

A SOCIAL GLUE

**GREATER MANCHESTER:
A CREATIVE HEALTH CITY REGION**

THE REPORT

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FOREWORD

As we establish the Greater Manchester Integrated Care Partnership – the structure through which we’ll deliver health and social care in the city region over the next five years – we are very clear that our priorities are improving population health and reducing health inequities.

If we didn’t know about health inequities before COVID-19, the pandemic has brutally exposed the vulnerabilities that exist among our people. But, of course, we did know. The Marmot Review shone a light on the social determinants of health a little over 10 years ago, and we now have a second report which includes bold and ambitious recommendations on how to reduce health inequities and build back fairer for future generations.

Greater Manchester has begun the journey towards becoming a Marmot City Region, where people can look after and improve their health and wellbeing and live in good health for longer. *A Social Glue* makes a passionate and compelling case for the vital role of culture and creativity in achieving this aim.

We know that health is impacted by having a decent job, being able to support yourself, having a home. But there are also more intangible elements that contribute to quality of life, health and happiness, and one of those is access to culture and the means to express yourself creatively – what is increasingly referred to as creative health.

Greater Manchester is proud to be the crucible of creative health, and we are home to many and varied organisations whose mission it is to improve community and individual wellbeing through access to the arts and heritage. Manchester Museum, Art With Heart, Venture Arts and Contact Theatre are examples of where artistic excellence and a commitment to engagement and co-production come together to generate real impact and change for communities. The *Parallel Narratives* document accompanying this report illustrates many more case studies of exemplary practice.

We are also home to organisations that have become true specialists in delivering arts-based health programmes: the Arts and Mental Health Service at i-THRIVE, working towards a GM-wide offer of arts-based mental health support for children and young people; PORE, working with people in recovery from substance misuse; and the Camerata, supporting people with dementia through Music in Mind. Their practice demonstrates how creative health approaches can be as important as medication in improving health outcomes.

Whilst we need to grow our local evidence base, we know from the people who experience them that these approaches work, and we have a firm starting point from which to embed creative health into our developing integrated care system.

A culturally rich and creative city region is part of what’s going to foster a healthier city region. There’s real room for creative health to grow and for it to become part of the fabric of our lives.



Sir Richard Leese
GM ICB Chair Designate

“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”.

THE MANCHESTER DECLARATION, 2019

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A PREAMBLE

***A Social Glue* is a snapshot in time of the fast-growing field of culture, health and wellbeing and its place in Greater Manchester's ongoing cultural evolution. It's an exploration of ways forward for the city region, in how we might think and do things differently, where creativity, in all its forms, can contribute to dynamic and healthy communities. The last decade has seen a flowering of work in this sphere and a burgeoning number of artists, researchers, activists and citizens navigating this rich field of activity, which is garnering political interest internationally.**

The fundamental nature of culture is slippery and subjective; the elements of making, creating and participating give pleasure and disquiet, provoke the imagination and enable us to get lost in other realities.

This study has been drawn together in a time of great uncertainty, at which a pandemic and its emotional, economic and political impacts have yet to be fully processed and the cultural sector has already seen huge losses to its workforce. The emotional toll on people working in health and social care seems unbearable, and priority workers, in all their hues, have demonstrated a commitment to keep going against all the odds, but at what cost? What has been described as *long Covid* is more than a catch-all for a series of protracted physiological symptoms of disease; it's the psychological, economic and aggregated societal anxiety emerging from this crisis. The things we have taken for granted have changed.

Into this new age of anxiety have emerged public expressions of emotion, not only grief but also joy – through singing from balconies in Napoli and streets in Oldham – and through the digital arts, where decimated cultural organisations have shown resourcefulness and imagination in reaching people. From the new experience of isolation through lockdown, many people have embraced their own creativity – often for the first time – and we've seen singing, poetry, craft, dance and all manner of performance in local communities and online. Something has been piqued, and, from baking bread and making cakes, to engaging with nature and the urban environment, hobbyists and skilled artists alike have reclaimed their wellbeing through some of the bleakest of times.

It's impossible for *A Social Glue* to capture the breadth of this activity or to really encapsulate what a useful definition of what the 'arts' might be in this narrative, so, throughout much of what you'll read, the arts is used as a catch-all term that embraces everything from the skills of the artist to the passion of the amateur. Heritage, culture and creativity are intrinsically wrapped up in this work, as are notions of health, wellbeing and care. The fundamental nature of culture is slippery and subjective; the elements of making, creating and participating give pleasure and disquiet, provoke the imagination and enable us to get lost in other realities; we might move our bodies, use our voices or focus down.

From participatory or socially engaged artists to poets, musicians or curator, the artists that we are concerned with have similar values. They work to ensure that culture, creativity, the arts and heritage are something everyone has access to and – if they want – can participate in, perhaps even instigate and influence. This is an expansive agenda, where culture doesn't mean Mozart (it might), health doesn't mean the NHS (but it might) and care doesn't mean a care home (but, yes it might). The arts are both extraordinary and ordinary.



LEFT
WOMEN'S
FOOTPRINTS PROJECT

Part of Live Well Make Art.
Photo by Lydia Entwistle.
Read the Live Well Make Art
case study [here](#) or p.26 of
Parallel Narratives.

A Social Glue emphasises that all these things – however complex, however messy – are not concerned with the individual but with connecting with each other and blurring the boundaries of care, health and wellbeing and creativity in all its forms.

At the start of this study, we gathered a number of case studies from the ten districts of GM in an attempt to capture a snapshot of activity that had an impact, in one or more ways, on the issues we are exploring. This range of case studies amplifies the work being delivered on the ground but is in no way exhaustive. These connections offer you an opportunity to dig deeper.

At the same time, Dr Clare Devaney undertook a survey of attitudes around the theme of wellbeing, attempting better to understand wider opinions on this sometimes slippery and subjective field. This earlier work has evolved into *A Social Glue*, and, through this evolution, it has become apparent that the case studies might be better seen as “parallel narratives” to a broader survey which itself relates to a wider culture of research and evaluation. It’s inevitable that any call for case studies will miss the flavour of the smaller, transient projects and moments. What is evident is that GM has culture running through its veins and the engendering of wellbeing seems to be part of multiple agendas, but many of the smaller groups and individuals remains unsung.

Most of the images in *A Social Glue* have been provided by projects working in and across Greater Manchester, which you can find more details about in the Parallel Narratives document. If you’re reading this online, you’ll be able to click on a hyperlink to access a case study; if not, we’ve provided the relevant page number as a reference.

I’m grateful to all the people who contributed to *A Social Glue* through conversations and who, by sharing their experience and aspirations, have enabled me to widen my own thinking. Thanks, too, to all those people who responded to the survey instigated by Clare Devaney. Peppered throughout *A Social Glue* are a number of anonymous quotations from people with whom Clare was in touch and with whom I had in-depth conversations.

Dr Clive Parkinson

The Manchester Institute for Arts, Health & Social Change
May 2021

SETTING THE SCENE

When one picks up a report, there's a standard format that the reader expects – introduction, neat index, pithy summary of what was expected and what was achieved; something about methodology and (more often than not) the rather obvious findings – all presented in as formal a manner as possible.

But we are living in extraordinary times and the remit of this report – which will be expanded upon in a few sentences' time – in some ways feels an impossible task.

However, using the word “feels” is an important caveat. It means that it is doable, only that it is an onerous piece of work, given that it began life prior to the Covid-19 pandemic – that seismic shift in our understanding of human fragility, transience and inequalities. This report started as a sunny appraisal of the relationships between culture and health and wellbeing across Greater Manchester, but it has evolved from an optimistic overview to a considered meditation on the possibilities of human creativity in the here and now – a vision of how this landscape might look across this city region for generations to come.

While there are some key sections in *A Social Glue* that touch on pressing issues around mental health and ageing, it's not been possible to go into any depth in many other contexts, including neonatal health, homelessness or environmental public health (which would double the size of this narrative), but it's my hope that, by sharing contemporary research, I have armed the interested reader to find these connections. If this work whets your appetite, there's much more to explore.

A Social Glue looks to the recent past and to the here and now of Greater Manchester. It links people and place with culture and creativity and the factors that underpin health and wellbeing in this thriving city region. It positions Greater Manchester as a heartland of new thinking and action, where it's the people that live here who are ultimately the most vital, yet often disconnected, resource. While terms like co-design and co-produce run the risk of being hijacked as useful spin on token consultation exercises, we'll see that some of the work explored in this narrative has been driven by people and communities since long before these terms were added to any tick-box lexicon.

Through brief explorations into local, national and international research, policy and practice, the narrative homes in on how we might work together to effect change and how the Greater Manchester Combined Authority (GMCA) and Greater Manchester Health and Social Care Partnership (GMHSCP) might use their power to convene and support community driven movements in order to achieve this. As we'll see, a combination of an increased public understanding of health and creativity and a national drive to embed culture and creativity in a public health agenda means the time has never been better to champion this creative health agenda. *A Social Glue* argues that the city region is in a unique position to drive this agenda forward; the stars seem to be aligned, and the possibility of doing things differently, as part of a common venture, is hardwired into its citizens, and workers, DNA.

RIGHT
ART WITH HEART
SPACE 3, Sam Ryley.

Read the Art With Heart case study [here](#) or on p.10 of *Parallel Narratives*.





THE VERY ROOTS OF THE PLACE

The birth of Greater Manchester (GM) in 1974 saw the combination of ten local authority areas, including the city of Manchester at its metropolitan centre, and involving 2.8 million people. This happened at the same time as a series of city regions were created across the UK as a new tier of governance. Arguably – and with characteristic determination and pragmatism – GM has, since then, led the UK in terms of development at a city-regional level forging ahead with focussed intent to be acknowledged as a national and global centre.

“It means all the Boroughs to me. Bigger than the city. A region of so many distinct communities. GM is a search for commonality, for unity – and, through that, strength and a louder voice nationally”.

LEFT
ART WITH HEART'S GOLDEN YEARS CARAVAN
Photo of Art with Heart's Golden Years Caravan project by Joe Smith.

Read the Art With Heart case study [here](#) or p.10 of Parallel Narratives.

The formation of GMCA in 2011 transformed the city region's legal standing, and three years later, leaders across the ten councils of Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan signed a deal devolving a wide range of powers to GMCA. In doing so, they established the role of elected mayor for the city region, and Greater Manchester became the first region in England to be delegated control of its health and social care budget by Whitehall, which it became the responsibility of the GMHSCP.

“It means all the Boroughs to me. Bigger than the city. A region of so many distinct communities. GM is a search for commonality, for unity – and, through that, strength and a louder voice nationally”.¹

As GM matures into middle age, the results of its collective efforts are clear to see. Greater Manchester has established itself at the epicentre of the North of England, as a pioneer and thought leader in regional devolution. It is widely acknowledged and held up as an exemplar of successful collaborative governance. That said, the response to GM as a place and as a reference point for cultural identity is perhaps less emphatic. It's unusual to hear anyone refer to themselves as being “from Greater Manchester”. Partly due to the long histories, strong heritages and proud local identities of its constituent areas, a collective identity remains elusive. Instead, the cultural characteristics ascribed to “Greater Manchester” and the narrative around it remains true to its roots and focussed on the qualities of its administration and leadership. As a result, GM is known for resilience and determination, most recently illustrated in its resistance to incoherent national “leadership” over regional pandemic governance.

There is a well-worn trope that GM *does things differently*.

¹ Manchester Institute for Arts, Health and Social Change, anonymous survey comment (2019).

This phrase is commonly attributed to Tony Wilson, and the characterisation of him played by the Middleton-born actor Steve Coogan in the film *24 Hour Party People*² is heard saying “This is Manchester. We do things differently here”. A sense of identity, folk memory and place ensure that this urban legend continues to bear rich cultural fruit.

With its high-profile cultural and sporting venues, its night-time economy and profusion of small-scale businesses spanning culture and retail (exemplified by the Northern Quarter), the city of Manchester is often seen as the elder and more assertive sibling to the other metropolitan boroughs. While there's a certain inevitability to this, it's culture that brings lifeblood to a city region's bones, and the breadth and depth of cultural expression is beginning to make headway in forging a collective identity for GM. Like its citizens, culture in GM is evolving across perceived and signposted divides. GM's communities, culture and heritage are diverse and dynamic, going way beyond its world-class cultural offer and encompassing – but in no way limited to – music, greenspace, football, poetry, film, blogging, clubbing, performance, design and activism. In the same spirit as its collaborative governance, culture in GM is predicated on challenging boundaries and forging new, radical and exciting collaborations. The remits of large cultural and academic institutions in the city of Manchester increasingly require them to work collaboratively with diverse communities and smaller cultural organisations across GM.

