/uploads/2021/09/Imagining\\_Paisleys\\_Radical\\_New\\_Future.pdf](https://paisleybookfest.com/wp-content/uploads/2021/09/Imagining_Paisleys_Radical_New_Future.pdf)

<sup>25</sup> [https://www.culturecollective.scot/wp-content/uploads/2023/05/National-Evaluation-of-the-Culture-Collective-Programme\\_Part-One\\_March-2023.pdf](https://www.culturecollective.scot/wp-content/uploads/2023/05/National-Evaluation-of-the-Culture-Collective-Programme_Part-One_March-2023.pdf)

## Exploring the links between community-centred health and cultural democracy

The role of culture in contributing to relational health should be explored; how these two processes are linked and how meaningful activity emerges is important. At a national level, a useful question to ask is how does culture emerge from the Scottish Government Communities Mental Health and Wellbeing Fund, and how does this emergence in Renfrewshire compare with other Scottish Local Authorities? Understanding this process can help us gain insight into the culture, arts, health and wellbeing ecosystem in Paisley and to identify what, if anything, is Paisley doing differently. This question is of national interest as TSIs are key to facilitating arts and health (Rocket Science, 2021). As Engage Renfrewshire has a dedicated Community Mental Health & Wellbeing Fund Officer, Paisley provides helpful conditions for study. This role is not always present in other TSIs. This study would also offer one avenue for understanding the role of the TSI and HSCP relationship in facilitating culture, arts, health and wellbeing activity that is meaningful to people. At a grassroots level the idea of social movements in community-centred health and cultural democracy could be explored.

## Exploring the roles of boundary workers and boundary spanning work

Research exists into these roles in social care and healthcare. Paisley offers a great opportunity to apply and extend this research to those working across culture, arts and social care, particularly with the role of CAHSC coordinator. Such an exploration would offer an opportunity to examine the role of a HSCP in delivering a cultural regeneration strategy, a topic that has been little explored. This would also add to a neglected dimension of the arts and health activity in Scotland, which currently focuses on artist-led activity.

## **Making visible atmospheres, affective resources and places that create health and wellbeing**

Paisley offers an excellent place to explore the development of these ideas as places such as the Recovery Hub and Community Circus Paisley have recently opened, and Paisley Museum is opening next year. These places and resources develop as people's relationship with them develops. The opening of several cultural venues offers an opportunity to apply any lessons learned. The opportunity to track how these places and resources form and, how the practitioners and practice involved develops, has been less present in research and evaluation. Such an investigation would offer the opportunity to explore terms that may have more established practice in Paisley (e.g. the idea of Museums as Spaces of Social Care). Extending this idea into non-Museum spaces and considering what a network of these places could do to create affective infrastructure for collective wellbeing could be a new application of this idea.

