

*Beyond the Ratio:*  
Researching the social value of  
arts on prescription

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  - Contributors to this research and associated outputs include Kerry Wilson (PI), Prof. Rhiannon Corcoran (Co-I) and Gayle Whelan (ICC Research Fellow).
- The [evaluation of Creative Alternatives](#), an arts on prescription programme based in St Helens 2015-16 was commissioned by the Creative Alternatives organisation.
  - Contributors to the evaluation data collection, analysis and report writing include Gayle Whelan (ICC Research Fellow), Helen Holden and Jessica Bockler (Creative Alternatives).

*The Arts and Humanities Research Council (AHRC) funds world-class, independent researchers in a wide range of subjects: ancient history, modern dance, archaeology, digital content, philosophy, English literature, design, the creative and performing arts, and much more. This financial year the AHRC will spend approximately £98m to fund research and postgraduate training in collaboration with a number of partners. The quality and range of research supported by this investment of public funds not only provides social and cultural benefits but also contributes to the economic success of the UK. For further information on the AHRC, please go to: [www.ahrc.ac.uk](http://www.ahrc.ac.uk).*



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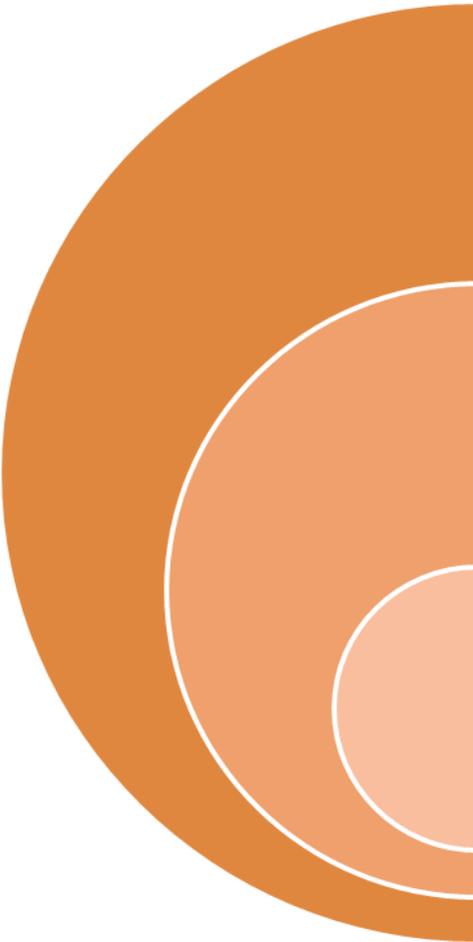
## Critique of commonly-used research methods (via AoSP project)

- **Standardised (quantitative) measures** including General Health Questionnaire (GHQ-28); Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS); Global Quality of Life Scale (GQOL):
  - Despite accepted reliability of such tools, problems include low/diminishing pre/post response rates; incomplete/unusable returns;
  - Stigma associated with explicit mental health/wellbeing terminology; negating ‘empowering’ principles of social prescribing and affecting research participation rates (Brandling, 2011).
- **Narrative-based (qualitative) approaches** presenting views of multiple-stakeholders (e.g. via semi-structured interviews) often presented quite ‘apologetically’ due to advocacy associations (i.e. self-selecting respondents giving answers they think we want to hear).
- **Social Return on Investment** studies inferring savings against costs of clinical mental health care are judged to be speculative due to lack of any rigorous longitudinal studies. Also concerns expressed over limitations in use of proxy measures.



- Social prescribing presented as an alternative to clinical interventions, designed around social, community-based, 'lifestyle' activities to encourage self-management of mental health problems, but subject to a number of different **stakeholder expectations** around outcomes.
- Tension in balancing '**clinical**' **outcomes** alongside naturally occurring 'small scale' **wellbeing impacts** such as improved confidence, self-esteem etc.
- Common problem in arts and health research, but **extra layer of complexity created by the 'prescription' model** in being clinically orientated (in some cases), commissioned by and reliant upon effective partnership working with health services.
- Existing research is not sufficiently capturing the **value and impact of the creative experience**; AoSP research framework includes integration of more heuristic arts and humanities approaches...