The Greater Manchester Culture and Creativity Strategy, *Grown in Greater Manchester. Known Around The World* (2019),³ prioritises: creating the conditions for creativity to flourish; enriching the lives of all our people through engagement with the culture and heritage of GM; and celebrating, protecting and developing GM's unique culture, heritage strengths, assets, and ecology. All these priorities intersect, in some way, with health, wellbeing and social change. The strategy explicitly champions the role of culture in improving health and wellbeing, as well as enabling, promoting and celebrating later-life creativity in the UK's first age-friendly city region. The strategy also usefully reminds us that culture has been crucial to the economy, with 78,500 people working in the digital and creative industries across GM, generating more than £4.4bn in gross value added per year. This includes a visitor economy worth £2.6bn per annum, Arts Council England (ACE) National Portfolio Organisation investment of £26.6m (2018–22), and Heritage Lottery Fund (HLF) contributions of around £11.8m per annum for restoring buildings and bringing the rich heritage of the city region to life. The impact of the pandemic on these numbers remains to be seen, but national debt will inevitably be one of the most pressing factors for the cultural sector in the short to medium term.

In his foreword to *Grown in Greater Manchester. Known Around The World*, mayor of Greater Manchester, Andy Burnham, describes the city region as a birthplace of revolutionary ideas which have had profound global ramifications. He reminds us that “the Co-operative movement was founded in Rochdale, the Suffragette movement was born in Manchester, and Salford Museum and Art Gallery was the UK's first free public library and museum”.⁴

2 *24 Hour Party People*. Directed by Michael Winterbottom, Screenplay by Frank Cottrell Boyce, 2002.

3 *Grown in Greater Manchester. Known Around The World*. Greater Manchester Culture Strategy, 2019.

4 Ibid, 8.

These touchstones of our progress towards a more equitable society are echoed in other pivotal moments in the region's history. This might lead us in the direction of a new radicalism in reimagining and addressing health and wellbeing through social and cultural change.

Ten years after the publication of the landmark study *Fair Society, Healthy Lives: The Marmot Review* (2010),⁵ the Institute of Health Equity (IHE) published *Health Equity in England: The Marmot Review 10 Years On* (2020),⁶ which offered a scathing critique of the lack of progress made in tackling health inequalities across England. Launched as the Covid-19 pandemic was taking hold, the second report offered bleak reading and provided evidence of nationally widening inequities across a range of indicators, highlighting that: people can expect to spend more of their lives in poor health; improvements to life expectancy have stalled; and the health gap has grown between wealthy and deprived areas. By contrast, the same report shows that place matters.

In an evaluative case study of GM published alongside the report, the IHE revealed that more than one million people live in areas defined as the 20% most deprived in England. These areas have seen the biggest decreases in government spending, despite the fact that the more deprived an area is, the shorter is the life expectancy of its people. In GM, men in the most deprived areas can expect to die 12.6 years earlier than those in our least deprived, and women seven years earlier.⁷ As Sarah Price, Chief Officer at GMHSCP notes in an online review of Marmot's case study:

“This is unfair, unjust and unacceptable”.⁸

Like its citizens, culture in Greater Manchester transcends boundaries and is evolving across perceived and signposted divides.

As an antidote, case study reflects on the success brought about through devolution and GM's 'place-based' approach to systemic change, noting that this system-wide methodology is essential to tackling the social determinants of health and resulting health inequalities. Both Marmot reports assert that such “approaches are crucial to success at national, regional and local levels”.

Critically, the case study advocates a place-based strategy aligned to a life-course approach. Public service delivery in GM is structured around the life course, and the IHE has been working with stakeholders across the city region to explore how the unified model can further tackle health inequalities.

In conclusion, Marmot recommends that addressing health inequalities is placed at the heart of policymaking, states that health and wellbeing should be valued as much as measures of economic growth and calls for investment “in the development of economic, social and cultural resources in the most deprived communities”.⁹

5 Marmot M, et al., *Fair Society, Healthy Lives: The Marmot Review*. London; 2010. <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

6 Marmot M, et al., *The Marmot Review 10 Years On*. London: IHE; 2020. <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

7 Codling K, and Allen J. *Greater Manchester Evaluation*, Institute of Health Equity, 2020. <http://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020>

8 Price S. *Greater Manchester is a “Marmot City Region” - What does that mean, and how will it improve our health and reduce inequalities?* 2020. <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/>

9 Ibid, online.



LEFT
**DAVID HOYLE, APPLE
 AND OTHER FRUITS**

David Hoyle, Apple and Other Fruits, 2017, performance, Home, Manchester. PORE commission for UNSEEN: Simultaneous Realities. Photo by Leigh Baxter.

Read the Portraits of Recovery case study [here](#) or p. 80 of Parallel Narratives.

“This is the time for bold thinking and brave action, this is the time for an essential pivot towards a new way of doing things that puts tackling inequality at its heart, this is the time to take Greater Manchester to the next level, a place with good lives for all”.

THE GREATER MANCHESTER INDEPENDENT
 INEQUALITIES COMMISSION. THE NEXT LEVEL:
 GOOD LIVES FOR ALL IN GREATER MANCHESTER (2021)

By becoming the UK’s first Marmot city region, GM has made a strategic commitment to “put into practice the report’s recommendations by working across all public services in our city region to ensure that policies, approaches and resources are geared towards creating a fairer, more equal society”.¹⁰

Perhaps it is the very place itself and the stories of the people in our neighbourhoods that will inform transformation within our communities. As Donna Hall and Warren Heppolette suggest in, “Place” is Where The Heart is (2020):

“A place-based approach to primary care networks, integrated care systems and strategic transformation partnerships needs to be driven by much more than health and care professionals meeting once a month to agree stuff. They need to be rooted in the anthropology of place, listen to people’s stories and understand the reality of their lives”.¹¹ Launched in October 2020, The Greater Manchester Independent Inequalities Commission set out to examine inequalities across GM considering how they might be

tackled, and, in doing so, they amplify a sense of place. In their report, *The Next Level: Good Lives for All in Greater Manchester* (2021), they hold Covid-19 and Black Lives Matter as ‘guiding stars’ which have illuminated the depth of inequalities while suggesting that our knowledge of past crises shows us that collective trauma often reveals great strengths. “The city region has a collective spirit of looking after one another, and a proud tradition of radicalism, co-operation and standing up against injustice. Greater Manchester can build on this spirit of co-operation to recover and rebuild for a fairer future”.¹²

They go on to state:

“We don’t know what the future holds, but we know it can’t be the same as the past”.¹³

This report will undoubtedly form the bedrock of a refreshed Greater Manchester Strategy (GMS), and, whilst the role of culture and creativity is so far missing from plans for a fairer future, we must lobby for its inclusion in the GMS.

¹⁰ Op. cit. Marmot M. 2020.

¹¹ Hall D, and Heppolette W. “Place” is Where The Heart is. 27 August 2020. <https://www.carnallfarrar.com/articles/place-is-where-the-heart-is/>

¹² The Greater Manchester Independent Inequalities Commission. “The Next Level: Good Lives for All in Greater Manchester” 2021. (3)

https://www.greatermanchester-ca.gov.uk/media/4337/gmca_independent-inequalities-commission_v15.pdf

¹³ Ibid, online. (3)

THE SUM OF US

Not so long ago, on the clearest of blue days, standing among total strangers in a concrete field of flowers, not only was a collective grief physically palpable but a collective resilience too. This is an overused expression, but one which, on that bright and sunny morning, was true and real. Our individual feet were anchored to the earth, but among those gently swaying trees that surround the statue of Corn Law abolitionist Richard Cobden in St Anne's Square, there was a tangible solidarity. Within 24 hours of the attack on the Manchester Arena on 22nd May 2017, which saw twenty-two people killed and 800 wounded, not only had this carpet of flowers and tributes been laid out as a visible manifestation of collective grief, but *This is the Place*,¹⁴ a 720-word poem by Longfella [Tony Walsh] was quickly becoming a galvanising force. This paean to the citizens and workers of Greater Manchester was evolving into a mantra, rallying people in the midst of grief – away from hatred and towards compassion and shared identity. This wasn't an exotic pavement of tributes to the premature death of a princess, but shared and public emotion filtered through a poem and made in some small way more bearable. In her essay "Shafts of Sunlight" (2008), writer Jeanette Winterson presciently advises us that "Language is a finding-place not a hiding place".¹⁵

In the days following the Manchester Arena attack, media outlets began reporting spontaneous acts of kindness across the city, particularly taxi drivers who helped people find their way out of the aftermath. One such driver, A.J. Singh, told Channel 4 News, "I've had people who needed to find loved ones. I've dropped them off to the hospital. They've not had any money, they've been stranded... We should come out and show whoever's done this that it doesn't matter because (in) Manchester, we're glue and we stick together when it counts".¹⁶

Realising that many of the people fleeing the arena had no money, the owner of Manchester taxi firm StreetCars, Sam Arshad, asked all his drivers to give free lifts to anyone stranded after the attack. Speaking to the BBC the day after the attack, Arshad said, "It was at that point that I made the decision that money isn't everything in life and we're part of Manchester and we need to do our part to make sure these people get home safe and sound".¹⁷ Spontaneous acts of kindness included offers of free accommodation via #RoomForManchester, cafes providing food and drinks for emergency workers and those caught up in the event and members of the wider public beginning to donate their blood.

"I've had people who needed to find loved ones. I've dropped them off to the hospital. They've not had any money, they've been stranded... We should come out and show whoever's done this that it doesn't matter because (in) Manchester, we're glue and we stick together when it counts."

"What Is the City but the People? was nothing more complicated than a parade of Manchester folk and their stories, but it was mounted with care and precision, and it did something to me that hasn't happened at MIF before. It made me cry".

Within a couple of months of the attack, another remarkable event unfolded in the city. Under the banner of "What Is The City But The People", borrowed from Shakespeare's tragedy *Coriolanus*,¹⁸ the long-planned launch event for the Manchester International Festival (MIF) unfolded on a walkway erected high above the ground and stretching more than 100 metres through Piccadilly Gardens. Earlier in the year, an open invitation to GM's 2.8 million residents had been issued, inviting them to congregate in the city and mingle with "friends, neighbours and total strangers for this self-portrait of the city".¹⁹

Devised by the artist Jeremy Deller and realised in association with Quarantine Theatre Company and Salford's Islington Mill, the concept was simply to invite people who might represent GM – in all their diverse glory, from the cradle to the grave – to parade alongside some invited collaborators. Of the 150 people that took part in this "catwalk", some significant "ordinary" lives were celebrated: a 100-year-old woman, a five-day-old baby boy (carried by his mother) "and a woman who vowed to say yes to everything after her husband died".²⁰ One of those people invited to take part in the MIF opening event was Sam Arshad. GM and the wider world showed their euphoric appreciation.

What is this city region but its people?

"What Is the City but the People? was nothing more complicated than a parade of Manchester folk and their stories, but it was mounted with care and precision, and it did something to me that hasn't happened at MIF before. It made me cry".²¹

WALDEMAR JANUSZCZAK

Born of unimaginable tragedy, the event gave us an understanding of human potential. And one potential is that culture, heritage and the arts – from the amateur pursuing something out of love to what is seen as the cultural offer of bigger organisations – opens up new possibilities in how we conceive of health, and how changes can be made. The people are the key to shifts in health, wellbeing and social change. Might we be in a significant moment at which this creative health and social change agenda becomes a key identity associated with Greater Manchester? There's certainly rich historical precedent.

14 Walsh T. *This is the Place*, 2012. <https://forevermanchester.com/this-is-the-place-fm/>

15 Winterson, J. *Shafts of Sunlight*, 2008.

<http://www.jeanettewinterson.com/journalism/shafts-of-sunlight/>

16 Singh A. J. Extract from an interview on Channel 4 News, 2017.

<https://www.sikhnet.com/news/manchester-attack-community-rushed-help>

17 Arshad S. Extract from an interview on BBC News.

<https://www.bbc.co.uk/news/uk-40011977>

18 Shakespeare W. *Coriolanus*, Act III. Scene I (1605/08).

19 Manchester International Festival. *What is the City but the People?* 2017.

<https://mif.co.uk/previous-festivals/mif17/what-is-the-city-but-the-people/>

20 Pidd H. *Manchester international festival launches with parade of locals*. The Guardian. 2017.

<https://www.theguardian.com/culture/2017/jun/29/manchester-international-festival-parade-locals>

21 Art critic Waldemar Januszczak. *The biennial festival stays close to home with a poignant look at the city's*

people and proud cultural heritage. <http://waldemar.tv/2017/09/manchester-international-festival/>

CULTURE, HEALTH & WELLBEING

The field we are concerned with here is a rich and messy ecology, variously known as arts for health; arts in health or culture, health and wellbeing. Whatever the term, it describes a preoccupation with humanising clinical environments, reaching explicit health outcomes and encouraging wider creative and cultural participation. *A Social Glue* holds that all these approaches are interconnected circles of practice, with a focus on communities and public health and accommodating a diversity of practice. They are all routes to understanding the possibilities that creative and cultural opportunities open up for health, and, as we'll see, there's a rich history of this work across GM as well as ample research locally and globally. What we know for certain is that humans make sense of the world through an impulse to create. It's an impulse that, as we progress through life, seems to fall away – but, conversely, when people are brought back to the arts through some health crisis, life becomes enriched, synapses are ignited and new perspectives are opened up.

