Chekhov’s Corner
‘It makes me feel happy and joyful’: the evaluation of arts-based social interventions in public health

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One of the beauties of literature and the arts is their inherent illogicality. The act of interpreting a poetic metaphor (or, better yet, creating that metaphor) requires the coordination of disparate types of thinking, a mental cross-referencing that cannot be quantified in a clinical prediction rule or a population attributable risk. Ofri¹ (p. 207)

We have spent the past 2 years evaluating Sistema Scotland’s ‘Big Noise’ programme, an arts-based social intervention targeted at socioeconomically deprived neighbourhoods in Scotland. Drawing inspiration from Venezuela’s decades-old ‘El Sistema’ movement, Sistema Scotland’s first programme was established in Raploch, Stirling in 2008, with their second intervention site at Govanhill, Glasgow established in 2013, and a third opening in Torry, Aberdeen in 2015. While each of these intervention sites is unique, both in terms of the neighbourhoods themselves and in the detail of programme delivery, the aims are the same: to transform children’s lives through music.

‘Big Noise’ offers every child in the intervention neighbourhood completely free musical learning, from 6 months old upwards. From age 6 until school leaving age, access to the programme expands to include instrument tuition, intensive orchestral practice and regular opportunities to perform as an orchestra. The expectation is that this builds confidence, discipline, social skills and cognitive skills that are of benefit to development and health, both in childhood and in later life.³ Drawing on our experience of evaluating these (and previous) interventions, we are keen to explore some of the difficulties inherent in holding arts-based social interventions like ‘Big Noise’ to account in the same way as other social and, in particular, other public health interventions.

When an arts-based activity is framed as a social intervention, its underlying processes and its ultimate impacts are often compared with and measured against the impacts of other, non-arts-based social interventions. Moreover, when that arts-based social intervention is framed as having potential benefits for public health, the demands of evaluators and their audiences tend to become greater and more particular still. There is currently limited evidence, of the type that we deem ‘good quality’, that demonstrates the efficacy of arts-based social interventions in improving health and well-being.³ We suspect that part of the reason for this is that assessing the utility of such interventions from a public health perspective generates a number of challenges, captured succinctly by Ofri above.

In the main, these challenges stem from the need to unpick, understand and describe the multiple processes involved in making and interacting with art in a way that is relevant to what we already know about health and well-being and what is already being done to improve it. There is also the challenge of identifying, justifying and measuring appropriate outcomes, that is, appropriate to both public health research and arts-based interventions. The difficulties here are perhaps exemplified by a 7-year old’s contribution to a group discussion on best things about ‘Big Noise’: ‘it makes me feel happy and joyful’.

As part of our evaluation, we necessarily needed to translate children and young people’s descriptions of the positive aspects of their involvement in the programme into public health parlance. The resultant impacts included, for example, positive emotional experiences, pride, meaning and identity, a sense of security and enhanced self-awareness. However, identifying and (re)naming such impacts only marks the beginning of the challenges that evaluations like ours face.

There is also a need to find a means of assessing how prevalent these impacts are, among which populations and

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why. As Ofri alludes to above, however, this process is not as simple as identifying who has received a ‘dose’ of an arts-based activity (and of what magnitude) and observing the effects. It is inherently about exploring and mapping out the biological, psychological and social processes that underpin the complex and wide-ranging influences of engagement with an arts-based intervention (whatever form that might take) on the lived experience and, therefore, on health.

The 7-year old quoted above was responding to the specific question: ‘how does it make you feel when you play the violin and you get the tune right?’ Other children cited the sounds of their instruments as the best aspects of ‘Big Noise’; one 8-year old told us that the fact that their cello ‘makes a good noise’ makes them happy. Another told us it was that the staff at ‘Big Noise’ are ‘kind’. As a whole, our data set raised questions around the extent to which it is the warmth and ‘love’ provided by staff, the ‘pride’ that is felt when finally mastering a piece, the space ‘Big Noise’ provides for creative practice or the music itself that contributes to the feelings of ‘joy’ expressed by programme participants. Understanding the particular roles of care, accomplishment, arts-based practice and music are key to informing the design of other interventions, whether they are arts-based or not.

A further difficulty is that the potential impacts of arts-based interventions are significantly broader than that of other kinds of social and especially that of medical interventions. For example, our evaluation mapped out a multitude of impacts on programme participants, which were spread across seven distinct domains: education and learning; life skills; emotional well-being; social skills and networks; respite and protection; musical skills; diet and exercise. The diversity here is evident. Moreover, we anticipate that the deepest impacts on health will be as a result of the accumulation of a range of shorter term impacts, from across these seven domains, throughout participants’ childhood and adolescent development.

The longevity of participants’ involvement in the intervention (potentially upwards of 20 years) and the consequent length of some of the impact pathways under consideration pose significant difficulties in determining cause and effect. Furthermore, these pathways are underlain by complex combinations of biological, psychological and social processes. The application of just one or two biological, psychological or social theories of change is unlikely to be sufficient in unpicking the mechanisms through which an arts-based intervention like ‘Big Noise’ can impact on health across the life course.

This, in turn, raises questions around how such theories of change might be coherently and usefully knitted together and, indeed, whether this is either appropriate or possible, when the impacts being evaluated are so wide ranging.

All of this is underlain by perhaps a more philosophical challenge: the notion that the arts can bring us ‘joy’ or that impacts might be predicated on ‘love’ introduces something rather alien to our scientific enquiry. Could there be something inherently personal and spontaneous about the role of art in our lives and relationships, which defies analysis? Many of us will find this suggestion disconcerting, if not entirely unhelpful. But we pose the question not to suggest that all of the impacts of arts-based interventions are impossible to determine, but that there is perhaps something deeper ‘going on’ in our relationship with art; something more than we know how to observe, or ask about in interviews, or can measure with cortisol tests, psychometrics or socio-grams (to select a handful of tools at random).

At best, these rather individual processes resist attempts to generalize impact. In the context of the very broad range of potential impacts of arts-based social interventions on health, and the embeddedness of those impacts in the broader contexts of our lives, generalization can become even more problematic.

This leads us to ponder one final issue: could the process of conducting an evaluation, with the order and rigidity it seeks to impose, have the potential to threaten the very delicate and personal thing that gives art potency in its influence on health? That is, by seeking to organize the processes taking place in an intervention, attempting to generalize its impacts and, often, comparing those processes and impacts with those of other interventions, could we be forcing arts-based interventions into a mould that they do not fit? And could such research, with the recommendations for improvement and influence on funding it often has, denigrate the unique contribution of art to health and well-being?

We have no doubt that further research into the impacts of art on health and well-being is needed, given their potential as tools for tackling entrenched public health issues and widening health inequalities. But we also believe that this research should be more self-critical and self-reflective, too. That is, we recognize a need to assess the efficacy of our own tools in addressing the question of the impacts of participation in arts-based activities on health and well-being.

Going forward, we believe it is important that researchers carefully consider whether it is fair, or even useful, to evaluate arts-based social interventions in the same way as other types of intervention. This applies not only in terms of the impacts we look for (and over what time scale we expect them to become apparent), but also the methods we use to identify and assess impacts, and the types of evidence we consider to be robust. In this, our belief is that open-mindedness is a key and that a degree of creativity is required, both in terms of
what we demand from arts-based interventions and from our research and evaluation of them.

References