## **Developing a more complete understanding of loneliness in Paisley**

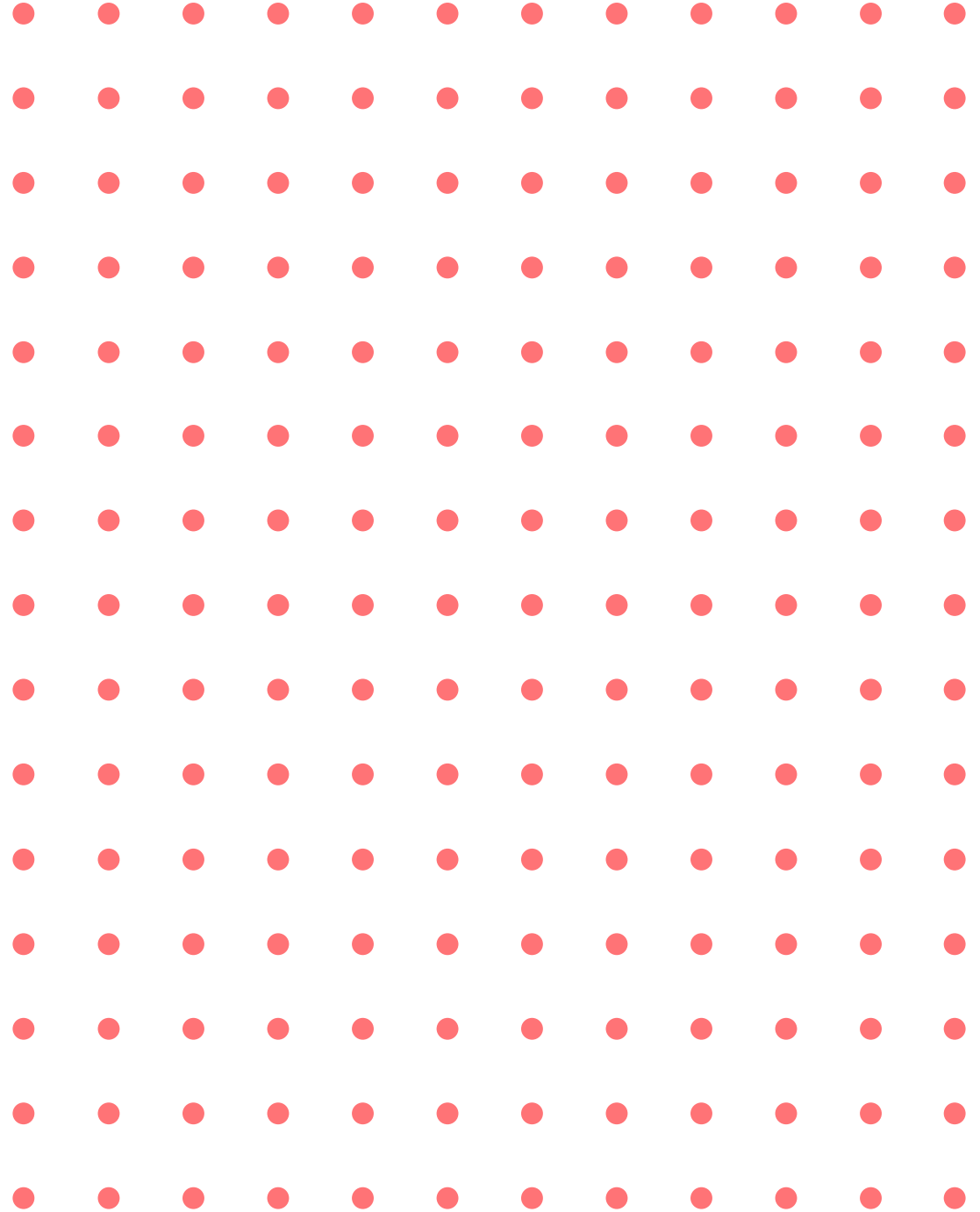
Evaluation should consider all three types of loneliness and how these types of loneliness form a cluster of feelings that may also include senses such as 'sense of belonging' or 'sense of stigma'. This consideration would help to view loneliness as a relational health issue. The difficulty of evaluating the two less explored types of loneliness, emotional and existential, should be considered an opportunity to be radical in evaluation processes and bring experience of loneliness into the process. Given the existing peer-led activity regarding loneliness, Paisley provides a great opportunity to be innovative in evaluation processes.

## **Developing a vision for relational health from local knowledge.**

My suggestion for relational health is built on insights from Paisley, but it has not been developed with people in Paisley. There are activities where people are creatively developing their own ideas of health and wellbeing (RSHSP Connected Network loneliness photography project and Paisley Museum's activities around the idea of Museum as a Space of Social Care and the listening exercise). A vision for relational health should build on this existing knowledge and, on existing practices such as reciprocal listening.

Future Paisley offers an opportunity to provide the innovative action needed to change how we view health and wellbeing, arts and health activity and evaluation as it is situated outside the sectors of culture, health and wellbeing.

The recommendations in this report are designed to help Future Paisley realise this opportunity. My recommendations would bolster what is already going on in Future Paisley regarding an interest in system change and excellence in socially engaged practice and explore how Future Paisley is more than the sum of its component activities. Future Paisley was built on the bold collective ambition of the UKCoC21 bid. A radical and relational vision for health and wellbeing would continue this legacy.