“This is an idea whose time has very definitely come”.²²

DR ROBIN PHILIP
THE WINDSOR DECLARATION

Often cited as the catalyst for political action in arts and health, in 1996 Kenneth Calman – then UK Government Chief Medical Officer – met with Gerry Malone, the Conservative Minister for Health, to discuss the increasing interest in arts in healthcare. Calman subsequently established a steering group aimed at finding ways to “take forward the new therapeutic approach”.²³ Although the government changed in 1997, the drive to explore arts and health through cross-party collaboration showed some positive early signs, echoed twenty years later in a dedicated All-Party Parliamentary Group. The Windsor Declaration, which emerged from the proceedings of the Windsor Conference sought to gain the support of central government in moving this cultural agenda forward, from the relative fringes to “the very heart of healthcare planning, policy-making and practice”.²⁴

That these high-level conversations were taking place should not, however, distract from the groundswell of activity already occurring. While art, drama and music therapists are regulated by the Health and Care Professions Council as allied health professionals, the more difficult to define arts and health community existed outside this accredited system. In 1974, more than two decades before the Windsor Declaration, artist Peter Senior established the Manchester Hospitals' Arts Project, which, in 1987, evolved into Arts for Health, founded as a charity and based within Manchester Polytechnic (now Manchester Metropolitan University).²⁵

²² Philipp R, et al. *Arts, health and well-being. Research report & Windsor Declaration*. Nuffield Trust. 2002 <https://www.nuffieldtrust.org.uk/files/2017-01/arts-health-and-well-being-web-final.pdf>

²³ Ibid, online.

²⁴ Ibid, online.

²⁵ Coles P. *Manchester Hospitals' Arts Project*. Calouste Gulbenkian Foundation. 1981.

<https://www.artshhealthresources.org.uk/wp-content/uploads/2018/09/1981-Manchester-Hospitals-Arts-Project.pdf>



RIGHT
THE FIRE WITHIN

Image from *The Fire Within, Satellite of Love, Aether* by AL and AL. AL VFX

Read *The Fire Within* case study [here](#) or p. 16 of *Parallel Narratives*.

Over this same period, Langley Brown, another artist and researcher, co-founded Sheltered Training in the Arts (START) with Wendy Teal in 1986. At that time, Brown supported the development of a network of studios in Oldham, Stockport and Salford for people recovering from mental illness, enabling members to work alongside practising artists and craftspeople. Led by Bernadette Conlon, START²⁶ (known originally as Start in Salford) is a thriving mental health charity, founded in 1993 in the heart of Salford. It employs 11 staff with 68 volunteers and is held up as an international exemplar in this field. Brown was also a founder member of the steering group for the inspired arts movement (i am),²⁷ a national lived-experience forum which held two conferences in 1996 and 1999, which celebrated the pioneer years of arts and mental health work and encouraged the development of non-therapy arts practice.

These early days of arts and health in the UK saw Senior and Brown organising a World Symposium on Culture, Health and the Arts, hosted by Arts for Health at Manchester Metropolitan University in 1999, an event echoed two decades later when Manchester hosted the World Healthcare Congress.²⁸ Full details of the 1999 symposium can be found in the institutional archive of Arts for Health, donated to the Wellcome Library in 2015, which is now digitised and publicly accessible.²⁹ At the later congress, alongside more conventional thematic strands “Innovative health and social care ecosystems” and “Accelerating discovery into practice – the future of personalised healthcare”, a third and equal theme was added, “Arts for health and social change”.

As a result of this early history, in 2019 GM was described (in King’s College London’s *Older and Wiser: Creative Ageing in the UK 2010–19* report for the Baring Foundation) as “the crucible of the arts and health movement”.³⁰

Since the 1990s, centres dedicated to such practice and research have emerged around the UK, and particularly, following the Windsor Declaration and its push for national advocacy, they provided the momentum for the development of a National Network for Arts and Health in 2000.³¹

The Windsor Declaration proposed that the NHS and ACE should work together around shared aims and objectives, but it took almost a decade of lobbying for these demands to attract support. In 2007, ACE and the Department of Health published a *Prospectus for Arts in Health*³² which was signed by ministers Andy Burnham (for the Department of Health) and David Lammy (for the Department for Culture, Media and Sport). This marked a key moment in the growing field of arts and health, and, although it was less of a research synthesis than a celebration of the usefulness of the arts in a health context, it nevertheless set the scene for a series of key developments in the field.

26 START based in Salford. <https://www.startinspiringminds.org.uk/>

27 *Inspired Arts Movement* <http://archives.wellcomelibrary.org/Dserve/dserve.exe?dsqIni=Dserve.ini&dsqApp>

28 World Healthcare Congress, Greater Manchester hosted the inaugural World Healthcare Congress Europe between 5-7 March, 2019. <https://vimeo.com/455508982>

29 Institutional archive of Arts for Health, mostly consisting of working papers and documents belonging to Peter Senior, Director of Arts for Health (1988–2007).

Wellcome Library. Accession Number: 2175 <http://archives.wellcomelibrary.org/Dserve/dserve.exe?dsqIni=Dserve.ini&dsqApp=Archive&dsqCmd=Show.tcl&dsqDb=Catalog&dsqPos=0&dsqSearch=%28AltRefNo%3D%27art%2Fafh%27%29>

30 Gordon-Nesbitt R. *Older and Wiser? Creative Ageing in the UK 2010–19*. King’s College London, 2019. <https://www.kcl.ac.uk/cultural/resources/reports/kcbaringreport-a4-2019-forweb.pdf>

31 The National Network for Arts and Health ran between 2000–2007, superseded by the National Alliance for Arts Health and Wellbeing in 2012 which became the Culture, Health & Wellbeing Alliance in 2018. <https://www.culturehealthandwellbeing.org.uk/>

32 Arts Council England, and Department of Health, *A Prospectus for Arts in Health*, 2007. https://webarchive.nationalarchives.gov.uk/20150205141304/http://www.artscouncil.org.uk/publication_archive/a-prospectus-for-arts-and-health/

While the prospectus fired a warning shot that “some people might dismiss the arts as simply add-on activities which have little place in modern technologically-focused healthcare”, this was countered by a conviction that “the arts can, and do, make a major contribution to key health and wider community issues”.³³ It was unfortunate then, that the prospectus was launched in 2007 as the world began to collapse into a financial catastrophe that saw the start of a long march into austerity. That culture would go on to frame the next decade, and it will undoubtedly inform post-Covid policy and an as-yet-undetermined but inevitably politically and financially fractious future.

Over the past decade across GM, creative and cultural activity that explicitly or implicitly impacts on health and wellbeing has burgeoned, and examples from throughout the city region are surveyed parallel narratives. This is to acknowledge the depth and breadth of small organisations, groups and individuals pursuing creative activity that has a desire to inspire and activate change in the individual and communities, however we choose to define them.

“It is time to recognise the powerful contribution the arts can make to health and wellbeing”.³⁴

LORD HOWARTH OF NEWPORT

In England, the arts and health movement is currently being politically driven through an All-Party Parliamentary Group (APPG) on Arts, Health and Wellbeing, which was convened in 2014 and championed through the extraordinary efforts of Lord Howarth of Newport. The APPG conducted a high-profile, two-year inquiry into practice and research in the arts in health and social care, which concluded in 2017 that:

- The arts can keep us well, aid recovery and support longer lives, better lived;
- The arts can help meet major challenges facing health and social care, including ageing, long-term conditions, loneliness and mental health;
- The arts offer cost-effective health and social care solutions.³⁵

The evidence presented in the inquiry report that emerged from the APPG’s work, *Creative Health* (2017), demonstrates how arts-based approaches can help people “stay well, take greater responsibility for their own health and wellbeing and enjoy a better quality of life”. The APPG’s work has galvanised much of the strategic activity in arts and health at a national level in the years since its publication.

The ten recommendations made in *Creative Health* propose that the arts “offer a potential resource that should be embraced in health and social care systems which are under great pressure and in need of fresh thinking...” in which “policy should work towards creative activity being part of all our lives”.³⁶

Across Greater Manchester, creative and cultural activity that explicitly or implicitly impacts on health and wellbeing has burgeoned over the last decade.

33 Ibid, online.

34 *Creative Health: The Arts for Health and Wellbeing*. All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report. 2017. https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf

35 Ibid, online.

36 Op. cit. *Creative Health*.

“It is basic. It is human. We are daft to pretend it’s cleverer than that. The basic human need to express yourself, to share your story, to find others that identify with you, to find connections to people and place, to create something beautiful or meaningful – these are all elements of a healthy population”.

MANCHESTER INSTITUTE FOR ARTS, HEALTH AND SOCIAL CHANGE, ANONYMOUS SURVEY COMMENT



Illustrations for the forthcoming book, *Covid Life* by Mandy Beck-McKim.

In their strategic focus, these recommendations span cross-governmental strategy, mirrored within local political structures and leadership, reimagining the health-promoting roles of cultural institutions while calling for the advocacy of patient-led groups and the education of health and social care professionals and development of arts-based social prescribing. The report focuses on the need for training and skills development at undergraduate and postgraduate level and investment in research that will enrich the evidence base.

The report’s drive to “establish a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery”³⁷ formed the basis for the development of a National Centre for Creative Health,³⁸ with its hubs, huddles and hives network, launched in March 2021. The national centre is being supported through a collaboration between Health Innovation Manchester³⁹ and the Manchester Institute for Arts, Health & Social Change,⁴⁰ exploring knowledge exchange and local transformation initiatives. As we’ll see, the creative health agenda offers a useful framework for a much larger vision across GM linked to national networking and dissemination opportunities offered by the Culture, Health and Wellbeing Alliance.⁴¹

It’s worth noting that the *Creative Health* report acknowledges the unique opportunity afforded to GM through devolution, stating that “the devolution of powers to Greater Manchester could enable synergies between the arts, health and wellbeing to flourish”.⁴² Any city-regional approach to the broader creative health agenda would feed into the national conversation with, and from, GM communities.

Creative Health was compiled for the APPG by Dr Rebecca Gordon-Nesbitt, whose previous research revealed evidence, stretching back a number of decades, showing a significant association between engaging with the arts and longer lives better lived. In her report published by Arts for Health, *Exploring the Longitudinal Relationship Between Arts Engagement and Health* (2015),⁴³ she compiled an evidence base of fifteen longitudinal studies which collectively suggest that attending high-quality cultural events has a beneficial impact upon a range of chronic diseases over time. This includes cancer, heart disease, dementia and obesity, with an inevitable effect on life expectancy. A number of possible reasons for this positive association are speculated upon by the researchers brought together in this report – from increased social capital to psycho-neuroimmunological responses – all of which are interrogated in detail.

37 Ibid, online.

38 National Centre for Creative Health. 2021. <https://ncch.org.uk/>

39 Health Innovation Manchester works with innovators to discover, develop and deploy new solutions that improve the health and wellbeing of Greater Manchester’s 2.8m citizens. <https://healthinnovationmanchester.com>

40 Manchester Institute for Arts, Health & Social Change (MIAHSC) is a collective research, advocacy and education grouping, re-imagining and undertaking, multidisciplinary research into the fundamental questions about arts, health and social change. It formed out of the work of Arts for Health at Manchester Metropolitan University. <https://www.miahsc.com/>

41 Culture, Health & Wellbeing Alliance. <https://www.culturehealthandwellbeing.org.uk/>

42 Op. cit. *Creative Health*.

43 Gordon-Nesbitt R. *Exploring the Longitudinal Relationship Between Arts Engagement and Health*, Arts for Health (2015) <https://www.artsforhealth.org/research/artsengagementandhealth/ArtsEngagementandHealth.pdf>

One of the most compelling scientific explanations for any positive association observed between arts engagement and health comes from the field of epigenetics, specifically the idea that environmental enrichment (in this case, cultural activity) can cause certain harmful genes to be switched off, enabling health-protective effects to be communicated from one generation to the next.

As Gordon-Nesbitt highlights in her 2015 report, there is every chance that any positive health effects attributed to arts engagement are influenced by a hidden factor, most likely a socio-economic one. As such, this compelling report urgently demands further research into the inequalities that mediate our access to health and the arts. Interestingly, too, it hints at the possibility of a “missing link (such as motivation) between cultural participation and health, which raises questions about who is motivated to access the arts”.⁴⁴ In an era when cultural organisations are repeatedly urged to account for themselves in economic terms and we’ve largely lost sight of the individual and social value of culture, her hope is that these combined findings will be heeded by policymakers in the arts and health sectors. This synthesis achieves something useful in the context of contemporary research, illuminating the wider implications of cultural participation within explicit health contexts and within the broader civic and communal life of GM.

This is being played out in both policy and practice. In its recently published 10 year strategy, the HLF has begun to foreground the link between communities, sense of place and wellbeing, usefully reminding us that:

“Heritage has a strong role to play in improving wellbeing for people in the UK. By bringing us together at all stages of our lives, building connectedness and a sense of belonging in our neighbourhoods, supporting individual confidence and self-esteem, and providing opportunities for people to be active, heritage projects can make a significant contribution to the way people feel about their lives”.⁴⁵

The recent report of the GM Independent Inequalities Commission emphasises prioritising the drivers of wellbeing, stressing the need to put “wellbeing and equality goals at the heart of the Greater Manchester Strategy and align budgets, portfolios and activities to these so that good lives for all is the focus of everything Greater Manchester does”.⁴⁶ The report falls short of identifying culture and creativity as a means to achieving health and wellbeing, but it does call for a move “towards universal basic services in which education, health, childcare, adult social care, housing, transport and digital connectivity are provided to all and lobby central government to invest and devolve funding to make this a reality”.⁴⁷ This offers a rallying cry to the cultural sector.