## Stage 3 - Social value and return on investment

- The purpose of stage 3 is to consider throughout the emerging outcomes of stages 1 and 2 and how these might translate into strategic social value indicators and economic impact for participating professional sectors
- Informed by established social value methods and SROI protocols, set in the context of the Public Services (Social Value) Act 2012

## Stage 2 - Standardised measure of wellbeing outcomes

- Standardised measures of wellbeing to be administered 'before and after' referral process.
- The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is most consistently used tool across social prescribing field, and also consistent with other ICC research.
- Will enable comparative research on wellbeing outcomes of different cultural activities.

## Stage 1 - Heuristic value of creative experience

- Establishing 'uniquely cultural' characteristics of prescribed intervention
- Achieved by adopting art-based research methods developed by McNiff (1998), designed to study the creative, therapeutic process; heuristic research approaches designed to capture human experience (Moustakas, 1990; Braud and Anderson, 1998); and phenomenological research traditions including 'embodied enquiry' (Todres, 2007).



- **Qualitative evaluation** indicates that the programme encourages playful self-exploration and expression, leading to improved self-care, increased self-esteem and confidence, as well as enhancing social networks and active citizenship. Artist diaries, as well as ongoing dialogue with participants (e.g. via scheduled focus groups) give clear insight into how individuals are flourishing in the groups and are developing new friendships and skills through the creative experience.
  - *“Before joining Creative Alternatives I felt like I’d lost sense of who I was and like I was trapped in a dark place. Since taking part I can now see light again and have gained confidence in the person that I used to be. The creative process has helped me do that and I get lost in drawing and painting for hours on end. I now also feel confident that I can join new groups and meet new people. Without Creative Alternatives I honestly think I would still be at home feeling lost and alone in the darkness.”*
  - *“It reminded me that creative things can help me express myself”.*
  - *“I have learned to express more of my creativity which has given me a sense of self-worth that was missing before”.*



- Results of **short WEMWBS survey** across 12-week programme:
  - A total of 57 people completed SWEMWBs at **entry with an average score of 17.7** (individual scores ranged from 7 to 26 points);
  - A total of 53 completed the survey at **midpoint with an average score of 21.6** (after week 5; individual scores ranged from 7 to 27 points);
  - A total of 48 completed the survey at **endpoint with an average score of 22.8** (individual scores ranged from 15 to 30 points).
- Overall, there was a five score improvement in mental health and wellbeing – a score change greater than three is considered significant. There was however more of a marked difference in scores from start to midpoint, suggesting that improvements in mental health and general wellbeing were quite quickly made, but that these improvements also continued over time.



- It cost £40,000 to deliver and support 58 people through the *Creative Alternatives* programme in the relevant research period.
- Identified outcomes for participants (via all research methods) and relevant proxy measures:
  - **Increase in optimism** - Attendance at optimism and positivity course
  - **Therapeutic element of sessions** - Cost of an hours' therapy session for six weeks
  - **Increased confidence** - Cost of assertiveness and building personal confidence training
- Wider impacts and benefits for health and social care services include reduction in GP appointments; improvements in mental health and wellbeing; relief from anxiety and depression.
- Giving a Social Return on Investment (SROI) ratio of **£1: £11.55**



- The [Public Services \(Social Value\) Act 2013](#) legally requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental wellbeing of the area.
- Gradual expectation that arts and cultural organisations in receipt of public funds should express their value and impact in [social and economic terms](#) that are recognisable to the treasury and other government departments.
- National cultural policy discourse in the UK is ‘laden with expectations regarding the cross-government social value of arts and culture’.
- Growing interest in social value research – in the context of evidencing cultural value – within the academy. See for example AHRC-funded [Dementia and Imagination](#) study.
- Critics of the method however often focus on the extent to which the final economic ratio is misappropriated or inadequately defended in policy and practice circles, with scant reference to the qualitative research that underpins SROI and arguably reflects the more intrinsic value of arts and culture.
- See [earlier blog](#) on social value and cultural policy research.



- Research reports and various presentations available on project webpages:
  - [Evaluation of Creative Alternatives](#) arts on prescription programme
  - The [Art of Social Prescribing](#): Informing policy on creative interventions in mental health care
  - The [Art of Social Prescribing Conference](#) 2015 (in collaboration with nef and the Cultural Commissioning Programme)
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