## 7.0 Final thoughts

Two years have passed since I had the unique opportunity of being involved with Future Paisley's activities. At this time Future Paisley was emerging from an interim phase of aligning strategy and delivery in order to clarify health and wellbeing outcomes and activities. Health and wellbeing have subsequently become the largest dimension of Future Paisley.<sup>26</sup>

The insights and knowledge I have gained from my time in Paisley resonates with my current role of tackling a key societal issue<sup>27</sup> by bringing together data with voices of experts by profession and experience. This role has taken me to places in Scotland that are considering the same questions that I have explored in my research: how to create system and culture change so that we embed in strategy, policy and services the

expertise of people and communities who experience the issues we are tackling. Questions that have also been part of the history of Scottish public services reform (Scottish Government, 2011). My research interest in how to change systems so we can keep seeing people as human with individual histories and experiences and not just service users or clients, are shared interests amongst individuals, practitioners and strategic leadership.

In Scotland, there is an appetite to learn about the practical actions needed to carry out this work and, to discover what policy and leadership can do. There is currently an opportunity for Paisley, if equipped with a vision of practical radicalness, to be at the forefront of these conversations.

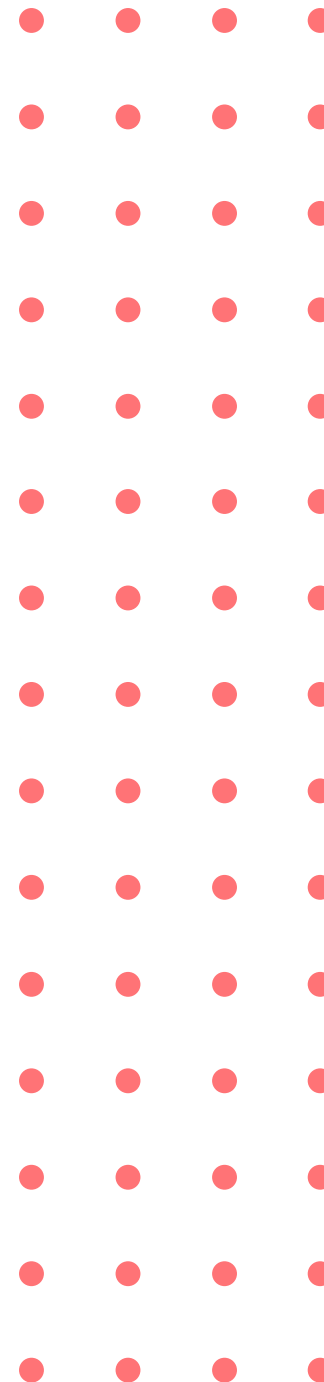


<sup>26</sup> <https://app.smartsheet.com/b/publish?EQBCT=f3f976e43d3142e78b19ddb1fe72958d>

<sup>27</sup> <https://www.gov.scot/publications/violence-against-women-girls-independent-strategic-review-funding-commissioning-services-report/pages/15/>