The commission foregrounds the need for a democratic approach, honouring “the things people have told us matter most”,⁴⁸ and it’s perhaps the suggestion to “learn and develop” running through the report that aligns most closely with a cultural agenda, offering some synergy between the drive to reduce inequalities and the humanising nature of creativity across the life course. The role of cultural participation in improving wellbeing and stimulating more engaged communities has never appeared so strong, and we now need to amplify and interrogate our evidence base, so we can advocate for the legitimate place of culture and the arts in an inequalities agenda.

44 Ibid.

45 Heritage Lottery Fund, Strategic Funding Framework for 2019–2024. <https://www.heritagefund.org.uk/about/strategic-funding-framework-2019-2024#heading-4>

46 Op. cit. The Next Level: Good Lives for All in Greater Manchester, 2021. (10)

47 Ibid, online. (11)

48 Ibid, online. (27)

**RIGHT
CREATIVE CARE KITS**

Photo by Richard Tymon.



UNDERSTANDING IMPACT & VALUE

FROM THE GLOBAL TO THE LOCAL

“The arts can tackle “wicked” or complex health challenges such as diabetes, obesity and mental ill health. They consider health and wellbeing in a broader societal and community context and offer solutions that common medical practice has so far been unable to address”.⁴⁹

DR PIROSKA ÖSTLIN
WHO REGIONAL DIRECTOR FOR EUROPE

This section of the narrative begins to question the nature of research and evaluation in the field of culture, health and wellbeing. It questions the mad grasp for empirical proof and explores the possibility that people may themselves define not only what constitutes evidence but also how research is designed, in the process asking what really constitutes “value”. But before we think in terms of people and value, it is useful to briefly explore some of the existing contemporary research.

In November 2019, the World Health Organisation (WHO)⁵⁰ Europe published a report synthesising evidence around the impact of arts interventions on health, with an emphasis on the European region. Without question, this represents the most comprehensive international review to date. Its conclusion – that “the arts can positively influence health, from before birth to the end of life”⁵¹ – offers a significant impetus to commissioners charged with innovating health and social care. The report was intended to build on policy developments in arts and health that have been unfolding across a number of European countries, including the aforementioned Prospectus for Arts in Health and the *Creative Health* report. It also builds on the longitudinal study published by Arts for Health, which focuses predominantly on research in the Nordic countries. The WHO synthesis illuminates policy work around arts, culture and health promotion in Finland; the institution of public health and cultural laws that emphasise the place of the arts and culture in care in Norway; and the inception of a Society for Culture and Health and a Cultural Politics Commission in the Swedish parliament.

“The arts can positively influence health, from before birth to the end of life”.

“The arts can tackle “wicked” or complex health challenges such as diabetes, obesity and mental ill health. They consider health and wellbeing in a broader societal and community context and offer solutions that common medical practice has so far been unable to address”.

DR PIROSKA ÖSTLIN
WHO REGIONAL DIRECTOR FOR EUROPE

⁴⁹ Fancourt D, and Finn S. Health Evidence Network synthesis report 67. *What is the evidence on the role of the arts in improving health and well-being? A scoping review*, 2019.

<https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>

⁵⁰ Ibid, online.

⁵¹ Ibid, online.

For the WHO, developments in arts and health marry with key developments in global health policy, building on multisectoral collaboration as a way of catalysing action. This is particularly the case through the 2030 Agenda for Sustainable Development,⁵² with its focus on: supporting good health and wellbeing; providing quality education; building sustainable cities and communities; encouraging decent work and economic growth; and working in partnership. The WHO authors stress that this, and other WHO directives, “... are integral parts of engaging with the arts, increasing the cultural capital within societies and potentially helping to promote resilience, equity, health and wellbeing across the life-course. Finally, because they operate simultaneously on the individual and social, as well as physical and mental, levels, arts-based health interventions are uniquely placed to address the full complexity of the challenges that being healthy and well are increasingly recognized to present”.⁵³

The WHO report also strongly supports arts activities as enhancements to treatment protocols in healthcare settings, citing several policy considerations for decision-makers in the health sector and beyond, including:

- Ensuring the availability and accessibility of arts-for-health programs within communities;
- Supporting arts and cultural organisations in making health and wellbeing part of their work;
- Prioritising arts in the training of healthcare professionals;
- Introducing or strengthening referral mechanisms from health- and social-care facilities to arts programmes or activities; and
- Investing in more research, particularly in scaling up arts and health interventions, and evaluating their implementation.⁵⁴

A substantial “scoping review” of the global academic literature on arts and health, the WHO report references more than 900 publications, including 200 reviews covering over 3,000 further studies. Its lead author, psychobiologist and epidemiologist Dr Daisy Fancourt, swiftly followed this work up with a second report building on this synthesis for the Department for Digital, Culture, Media & Sport (DCMS), *Evidence Summary for Policy: The role of arts in improving health & wellbeing* (2020).⁵⁵ This work had three specific aims:

- To review the evidence on how arts engagement can impact the following three DCMS policy-relevant outcomes: (i) social outcomes, (ii) youth development, and (iii) the prevention of mental and physical illness.
- To review the evidence on how social prescribing programmes that have used arts interventions can impact on the three outcomes above, again reviewing the types of studies and quality of the evidence base.
- To provide a series of recommendations for how DCMS might invest in future research or academic collaboration to build the evidence base on interventions impacting on these three outcomes.

52 United Nations, Department of Economic and Social Affairs. *Transforming our world: the 2030 Agenda for Sustainable Development*, 2015. <https://sdgs.un.org/2030agenda>

53 Op. cit. Fancourt.

54 Ibid, online.

55 Fancourt D, et al., Department for Digital, Culture, Media & Sport (DCMS), *Evidence Summary for Policy: The role of arts in improving health & wellbeing*, 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929773/DCMS_report_April_2020_finalx_1_.pdf

Focused on influencing policy, this desktop research is a milestone in the evolution of arts and health in the UK, offering another synthesis of what’s known and what kind of further research might benefit from strategic direction and investment.⁵⁶

This report’s conclusions are particularly relevant to infant and child linguistic and social development, improved wellbeing in adults, reduced physical decline in older age and all aspects of social cohesion. But the evidence is less convincing in terms of understanding the mechanisms for connecting individuals to arts activities through social prescribing, where the “evidence is promising for wellbeing and social cohesion, but weak for physical health and social inequalities, and non-existent for social development, the prevention of mental illness, and cognition”.⁵⁷ Social prescribing is in its infancy in terms of wider roll-out across the UK, so this research is timely, with its scrutiny of the lack of robust evidence of the impact of the arts on adult mental health and of reducing social inequalities. But perhaps the questions being asked are limited in their scope or, due to conventional reductivist methodologies, they fail to take into account the potential of new (or even traditional) ways of understanding impact, meaning and value. They may conform to the frequent tendency to shoehorn the ambiguities, vagaries and complexities of diverse lived experience into existing models.

The influences that impact on health and wellbeing, however, are complex and multifaceted, happening across the life course from cradle to grave: on the streets where we live, the schools we might go to and entwined in a myriad of social factors that interplay with the individual and shared experiences in our complex lives.

Read the Theatre in Prisons and Probation case study [here](#) or p.28 of Parallel Narratives.

One harsh critic of the “quality” of this research has been Stephen Clift, Professor Emeritus at the Sidney De Haan Research Centre for Arts and Health at Canterbury Christ Church University, who points out that it fails to “acknowledge any of the specifics of country, context, timing, quality of the arts experience, and people involved.”⁵⁸ Clift argues that studies used to compile the report for the DCMS were gathered from countries as diverse as the USA, China and Brazil (amongst others), “all with different cultural and artistic traditions and health and social care systems. One wonders how policy in the UK can possibly be formulated on a body of evidence drawn together from all corners of the globe no matter how good the quality?”⁵⁹

Clift has a point, and it has been driven home aggressively through social media, but there is a flaw in his critique of the quality and relevance of studies gathered from other countries, which is grounded in what seems to be a shared belief with Fancourt that Randomised Controlled Trials (RCTs) are a gold standard in research. This rather muddies the waters, where context is everything. Fancourt suggests that researchers and commissioners in healthcare and medicine look to RCTs as the best form of evidence, noting that it would take a “seismic shift” to change this belief. But herein lies the crux of the problem with much of the “robust” research in the arts and health field – it assumes that health and wellbeing are the preserve of clinical environments, seeing people as patients and the success of interventions measured through clinical outcomes. The influences that impact on health and wellbeing, however, are complex and multifaceted, happening across the life course: on the streets where we live, in the schools we might attend and entwined in a myriad social factors that interplay with the individual and shared experiences of our complex lives.

56 Ibid, online.

57 Ibid, online.

58 Clift S, *Are the arts overclaiming on wellbeing?* Arts Professional, 2020.

<https://www.artspromotional.co.uk/magazine/article/are-arts-overclaiming-wellbeing>

59 Ibid, online.

But perhaps we over-complicate the ways in which we undertake research and the methodologies we use. As Ray Pawson, professor of social research methodology, puts it: “Like all of the best ideas, the big idea here is a simple one – that research should attempt to pass on collective wisdom about the successes and failures of previous initiatives in particular policy domains. The prize is also a big one in that such an endeavour could provide the antidote to policymaking’s frequent lapses into crowd pleasing, political pandering, window dressing and god-acting”⁶⁰

In her paper *Are RCTs the Gold Standard?* (2007), Professor of Philosophy Nancy Cartwright is unequivocal, asserting that no gold standard or universally best method of evaluation exists, and “gold methods are those that provide the information you need, with reliability and in the specific context in which you are working. Like a rich cultural experience full of ambiguity and uncertainty”,⁶¹ this presents problems for researchers, but ones which those exploring cultural value are now seeking to understand (the Centre for Cultural Value in Leeds is ploughing new terrain here, and GM should not be shy of collaborating with them). People are, by their very nature, complex, and it follows that any arts-based research will be complex too. Remember, this work is not just about deficit and illness but assets and possibilities. Professor Ray Pawson suggests that:

“interventions are not treatments. Interventions are complex processes introduced into complex environments attempting to deal with complex problems. It is impossible to control for every contingency as the trialists urge”.⁶²

Clift concludes his critique of the validity of the DCMS report and the impact it may have on future research by saying that “While this report includes an assessment of the “quality” of the evidence on arts and health interventions, it signally fails to provide a critical review of available research...”⁶³ The authors of the report highlight the need for more research in this area, and we should welcome that but with the caveat that culture is not as seen as a measurable curative. Gordon-Nesbitt’s 2015 longitudinal synthesis captures some key factors that are slippery to measure but are key to a richer understanding. Her work asserts that engaging in arts activity can help people make social connections, enable self-expression, create conditions for social action and enable people to have more power over their lives – the very conditions that provide the bedrock to our mental health and sense of wellbeing.

As Professor of Applied and Social Theatre at the University of Manchester, James Thompson, suggests, the ways that small organisations get evaluations of the impact of their work is increasingly skewed towards “proving what we do improves people’s health [and] that will equal more money for the arts, but it doesn’t. A great story convinces an advocate who’s got some power”.⁶⁴ So perhaps what we should carefully consider as a city region is what we really want to achieve: research-informed policy or policy-informed research?

“Interventions are not treatments. Interventions are complex processes introduced into complex environments attempting to deal with complex problems. It is impossible to control for every contingency as the trialists urge”.

Dave Camlin contextualises the relationship between artists and policy in light of the pandemic and the rise of social movements: “Given that many artists in the UK will now be liberated from policy as a result of being excluded from government support, now may be a good time to put our knowledge and skills to service in other ways. If the connections which bind arts to policy weaken and dissolve – as they already appear to be, if the current haemorrhaging of artists from cultural institutions is anything to go by - there will be an even greater need for robust critical understanding of what the arts are good for”.⁶⁵

For now, we can park some of the rich and useful research that might inform the relationship between research and policy – we can pause until we get to the *Heart of the Matter*. For now let’s reiterate that there isn’t a one-size-fits-all approach to the arts and health agenda - particularly within the context of community. Perhaps it’s the artist/critic who offers the most rational assessment of over-conflating clinical and artistic gold standards. In his book *A Fortunate Man* (1967), John Berger suggests that it is ridiculous to try to understand the work of skilled and dedicated clinicians - let alone artists - in terms of accountancy. Berger asks what is the “value” of pain eased, or of a life saved. Moreover, “how does the cure of serious illness compare in value with one of the better poems of a minor poet? How does making a correct but extremely difficult diagnosis compare with painting a great canvas?” His suggestion that applying comparative methods of fiscal value to healthcare and the arts are “equally absurd”. More importantly, Berger asks “What is the value of the moment?”⁶⁶

In terms of the ways in which we might better understand the relationship and mechanisms between creativity and public health, Phil Hanlon and Sandra Carlisle have consistently provided us with research-informed direction. In their paper, *Learning our way into the future public health: A proposition* (2011), they suggest that we are “experiencing an ‘ingenuity gap’, in the sense of a yawning gulf between problems and our capacity to think up workable solutions”,⁶⁷ and they propose that any future interventions are going to have to be in a triangle of scientific, ethical and aesthetic registers – a necessary part of health and social care.

As Berger encouraged us towards new “ways of seeing” the factors that influence what we see and how we understand the world, mediated through a critical arts lens, so too have those from a perspective of care. In a challenge to empirically derived knowledge in nursing, Barbara A. Carper proposed four “fundamental ways of knowing”.⁶⁸ Alongside empirical, personal and ethical knowledge, she placed aesthetic awareness of the here and now as central to health care.

60 Pawson R. *In Search of a Method*. ESRC UK Centre for Evidence Based Policy and Practice: Working Paper 3. Evidence Based Policy, 2001. <https://www.kcl.ac.uk/sspp/departments/politiceconomy/research/cep/pubs/papers/assets/wp3.pdf>

61 Cartwright N. *Are RCTs the gold standard?* In: Cartwright, Nancy, (ed.) *Causal Powers: What Are They? Why Do We Need Them What Can Be Done With Them and What Cannot?* Contingency and Dissent in Science. Centre for Philosophy of Natural and Social Science, London School of Economic and Political Science, London, 2007.

62 Pawson R. *Parody and the science of evaluation*, 2013. <http://www.alliance4usefulevidence.org/parody-and-the-science-of-evaluation/>

63 Op. cit. Clift.

64 The author in conversation with James Thompson. 22nd September 2020.

65 Camlin D responding to an online posting by Clift S, *A failure of scholarship in the field of arts and health*. Arts Professional, 2020. <https://www.artspromotional.co.uk/comment/691#comment-691>

66 Berger J, *A Fortunate Man*. Allen Lane, The Penguin Press, 1967.

67 Hanlon P, Carlisle S. *Learning our way into the future public health: A proposition*. Journal of Public Health 33(3):335-42. 2011.

68 Carper B.A. *Fundamental Patterns of Knowing in Nursing*. Advances in Nursing Science: Volume 1 - Issue 1 - p 13-24. 1978



Today, those explorations of “relational and care aesthetics” are being interrogated in theory and practice by James Thompson, whose research demonstrates that “the relations that emerge in many arts projects can be understood as forms of affective solidarity and mutual regard that, in turn, could be powerful counterweights to the exclusions and disregard in a *careless* society”.⁶⁹ Perhaps by way of response to the ingenuity gap, Thompson proposes our consideration of careful art and artful care; in a time of pandemic, this bridging between the arts, aesthetics and care, has never felt so relevant. One participant in the 2019 Arts, Health and Social Change survey undertaken by Clare Devaney, reminds us again of people’s feelings in all this.

“Emotions and feelings are at the heart of what we do. Yes, you can ask if someone is managing their money, or their connection to their family or whatever, but surely we must ask whether the project they have participated in has changed how they *feel*. It is not objective but is the most ‘real’ thing we can capture, through the artwork and their testimony about it”.⁷⁰

ABOVE
CREATIVE CARE KITS
 Volunteer assembling Creative Care Kits.
 Photo by Richard Tymon.

69 Thompson J. *Towards an Aesthetics of Care*. In: *Research in Drama Education*. Vol. 20, No. 4. p 430-441. 2015.

70 Manchester Institute for Arts, Health and Social Change, survey comment (2019). Unpublished.

ALL OUR MENTAL HEALTH

It can reasonably be argued that the relationship between creativity and health is centred on the mind – our mental health and our wellbeing; the evidence stacks up. If you have a diagnosis of dementia, have had a stroke, heart attack or are affected by a myriad physical illnesses, or are facing life-limiting or terminal illness, participation and enjoyment of the arts has been evidenced to impact on the way one *thinks and feels*.

“The mind is the gateway through which the social determinants impact upon health...”⁷¹

PROFESSOR SIR MICHAEL MARMOT

This isn’t to say that physical impacts and measurable outcomes around blood pressure, the slips and trips of older people and other quantifiable environmental and physical data aren’t important, but, as night follows day, the way we feel and the way we might make changes in our lives are centred on our psychological terrain, our interior *and* social lives. As this narrative will reveal, human creativity embraces all the senses, and just as dancing for Parkinson’s disease or singing for dementia projects might be described as full-bodied engagements, work that is focused primarily on mental health is similarly concerned with the whole body – the senses, the person and, perhaps also, the community.

This narrative is less focused on illness and disease and primarily shines a light on the possibilities that culture and the arts offer “upstream” at whatever age. It is useful, too, to bear in mind that Article 27 of the Universal Declaration of Human Rights explicitly sets out that: “Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts...” Moreover, Article 27 goes on say that “this includes the right of individuals and communities to know, understand, visit, make use of, maintain, exchange and develop cultural heritage and cultural expressions, as well as to benefit from the cultural heritage and cultural expressions of others”.⁷²

As the mortality rate from the pandemic has grown, so has the seemingly less-pressing issue of our mental health. Covid-19 has induced appalling trauma, created high levels of stress and anxiety and, through the necessity of social distancing, has contributed to accelerated levels of isolation and loneliness.

In his introduction to *A Recoverist Manifesto* (2014), writer Will Self reminds us of the importance of human connectivity and that “in the last analysis what matters is not our circumstances or our experiences – let alone our thoughts – but our feelings: we need to feel and be felt by other feeling people”.⁷³

71 Op. cit. *Creative Health*

72 *Universal Declaration of Human Rights*. United Nations General Assembly, Paris, 1948

73 Self W, *A Recoverist Manifesto*, 2014. <https://www.artsforhealth.org/resources/RecoveristManifestoVersion1.pdf>

The pandemic has presented us with a toxic mix, but this unfolding future health crisis can be averted in ways that embrace new thinking, new action and new understandings of impact, value and connectedness. We can learn from the evidence and proactively embrace innate human creativity, in all its forms, to stem the seemingly inevitable mental health crisis, offering the opportunity for free speech and healing.

In December 2020, the Office for National Statistics (ONS) reported that the number of adults with depression in Britain had doubled⁷⁴ during the pandemic. There have been multiple assessments of the impacts of Covid-19 on mental health, with a *Guardian* investigation revealing that more than six million people in England were receiving antidepressants in the three months to September – the highest figure on record.⁷⁵ Yet, at the same time, there were 235,000 fewer referrals for talking therapies in England between March and August than during the same period the year before. In their investigation, Pamela Duncan and Sarah Marsh suggest that “the figures point to an unmet need at a time of heightened mental health strain caused by Covid-induced isolation, lockdown, illness, bereavement and concerns over financial security and job losses”.⁷⁶

The impact of isolation is echoed in a study of 4436 adults in the UK carried out in November 2020 by the Mental Health Foundation, which reveals that the extent of reported loneliness rose from 10 per cent in March to 25 per cent in November.⁷⁷ These are worrying trends, but, in the context of a younger generation more able to discuss mental and emotional issues, it might mean that conversations around long-stigmatised issues of distress become more normalised in a post-Covid world.

In this section of the narrative, I want to focus less on slippery definitions of what constitutes wellbeing and focus on what might promote good mental health, prevent mental ill health and protect against the more severe impacts of mental health crises. Without labouring the differences between our understanding of *mental health* and *wellbeing*, and without repeating much-quoted WHO definitions, this narrative understands *mental ill health* as being evidenced by changes in thinking – behaviourally and emotionally, often described as “disordered” – and *wellbeing* as characterising the more positive aspects of mental health. There is, of course, much subjectivity in diagnosis and lived experience.

Good mental health isn’t just about feeling strong and happy all the time – this is an impossible aspiration, wrapped up in what has been pithily described as the Wellness Syndrome.⁷⁸ It is, perhaps, more strongly associated with how we cope with life’s difficulties and make changes.

74 Office for National Statistics. *Coronavirus and the social impacts on Great Britain: 11 December 2020*. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/11december2020#characteristics-of-adults-experiencing-some-form-of-depression-or-anxiety>

75 Duncan P and Butler P. *Depression in British adults’ doubles during coronavirus crisis*. *Guardian* depression. 18 August 2020. <https://www.theguardian.com/society/2020/aug/18/depression-in-british-adults-doubles-during-coronavirus-crisis>

76 Duncan P and Marsh S. *Antidepressant use in England soars as pandemic cuts counselling access*. *Guardian* investigation. Fri 1 Jan 2021. <https://www.theguardian.com/society/2021/jan/01/covid-antidepressant-use-at-all-time-high-as-access-to-counselling-in-england-plunges>

77 Mental Health Foundation. *Nine-Month Study Reveals Pandemic’s Worsening Emotional Impacts on UK Adults*. 17 December 2020. <https://www.mentalhealth.org.uk/news/nine-month-study-reveals-pandemics-worsening-emotional-impacts-uk-adults>

78 Cederstron C & Spicer A. *The Wellness Syndrome*. Polity Press. 2015.

“The figures point to an unmet need at a time of heightened mental health strain caused by Covid-induced isolation, lockdown, illness, bereavement and concerns over financial security and job losses.”

Read the (IN)SANE case study [here](#) or p.78 of *Parallel Narratives*.

Importantly, people who are diagnosed with a mental illness can have good mental health, and, conversely, people without any diagnosis can have poor mental health. This complexity is something that we’ll return to in *The Heart of the Matter*, but a participant of the GM survey spelt out clearly that wellbeing is about “feeling good about yourself, your place in the world and your relationship to others. I have a chronic condition which requires constant monitoring and sometimes results in me being hospitalised, but on any wellbeing survey I would score myself in the top percentile as I am happy, employed, busy, productive and able to make a positive contribution to my family and to the lives of those I work with”.⁷⁹

More recently, the *Greater Manchester Big Mental Wellbeing Conversation* conducted over 2020 took on board the thoughts of more than 4,000 people about mental wellbeing, and it provides us with a timely and useful understanding of local perceptions and needs. While 97% of Greater Manchester citizens surveyed think that mental wellbeing is important or very important, of those people surveyed, “too many people are not very happy, do not find life satisfying and worthwhile, and have fairly high levels of anxiety”. The report suggests that people “feel that learning and embracing new experiences are important and willingly give support to others, yet they do not feel connected to their communities,” and, at the same time, people believe that “behaving in a more supportive ‘community’ way would meet most people’s needs (63%) for a place of positive wellbeing.” Highlighting that people have “non-medical strategies” for staying well on a day-to-day basis, particularly activities that span physical exercise and more cerebral activity including “reading, listening to music, doing something creative or other hobbies”, the report emphasises that improving mental wellbeing “is as much about shaping places as it is about engaging people”.⁸⁰

A broad range of creative projects focused on mental health and wellbeing have emerged since the pandemic began, and there are useful online resources which share some of this work. They include creative responses to messaging around the virus (UNESCO), tackling isolation and loneliness and work targeting the most vulnerable older people.⁸¹ Much new work and funding has come down through the arts councils of England, Scotland and Wales. With our focus on GM, *A Social Glue* will concentrate on some key areas of development around the arts, mental health and wellbeing across the city region, in particular the emergence of social prescribing, the iTHRIVE programme⁸² and the unique approach being taken to become an age-friendly city region. With the increased profile of culture and creativity in the media during the pandemic, the time is right to embrace this agenda.

79 GM Survey undertaken around attitudes to culture, health and wellbeing in 2019 prior to this report by Dr Clare Devany. Unpublished.

80 *Greater Manchester Big Mental Wellbeing Conversation: Report of Findings*. 2021. All paragraph citations are taken from this report. <https://hub.gmhsc.org.uk/mental-health/whats-new/responses-to-the-survey-are-now-available/>

81 UNESCO. COVID-19 Response. *Protecting the diversity of cultural expressions is more important than ever*. 2020. <https://en.unesco.org/creativity/covid-19>

82 iTHRIVE. The National i-THRIVE Programme is working with over 70 areas in England to improve services for children and young people’s mental health using the THRIVE Framework for system change. <http://implementingthrive.org/>

RACHEL BYWATER
FOR BRIGHTER SOUND

Read the Brighter Sound case study [here](#) or p.78 of Parallel Narratives.



FREE SOCIAL CURES?

On the 6th November 2018, Secretary of State for Health and Social Care, Matt Hancock, delivered a barnstorming speech at the King's Fund in London about the benefits of social prescribing. The speech was called "The power of the arts and social activities to improve the nation's health",⁸³ and it set out in rousing terms the government's commitment to what we now know as the components of social prescribing, where physical activity, access to nature, sports and the arts might be prescribed as adjuncts to traditional treatments for health conditions. In this, mental health issues were writ large. While this pre-Covid period seems a long time ago, since this speech Hancock's government has pursued social prescribing with vigour.