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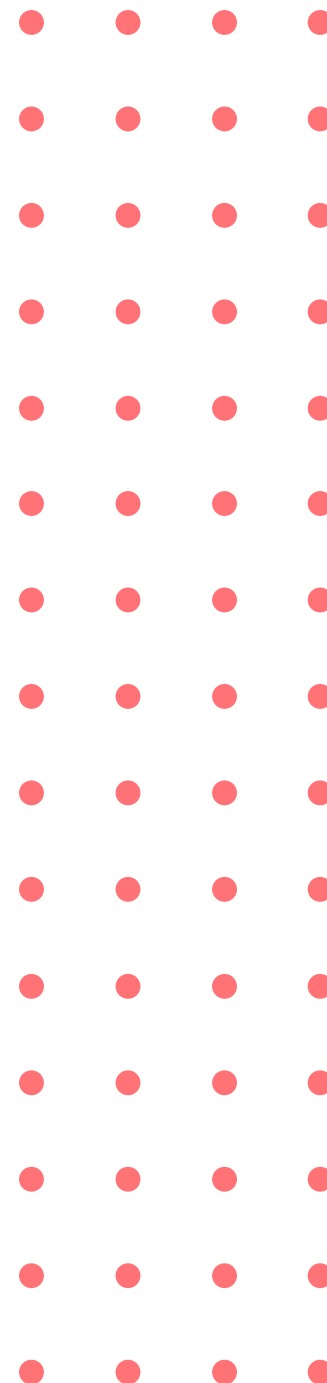
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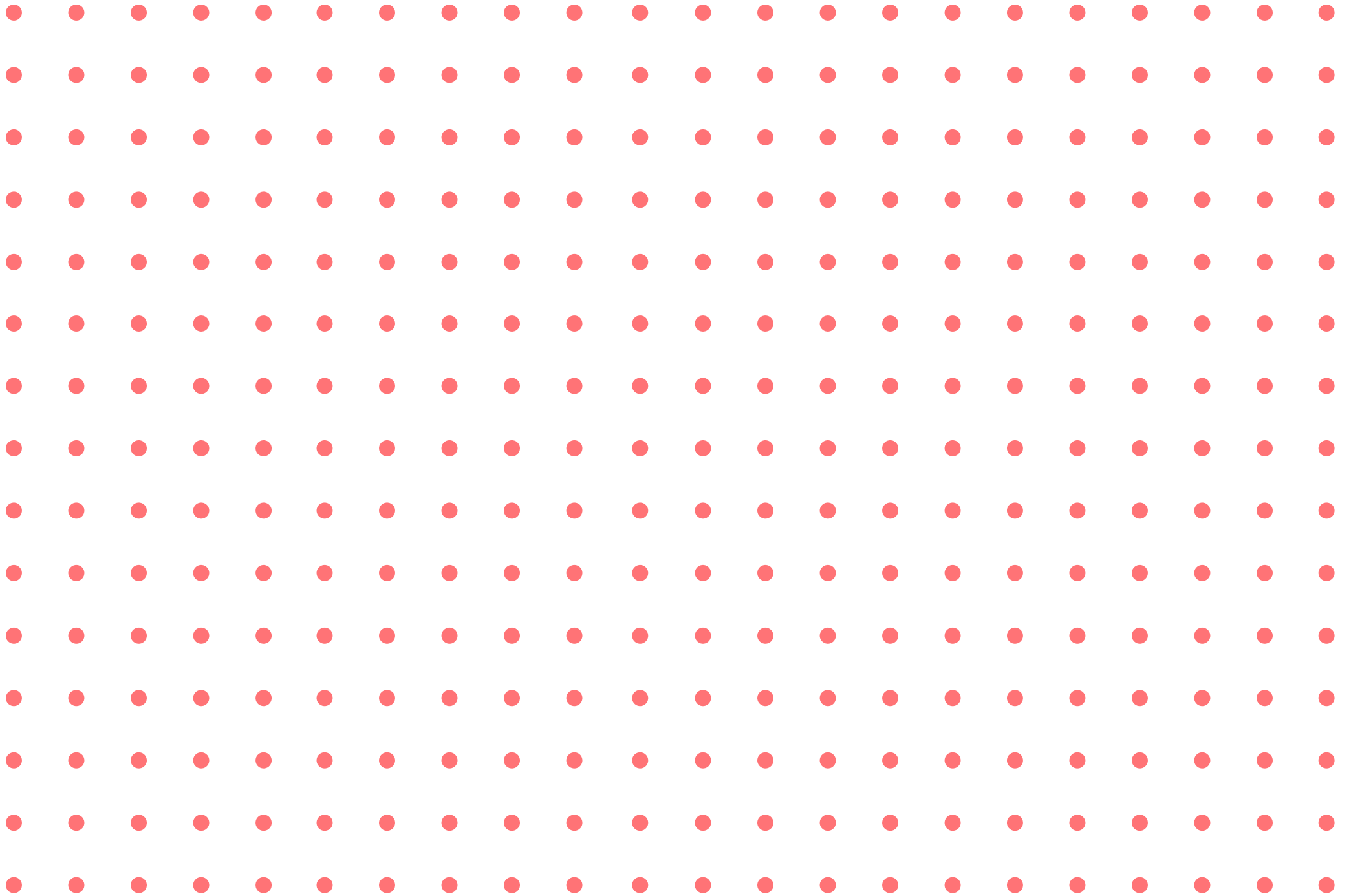