The speech won plaudits from many in the cultural sector and those from health and social care who know from harsh experience that poets, musicians and artists can all bring life and light into sometimes difficult circumstances. But there were troubling ideas in the speech too, particularly its over-egging of the potential of the arts, offering them up as cure-alls. Specifically, Hancock suggested "frankly" that social prescribing "saves the NHS money because many of these social cures are cheaper or free".⁸⁴

This is problematic in two specific ways. Firstly, it's reductive political shorthand for creativity, culture and the arts as curative. But perhaps the more significant fault is the explicit suggestion that the arts are cheap or, at best, free. Clearly the NHS will need to transform and make savings under the looming shadow of an impending second wave of austerity, but establishing new thinking based on economic efficiencies alone begs the questions: How does the government value the cultural sector? How might attitudes and assumptions about the NHS evolve?

"People find themselves applauding a national health service that their own government criminally underfunded and neglected these past ten years. People thank God for 'essential' workers they once considered lowly, who not so long ago they despised for wanting fifteen bucks an hour".⁸⁵

ZADIE SMITH

But we are getting ahead of ourselves here, and we will return to attitudes and free social cures shortly. What about the social prescribing agenda to which Hancock was alluding? Social prescribing is, at its heart, a positive development as a non-invasive approach to a range of mental health issues. If, as Hancock suggests, this means a reduction in prescribed and addictive medication and new communal activities rolled out across the country, this change in thinking and doing could have broad implications and positive outcomes for many people.

"Engaging in culture, "creativity and the arts significantly improves health and healthcare by engaging people in challenging activities and giving them the opportunity to be creative and experimental".

Read the Arc case study [here](#) of p.62 of Parallel Narratives.

"People find themselves applauding a national health service that their own government criminally underfunded and neglected these past ten years. People thank God for 'essential' workers they once considered lowly, who not so long ago they despised for wanting fifteen bucks an hour".

ZADIE SMITH

⁸³ Hancock M. Keynote address at; *Social prescribing: coming of age*, on Tuesday 20 November 2018 at the King's Fund. <https://www.kingsfund.org.uk/audio-video/matt-hancock-keynote-address>

⁸⁴ Ibid, online.

⁸⁵ Smith Z. *Intimations. Six Essays*. Penguin Books. 2020.

Here, it's useful to pinpoint some key moments in the development of the ideas behind social prescribing or, in an attempt to slightly de-medicalise the terminology, "Arts on Referral" as others have described it. The first acknowledged arts-on-prescription activity in the UK was instigated in Stockport in 1994. It offered a range of creative activities, through workshops, to people experiencing mild-to-moderate depression and anxiety, with the specific aim of increasing levels of mental wellbeing. Scrutinised by Peter Huxley in 1997, these creative interventions seemed to have a positive effect on mental health in ways that related to self-expression and self-esteem, opening up widespread new opportunities for social contact and participation.⁸⁶ Further research suggested that these activities provided purpose, meaning and improved quality of life.⁸⁷

A similar approach was embraced in 1997 by the exemplary Bromley by Bow Healthy Living Centre, which employed a holistic approach, situating non-clinical social projects alongside primary care in the same venue. It continues as a thriving project in the heart of London's Tower Hamlets, utilising the General Health Questionnaire-28 to understand its impact on the mental health and wellbeing of participants. That analysis reveals "moderate impact on self-esteem and social functioning with statistically significant involvement in participatory activities and evidence of reduced use of GPs, social workers and other services".⁸⁸

These findings are echoed in the evidence of the HM Treasury-funded "Invest to Save Arts in Health Research Project" (2008) which unpicked some of the mechanisms underpinning six arts and health projects across the North West. Three were in Greater Manchester – BlueSCI in Trafford, arthur+martha in Stockport and START in Salford – all of which produced collective data that is relevant to social prescribing. Of the 104 full sets of pre – and post – data that were collected, four questionnaires were used. One of these, Ryff's Scale of Psychological Wellbeing, is pertinent to unpacking our understanding of wellbeing in the context of the arts and social prescribing, breaking it down into participants' sense of personal autonomy, environmental mastery, personal growth, positive relationships, purpose in life and self-acceptance.

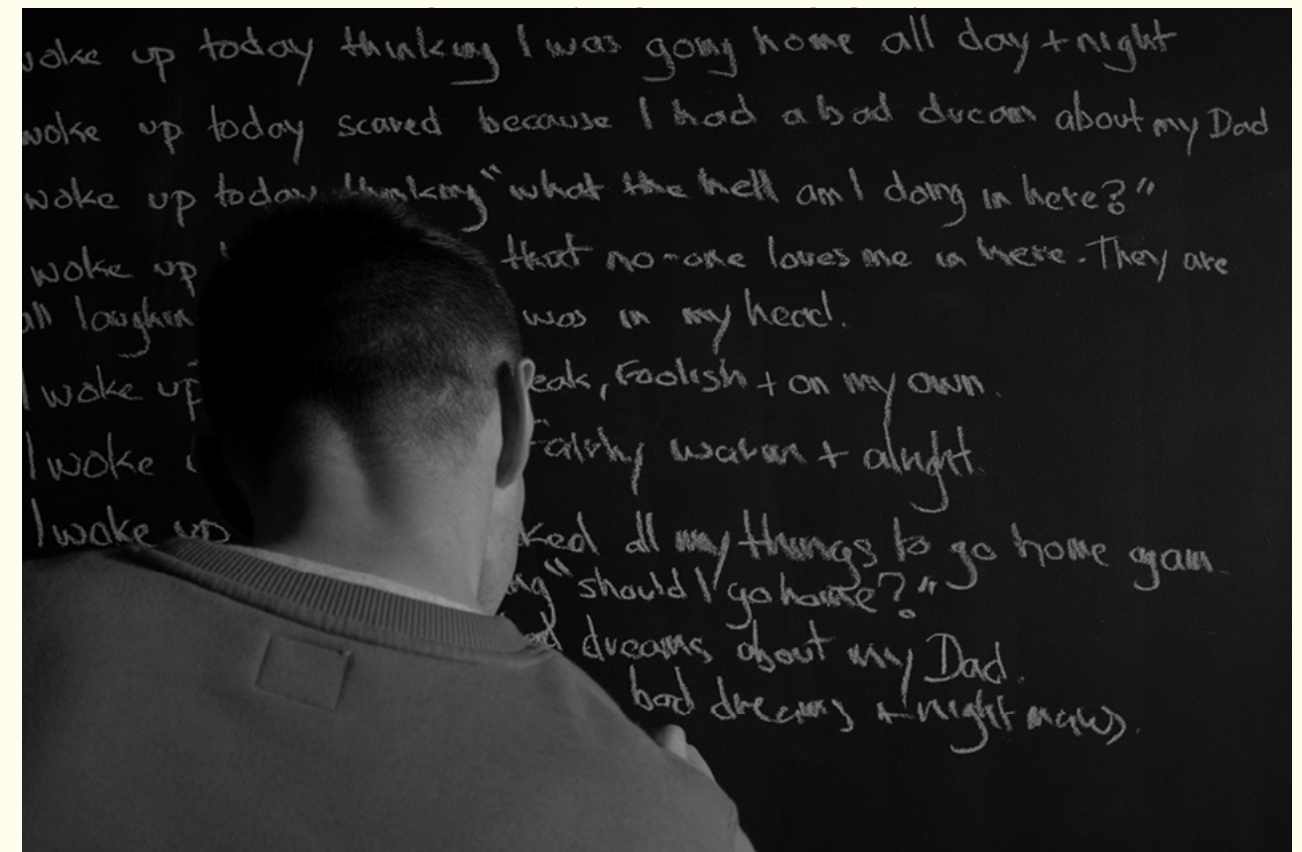
Of those six components of wellbeing, all saw an increase between pre – and post – project scores, and the first four saw significant levels of correlation. The summary of the research expands on this:

"Engaging in culture, creativity and the arts significantly improves health and healthcare by engaging people in challenging activities and giving them the opportunity to be creative and experimental. This in turn gives people the confidence and capacity to see and do things differently. This leads to raised expectations, and a greater inspiration and motivation for learning and personal growth, which were felt to be central to promoting feelings of healthcare. It was acknowledged that wellbeing is not always about feeling good and in fact many processes of change involved experiences of great personal challenge and difficulty.

RIGHT
MELANIE MANCHOT

Melanie Manchot, *Twelve* (detail), 2015, multi channel video installation, size variable. A PORE commission. Courtesy Paraffin and the artist.

Read the Portraits of Recovery case study [here](#) or p. 80 of *Parallel Narratives*.



In gaining the capacity to rise to those challenges, by learning and developing personally, and gaining more control and mastery of their environments, people experienced a resultant "Eudaimonic" form of healthcare (Eudaimonic healthcare encompasses ideas of self-development, personal growth and purposeful engagement and has an impact on both mental and physiological health (Ryff et al 2004)).⁸⁹

Ideas about being challenged, being experimental, taking risks – ideas that encompass the concept that wellbeing doesn't just mean "feeling good" – are something that we'll return to.

START launched its "Inspiring Minds" arts-on-prescription scheme in 2006, commissioned by Salford's Primary Care Trust and moved over to the Salford Clinical Commissioning Group (CCG) (which continues to commission START).

In 2018, START began a campaign called "Reach Out: Start to End Suicide", which "promoted, through engagement with the people of Salford, reaching out to friends, family members and colleagues that may be at risk of suicide".⁹⁰ Discussing suicide is always difficult, but it is crucial to any narrative that explores mental health issues. At the present time, while the pandemic is reportedly having a negative effect on mental health, statistics around suicide both nationally and in GM are still emerging, but, in her blog for Manchester University, *Suicide prevention during a pandemic* (2020), Nicola Richards of the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) stresses that "It's important to acknowledge that the pandemic and associated social distancing measures are also likely to exacerbate known suicide risk factors and disproportionately affect those most vulnerable to suicide".⁹¹

86 Huxley P. *Arts on prescription: an evaluation*. 1997

87 Callard F and Friedli L. *Imagine East Greenwich: evaluating the impact of the arts on health and wellbeing*. Journal of Public Mental Health 4.4 29-41. 2005.

88 Thomson L.J., Camic P.M. & Chatterjee H.J. *Social Prescribing: A review of community referral schemes*. London: University College London. 2015. https://artsandminds.org.uk/wp-content/uploads/2015/10/Social_Prescribing_Review_2015.pdf

89 Kilroy, A et al., *Invest to Save: Arts in Health Evaluation Exploring the Impact of Creativity, Culture and the Arts on Health and Well-being*. Arts for Health at Manchester Metropolitan University, 2008. <http://www.miriad.mmu.ac.uk/investtosave/reports/Summary%20Report%20ISP%20Text.pdf>

90 *Reach Out: Start to End Suicide*. <https://www.startinspiringminds.org.uk/our-projects/reach-out/>

91 Richards N. *Suicide prevention during a pandemic*. The National Confidential Inquiry into Suicide and Safety in Mental Health. Manchester University, 2020. <https://www.manchester.ac.uk/coronavirus-response/bmh-coronavirus-projects/suicide-prevention-during-covid-19/>

Any *upstream* approach to mental health and wellbeing which has an eye on addressing the pressing issues around suicide clearly needs to be embedded with a whole-system approach, and it needs to embrace key local government departments and strategy. But it is perhaps the public, the neighbourhoods and communities that make up GM, that should be influencing this cultural shift in how health and wellbeing are understood, planned and delivered.

In its mapping of *Social Prescribing in Greater Manchester* (2019), the University of Salford's Sustainable Housing and Urban Studies Unit (SHUSU) acknowledged a significant omission, stating that "the views of service-users and patients [have] not been captured through this exercise – representing a major gap in our local knowledge".⁹² SHUSU received a total of 94 survey responses from 78 unique organisations, and findings reflected the research and evaluation taking place at the national level, revealing that "a number of organisations identified themselves as both referring to and providing social prescription".⁹³ The researchers found no standardised model, service or approach, but they did point to a characteristic of successful projects: "The variety of models and definitions reflect their organic development adapted to local assets and challenges. This was their strength, and one that work to formalise the sector should support and build on as flexibility and adaptability of provision proved central to improved outcomes".⁹⁴ This echoes recommendation six in *Creative Health* (2017), which explicitly states:

"We recommend that NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate".⁹⁵

The NHS England North West Social Prescribing Network is one of eight regional networks supported by NHS England and the NHS Futures Platform, and GMHSCP announced progress to March 2020 including:

- 8,000 people received social prescriptions arranged by GPs, social workers and other healthcare staff last year (2018/19);
- So far this year (covering April to December 2019), this figure has soared to over 20,000 social prescriptions;
- Greater Manchester has already exceeded the 13,000 social prescriptions target set by NHS England for this year (2019/20);
- 8 out of 10 GP practices now issue social prescriptions;
- Approximately 16,000 voluntary community groups and organisations offer a diverse range of activities, with everything from walking groups to IT classes, knit-and-natter groups and cookery courses;
- As of February 2020, every borough in GM has a social prescribing scheme in operation.

92 Gibbons A. et al., *Social Prescribing in Greater Manchester*, 2019. <http://usir.salford.ac.uk/id/eprint/52968/1/SocialPrescribingGMFullReport2019.pdf>

93 Ibid, online.

94 Ibid, online.

95 Op.cit. *Creative Health*.

GM is believed to be the largest city region in the country to make social prescribing available to so many people, across its territory.⁹⁶

In the same online briefing, Giles Wilmore, lead for people and communities in the GMHSCP, commented:

"We know social prescribing has already made a difference to so many people whether it's tackling loneliness and isolation, managing depression and anxiety or getting back to work – we've heard amazing stories from right across the region. Now we need to go further and faster so that as many people as possible can benefit from this approach. We want social prescribing to become as commonplace, and just as easy, as booking a blood test or a hospital outpatient appointment".⁹⁷

"We know Social Prescribing has already made a difference to so many people whether it's tackling loneliness and isolation, managing depression and anxiety or getting back to work".

This is a refreshing perspective and one arrived at through personal and collective leadership with a strong focus on place. In October 2019, the Secretary of State for Health and Social Care launched the National Academy for Social Prescribing (NASP) with an aspiration to create "partnerships, across the arts, health, sports, leisure, and the natural environment, alongside other aspects of our lives, to promote health and wellbeing at a national and local level".⁹⁸ This was accompanied by a commitment by NHS England to ensure universal access to social prescribing through primary care by 2023 and the provision of one trained social prescribing link worker for every Primary Care Network (PCN) in England (rising to at least three per PCN by 2023). "We will champion social prescribing and the work of local communities in connecting people for wellbeing".⁹⁹ £5m has been made available by The Department for Health and Social Care to NASP in order to establish an infrastructure for its work. £1.4m has been set aside for a new Thriving Communities Fund,¹⁰⁰ managed by ACE and available to help local community groups and organisations reach new audiences and geographical areas. It remains to be seen how the role of this London-based organisation will unfold to support work that depends on regional and local communities and neighbourhoods.

The Anna Freud Centre reviewed the evidence base on social prescribing as a way to improve the mental health of children and young people. This exercise found that none of the previous 1,307 studies demonstrated sufficient clinical and academic rigour.¹⁰¹ Consequently, the charity Street Games¹⁰² has been commissioned by NHS England and NHS Improvement to head up a working group to produce new national guidance for social prescribing targeted at children and young people. Street Games is also undertaking a national, four-site programme mostly based on physical activity.

96 Greater Manchester Health and Social Care Partnership. *More people than ever before benefitting from social prescribing as Greater Manchester leads the way*. Web posting, March 2020. <https://www.gmhsc.org.uk/news/social-prescribing-day/>

97 Ibid, online.

98 National Academy for Social Prescribing (NASP) website. <https://socialprescribingacademy.org.uk/>

99 Unfortunately, no transcript was made of this speech at the Southbank Centre on the 23rd October 2019, and extracts are taken from the National Academy for Social Prescribing website (above).

100 Thriving Communities Fund. Arts Council England. <https://www.artscouncil.org.uk/thriving-communities-fund#section-1>

101 Hayes D et al., *Social prescribing in children and young people: A Review of the Evidence*. Anna Freud Centre, 2020. https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/review_social_prescribing_in_children_and_young_people_final_0.pdf

102 Street Games. <https://www.streetgames.org/>

What is certain is that the voluntary sector, in all its guises, will have a key role to play in this work, as will the citizens who take up these new opportunities and those who might refer to them. This will also need significant financial support alongside training and consistent, but flexible, approaches to evaluation. Under the banner of “Beyond Social Prescribing”, Sophie Glinka and Giles Whitmore have developed an approach to green social prescribing, based in neighbourhoods, and their ideas around testing and learning are focused on areas of greatest need with clear themes around mental health and physical activity. The “green and blue” model they are exploring provides a framework for culture, heritage and the arts, potentially creating a more connected network of activity and resources, cross-fertilising ideas and enabling a sustainable model through deeper understanding of how people living in neighbourhoods make sense of this activity on the ground.

The best scenario one can imagine is one in which the tools to produce these health-enabling opportunities are in the hands of the communities themselves, informed by slower conversations in constructive dialogue with those employed in the sector, from link workers to artists. In this way, participants could use appropriate resources and subvert the government narrative, moving towards a proud sense of place evolved through true co-production in the communities themselves. Through its local governance, cultural and heritage sectors, GM has the power to convene, but the real challenge is to convene the right people. Added to the mix, the huge number of skilled participatory artists in the city region provides a human resource which – if galvanised, supported and offered specific training and remuneration that reflects experience – points to a compelling reality that is within reach.

The city region offers a perfect testbed for new ways of delivering the social prescribing agenda that flexes to the subtle divergences of neighbourhoods, communities and human and physical resources. The Inequalities Commission’s call to improve systemic opportunities for skills and lifelong learning for adults, in and outside the workplace, is an opportunity to demonstrate how social prescribing and the cultural sector can work hand in hand to meet the needs of some of the most disadvantaged areas.

Across the UK, including in GM, an increasing number of museums and galleries are transforming their access programmes to explore the wider social, health and wellbeing benefits that their collections might offer. A rich and developing evidence base reveals that engaging in museums provides:

“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; and increased communication between families, carers and health professionals”.¹⁰³

This is critical, because one size doesn’t fit all and a blanket social prescribing programme rolled out by government mandate in the name of free social cures would only meet resistances. More than this as we are revealing, culture and the arts might offer key ways to tackle inequalities that underpin poor health outcomes.

¹⁰³ Chatterjee H. *Museums on Prescription: Exploring the role and value of cultural heritage in social prescribing*. University College London, 2017. From the UK Research and Innovation website. <https://gtr.ukri.org/projects?ref=AH%2FL012987%2F1>

“Many appointments at GP surgeries are down to issues around wider social determinants of health. Social Prescribing is therefore a key pillar of the Live Well approach set out in our health plan to address health inequalities in adulthood. It has the potential to reduce the clinical prescribing bill for the NHS by shifting our focus from a particular illness to the whole person, encompassing issues that we know impact on people’s health, like housing and someone’s employment situation”.⁹⁶

ANDY BURNHAM
MAYOR OF MANCHESTER

FROM STRUGGLING TO THRIVING

The Good Childhood Report 2020,¹⁰⁵ which focused on wellbeing in children between the ages of 10 and 15 years across the UK, emphasised that children in the UK, especially girls, are among the most unhappy and least satisfied in Europe. The UK ranked lowest of 24 European countries in its proportion of children aged 15 years with high life satisfaction, lowest in its proportion with a positive sense of purpose in life and second highest in its proportion with high sadness levels. More bleakly perhaps, it reported that an estimated 132,000 children aged 10-15 in this country have no close friends.

The Independent Inequalities Commission has called for an education challenge “to give every child an equal start in life by levelling up schools in deprived areas, supporting young people’s transition at 16 and improving access to activities that build social skills, confidence and resilience”.¹⁰⁶ As we’ve seen, the social prescribing agenda offers some possibilities that could evolve into work with children and young people, but already GM is developing creative and cultural activity with its youngest people, discussed below.

As we’ll see, the opportunities to set wellbeing goals for children and young people might best be done through creative co-design with children and young people and their communities.

The Thrive Framework¹⁰⁷ is a solution-focussed national framework for Child and Adolescent Mental Health Services (CAMHS) intended to achieve a national transformation of children’s mental health services. Thrive is looking to develop a common language, not solely defined by health, and it responds to the needs and strengths of young people, their families and communities. GM i-THRIVE is implementing this systems change in GM, and it is the only team nationally to include an Arts, Culture and Mental Health Programme in its approach. This signals a drive to do things not only differently but in ways that work systemically with the arts and culture in all their forms across the city region. Working with leaders, academics, neighbourhoods and communities of practice, the team is aiming to increase understanding and use of the growing body of evidence surrounding creativity and mental health and wellbeing. In the process, it is supporting the wider i-THRIVE team’s scope to improve access, broaden the clinical offer, increase patient choice and safety and support quality.

The Arts, Culture and Mental Health Programme includes four broad aims to map current provision; innovate and link; co-develop an evaluation kit; and share knowledge and practice. In each of these areas, the team has made significant headway, having undertaken a workforce-wide survey to understand current attitudes and practice and to establish the resources available, in readiness for change.

¹⁰⁵ The Children’s Society, *The Good Childhood Report 2020*, 2020. <https://www.childrensociety.org.uk/good-childhood>

¹⁰⁶ Op. cit. *The Next Level: Good Lives for All in Greater Manchester*, 2021. (11)

¹⁰⁷ Wolpert et al., 2019. *Thrive Framework for system change*. <http://implementingthrive.org/about-us/the-thrive-framework/>



ABOVE
THE FUTURE IS OURS

The Horsfall. Photo by Audrey Albert.

Read the 42nd Street case study [here](#) or p.76 of *Parallel Narratives*.

A number of mental health services have been funded to co-deliver projects in their areas, in partnerships between CAMHS and cultural organisations. A 12-month partnership between people from arts, health and academic backgrounds has resulted in a co-developed evaluation toolkit. This ambassador programme has been devised so that commissioners can be supported better to understand and make use of the complex evidence around such options. Added to the successes of sharing evidence, bespoke resources are being disseminated widely and training for creative practitioners is being rolled out in partnership with young people’s mental health charity 42nd Street.¹⁰⁸

Available evidence indicates that these interventions provide empowering, safe and cost-effective approaches towards sustainable change in a young person’s recovery. Dr Kat Taylor, who leads the Arts, Culture and Mental Health Programme, hopes to demonstrate that arts-led options are both effective and necessary. We’ll focus a little more on existing evidence in the next section of *A Social Glue*. What is clear for now is that, across GM, there’s commitment to innovating in the pressing area of children and young people’s mental health. Both i-THRIVE and Beyond Social Prescribing offer the potential for systemic step-changes in the way young people’s and adult mental health is nurtured.

¹⁰⁸ 42nd Street has 40 years’ experience of providing free and confidential services to young people in GM who are experiencing difficulties with their mental health and emotional wellbeing. <https://www.42ndstreet.org.uk>

CREATIVE AGEING

While investment in children and young people's mental health is a pressing concern, the ONS¹⁰⁹ noted before the pandemic that there were more people of pensionable age than people under 16 in the UK and that the proportion of the population aged 85 and over was projected to double over the next 25 years. The Arts and Humanities Research Council (emphasises the role that the arts and humanities can play in addressing these rapid changes, helping us to age well and promote wellbeing as we age. The AHRC highlights not only the value of the arts to wellbeing but also the design challenges people face as they age and the importance of social connections and participation. These are areas in which, across GM, significant developments have been made.

In his introduction to the Greater Manchester Age Friendly Strategy (2018), Andy Burnham suggests that “twenty years from now 1.1 million people in Greater Manchester will be over 50 – that’s 37% of our city-region population”. Moreover, he suggests, it is “vital that we change the narrative and celebrate the fact that more people are living longer and the opportunities that brings for us individually and as a society”.¹¹⁰ As a key theme in this strategy, culture sits alongside the economy – work and skills, age-friendly places, healthy ageing, housing and planning and transport – as part of an ecology of factors that are intrinsically linked.

In the same year as the strategy was published, GM was named the first UK age-friendly city region by the WHO,¹¹¹ and funding was secured from ACE and the HLF as part of the Great Place¹¹² scheme. For Great Place GM, GMCA worked with Ambition for Ageing¹¹³ and Manchester Museum to expand the Cultural Champions programme¹¹⁴ of older ambassadors in the community beyond Manchester and into four more boroughs.

Director of Manchester Museum, Esme Ward, succinctly described this challenge as rewriting “the story of old age [from a narrative of loss or deficit to one of aspiration and growth] in which older people as active citizens are shaping the kind of city in which they want to live”.¹¹⁵

The Cultural Champions model can play a significant role in not only drawing attention to the place of cultural and creative opportunities as a way of enriching people’s lives, but also be one way for older residents to instigate social change on their own terms.

With over 150 Cultural Champions advocating, leading and programming cultural activities for their peers and communities across the city region and with a new national Creative Ageing Development Agency (CADA) formed in 2020 (with funding from The Baring Foundation),¹¹⁶ GM is continuing to spearhead work in the field of creative ageing.

The Arts Council of Northern Ireland report *The State of Play Arts & Older People Programme* (2018) reiterates the findings of *Creative Health* (2017), pointing to the growing body of evidence which demonstrates both personal and societal benefits for older people participating in the arts. These include:

- Improved memory recall, alertness, concentration and emotional wellbeing, which can delay the onset of dementia and slow its progression (e.g. with music and singing);
- Increased range of physical movement, which can improve motor skills, flexibility and fitness levels (e.g. with dance and circus skills);
- Enhanced communication skills, which can improve relationships with family and service providers (e.g. with drama and poetry);
- Improved social interaction, which can lead to volunteering and joining new groups and help to reduce loneliness and isolation (e.g. with crafts);
- Stronger links to the community, which can enhance a sense of pride, purpose and belonging (e.g. with storytelling);
- Increased self-confidence, creativity and motivation, which can lead to positive changes in routine, even alleviating anxiety and diminishing the need for medication (e.g. with creative writing and visual arts).¹¹⁷

The Cultural Champions model can play a significant part in not only drawing attention to the role of cultural and creative opportunities in enriching people’s lives but also as a way for older residents to instigate social change on their own terms. A note of caution however; culture may offer ways for older people to amplify their rights and participation in society, but learned ageism continues to inform attitudes, so when the language of creative activity is couched as ‘preventative’ and going to the cinema becomes medicalised, there is a danger that this will contribute to more demeaning attitudes about what older people “need”.