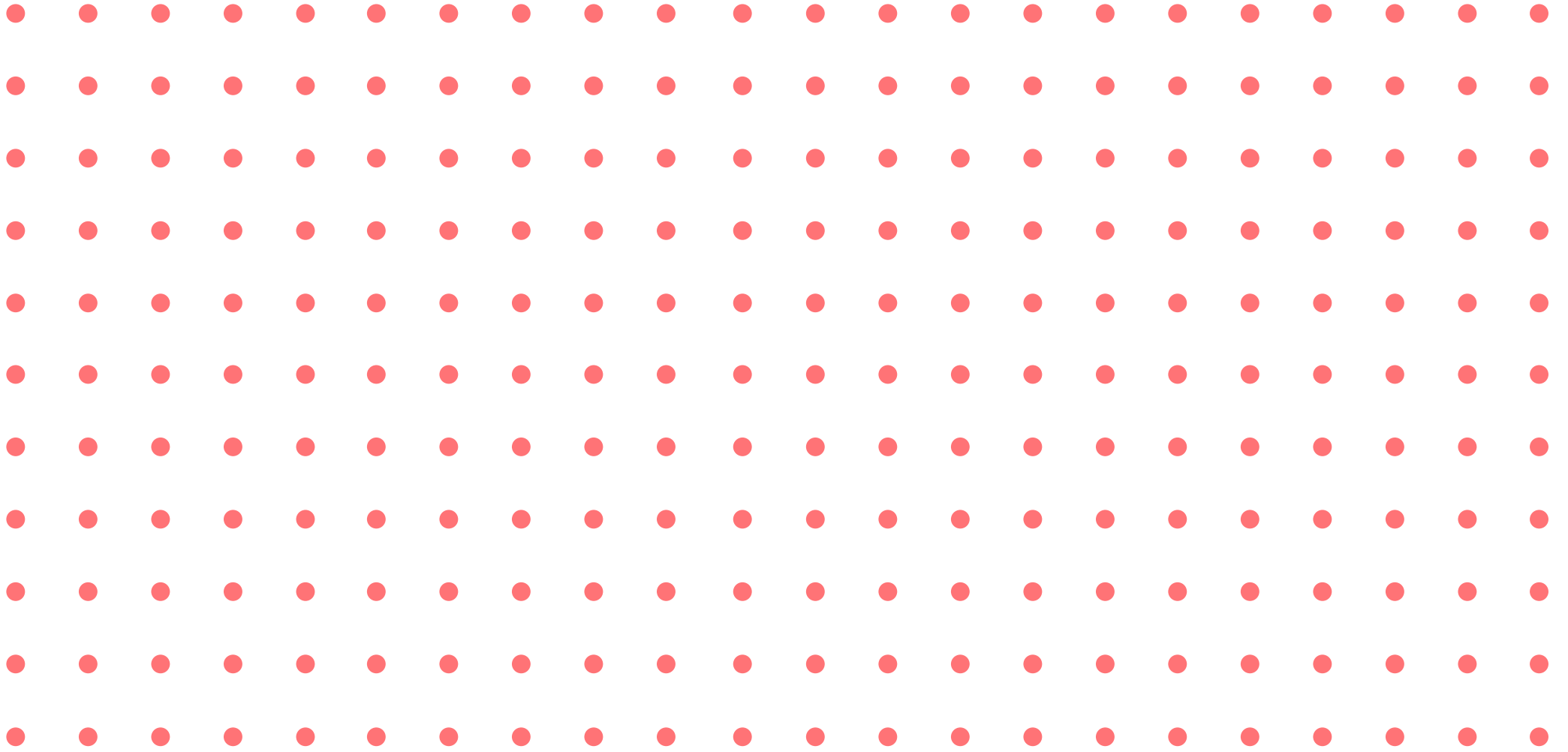
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