Within the wider context of learned ageism, Assistant Director of GMCA's Ageing Hub, Paul McGarry, illuminates the fact that GM's approach “was always about social action and giving a voice to people”.¹¹⁸ Read the GM Culture Champions case study [here](#) or on p.70 of Parallel Narratives.

109 Office for National Statistics. *National Population Projections: 2016-based Statistical Bulletin*, 2017. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2016basedstatisticalbulletin

110 *Greater Manchester Age Friendly Strategy*, Greater Manchester Ageing Hub, Version 2, September 2018. https://www.greatermanchester-ca.gov.uk/media/1166/gm_ageing_strategy.pdf

111 *The Global Network for Age-friendly Cities and Communities*. World Health Organisation. 2018 <https://extranet.who.int/agefriendlyworld/network/greater-manchester/>

112 The *Great Place* scheme is a joint initiative between Arts Council England and Heritage Lottery Fund that aims to pilot new approaches to putting culture at the heart of communities and local policy-making, which has responded to the government’s 2016 Culture White Paper. <https://www.artscouncil.org.uk/funding-finder/great-place-scheme>

113 *Ambition for Ageing* (AfA) is a £10.2 million programme aimed at creating more age-friendly places in our city region and empowering people across Greater Manchester to live fulfilling lives as they age. <https://www.ambitionforageing.org.uk/>

114 *Cultural Champions*. An online posting by Emma Horridge which helps define Cultural Champions. (2020) <https://mmhellofuture.wordpress.com/2020/07/09/age-friendly-culture-a-powerful-resource/>

115 Ward E. *The Bigger Picture: Age Friendly Culture in the Age Friendly City*. In Watts, E, *A Handbook for Cultural Engagement with Older Men*. London: The Baring Foundation. 2015. https://issuu.com/stevedevine/docs/a_handbook_for_cultural_engagement_

116 *The Baring Foundation* is an independent foundation which protects and advances human rights and promotes inclusion. <https://baringfoundation.org.uk/>

117 Arts Council of Northern Ireland report. *The State of Play Arts & Older People Programme*. 2018 https://cdn.baringfoundation.org.uk/wp-content/uploads/AAOP_StateofPlay.pdf

118 The author in conversation with Paul McGarry. 15th September 2020

“Ageing is one thing we all have in common. It is in all our interests to ensure that this work continues to flourish”.

BARONESS JOAN BAKEWELL

McGarry wonders whether, in the histories of “radicalism” associated with GM the way we age will be seen as part of this positive heritage. A creative social prescribing programme with and for older people should exist alongside work to enable the conditions for older artists to thrive and celebrate their contribution to the creative life of the country.

Age is everyone’s business, however difficult to imagine that may be when one is young. Baroness Bakewell, in her introduction to *Older and Wiser? Creative Ageing in the UK 2010–19* (2019), puts it succinctly:

“Ageing is one thing we all have in common. It is in all our interests to ensure that this work continues to flourish”.¹¹⁹

BARONESS JOAN BAKEWELL

While there is a real danger of conflating ageing, illness and social care through medicalised models, social care continues to be a pressing issue and one that we need to address.

A major challenge that lies ahead for those working on the creative ageing agenda will be to make substantial inroads into social care settings. In England alone, there are around 18,000 care homes, and *Older and Wiser?* reports that:

“The social care system is widely recognised to be in crisis. Funding for social care has been depleted by a third since 2010; local authorities are driving down the fees they pay to providers, which are often unable to cope with the demands being placed on them; staff are unrecognised and unrewarded”.¹²⁰

Deploying both a social and medical approach to arts participation in care contexts since 2012, Manchester Camerata in the Community¹²¹ has made music with over 6,000 people living with dementia. Music in Mind for people living with dementia and their carers uses group-based musical improvisation to empower people with dementia to express themselves, which they describe as “a conversation without words”. While the pandemic has meant that access to care homes hasn’t been possible, the Camerata developed Music in Mind: Remote, a research-based, online training resource, delivered by a specialist music team. More details about this work and its evaluation can be found in the collection of Parallel Narratives.

Given the enormous stresses and pressures placed on care homes, their residents and workers since the pandemic began, the longer-term impacts are as yet unquantifiable. There is clearly a pressing need for change within the social care system, and it will require political vision, resources and the strident voices of those people most concerned. Perhaps it is through creative health approaches that these voices might flourish. An example of this is Made by Mortals people-powered music theatre, a case study of which can be found [here](#) or p.86 of Parallel Narratives.

119 Gordon-Nesbitt R. *Older and Wiser? Creative Ageing in the UK 2010-2019*. King’s College London. The Baring Foundation, 2019. https://cdn.baringfoundation.org.uk/wp-content/uploads/KCBaringReport_A4_2019_ForWeb.pdf

120 Ibid, online.

121 Manchester Camerata. <https://manchestercamerata.co.uk/community/>

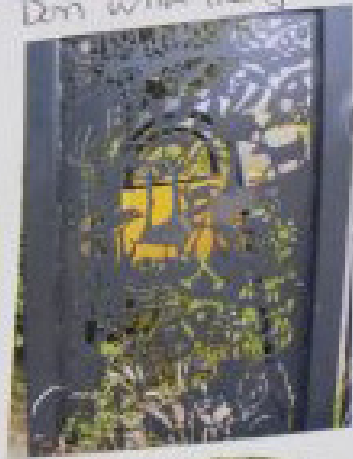
BOLTON AT HOME

Encountering the Unexpected - Bolton participants scrapbook - photo credit University of Leicester. Read the Bolton at Home case study [here](#) or p.84 of Parallel Narratives.

Back field - 1st visit



Entrance at the Arnsworth Lane side



Dem with the ramp over Back field



CREATIVE AGEING



Flea under the microscope
I found one
on my jeans
after years



SHAPE



Caterpillars



THE POWER OF COMMUNITY

CREATIVE CARE KITS

Similar to GM's collective response to the loneliness and anxiety caused by COVID lockdowns, this narrative brings together older and younger residents of the city region, while addressing wider issues of digital poverty and isolation. Concerned about those left isolated through lack of digital connectivity during the pandemic and aiming to ease the boredom, anxiety and day-to-day lockdown fatigue, GMCA convened a consortium to create and distribute "Creative Care Kits" for young and older people across GM. The project was a collaboration between a broad range of creative practitioners, cultural organisations, voluntary and community organisations, mental health providers, businesses and care providers.

In a case study of the Creative Care Kits written by Heritage Outsider, *A Culture of Caring Creatively* (2021),¹²² we are told of some of the context around this seemingly spontaneous but meticulously planned intervention. The pandemic affected some of GM's most vulnerable residents. Among those worst hit were the area's young people – particularly those experiencing economic deprivation or mental health difficulties, being a young carer, a care leaver, being disabled or being a "hidden" young person (not in education, employment or training). Also badly affected were the area's older people, especially those with caring duties, mobility issues, health difficulties and those already experiencing loneliness. The two groups were united by having little or no internet access.

The Creative Care Kits were designed to provide a physical pack with activities designed to stimulate creativity and mental health. 22,000 young people received Creative Care Kits (there were two editions of the kit for young people), while 16,000 of GM's most vulnerable older people also received them. Organising the development, design, production, assembly, distribution and feedback for the kits was a massive task made possible by 300 people donating their time, and the results are a testament to the power of partnership working. Volunteers talked about the various reasons why they got involved, which ranged from being part of a group effort to a desire to help others and their community. One volunteer emphasised the effect that being part of this work had on them and their sense of collective action:

"Improving mental health addressed feelings I was experiencing of powerlessness, and I felt as though I was part of a large project. It was great to know it was so worthwhile for the young people who would receive the packs".¹²³

In a survey of organisations that distributed the kits in person to young people, respondents described a myriad outcomes including: young people feeling valued, remembered, and included; enhanced coping; expanding their interests (beyond screen time); preventing boredom; giving them a distraction; making them more aware of support available; and providing a sense of control and ownership during a challenging time.

¹²² Heritage Outsider, *A Culture of Caring Creatively* (2021)

¹²³ Ibid, online.

"If Covid-19 and Black Lives Matter have shone a light on inequalities within Greater Manchester, they have also, like past crises, revealed its greatest strength. The city region has a collective spirit of looking after one another, and a proud tradition of radicalism, co-operation and standing up against injustice. Greater Manchester can build on this spirit of co-operation to recover and rebuild for a fairer future".

THE GREATER MANCHESTER INDEPENDENT
INEQUALITIES COMMISSION, *THE NEXT LEVEL: GOOD
LIVES FOR ALL IN GREATER MANCHESTER* (2021)



A SENSE OF WELLBEING

“To me, arts and health encompasses everything from listening to grime to building model railways, from writing poetry to yarn bombing and cake decorating. It is both the act of creating and the appreciation of creating. It is the craft of the everyday hobbyist who looks forward to getting home from her stressful job so that she can varnish her model of a Harley-Davidson made out of matches. Or the asylum seeker who fills her days making a two-metre origami model of a swan from the ripped-up letters sent to her from the Borders Agency and the Home Office”.¹²⁴

The concept of “wellbeing” has rapidly become dominant in the lexicon of social strategy and policymaking, though its prominence in the public consciousness has been accompanied by a nebulous understanding as to what it entails. The unstoppable rise of wellbeing has been bolstered by several governments declaring their commitment to a “wellbeing economy”, with New Zealand, Scotland and, most recently, Iceland leading the charge. All three governments have committed to prioritising wellbeing outcomes in assessing their economic performance and to assigning equal, or, in Iceland’s case, greater, value to wellbeing than to GDP. This new wave of thinking – and renewed focus on defining and working toward wellbeing indicators – creates a significant opportunity for those economies already prioritising culture and health and working to embrace indicators of social change within their economic performance measures.

In the case of New Zealand, the Mental Health Foundation and Health Promotion Agency statutory body produced a Five Ways to Wellbeing at Work toolkit (2017).¹²⁵ The toolkit was launched by Prime Minister Jacinda Ardern prior to the pandemic and was driven by a desire to systemically address inequalities. Ardern identified the need to change thinking around societal priorities, and, in 2019, she presented her government’s “wellbeing budget”, arguing for “a shift beyond short-term cycles and for seeing politics through a lens of kindness, empathy and wellbeing [and addressing] the societal wellbeing of our nation, not just the economic wellbeing”.¹²⁶

In terms of *A Social Glue*, we’ll think more broadly about collective wellbeing, but it is worth noting that there are pitfalls in the ways in which wellbeing is interpreted, often as part of an unachievable and individualistic pursuit of self-development. This is expanded on by the authors of *The Care Manifesto* (2020), who remind us that:

“over the past few decades, ideas of social welfare and community had been pushed aside for individual notions of resilience, wellness and social improvement, promoted through a ballooning ‘self-care’ industry which relegates care to something we are supposed to buy for ourselves on a personal basis”.¹²⁷

LEFT i-THRIVE

Image provided by i-Thrive,
sourced from unsplash.com.

Read the i-THRIVE case study
[here](#) or on p.60 of *Parallel Narratives*.

¹²⁴ Manchester Institute for Arts, Health and Social Change, survey comment (2019).

¹²⁵ *Five Ways to Wellbeing at Work: Toolkit*. Mental Health Foundation of New Zealand and Health Promotion Agency, New Zealand, 2017. <https://www.mentalhealth.org.nz/assets/5-ways-toolkit/Five-Ways-to-Wellbeing-at-Worknew.pdf>

¹²⁶ Parker C. *New Zealand will have a new well-being budget, says Jacinda Ardern.* World Economic Forum Annual General Meeting, 2019. <https://www.weforum.org/agenda/2019/01/new-zealand-s-new-well-being-budget-will-fix-broken-politics-says-jacinda-ardern/>

¹²⁷ The Care Collective. *The Care Manifesto: The Politics of Interdependence*. Verso, 2020. p2.

They urge us to be aware that this interpretation offers “...a wholly insufficient sticking plaster”,¹²⁸ nudging us towards a consideration of wellbeing in a global, as well as local context.

Any study of “culture, health and wellbeing” across GM presents a challenge. There is a multiplicity of individuals, groups, small and large organisations pursuing creative approaches to health and wellbeing, some explicitly and some as unplanned outcomes of positive shared experiences. From amateur hobbyists to well-funded public exhibitions and all that lies between, what is happening on our doorsteps across the city region offers a taste of the much greater potential of human creativity as part of a health and social change agenda.

A 2008 report by the New Economics Foundation, *Five Ways to Wellbeing*, cemented an easy-to-understand message (not dissimilar to the five-a-day message around healthy eating) that offered five “concrete activity-based ideas on how to improve personal wellbeing”.¹²⁹ This exercise was designed to have a “generic appeal, while offering repetition in peoples’ day-to-day lives. The report suggests that:

“Having strong social relationships, being physically active and being involved in learning are all important influencers of both wellbeing and ill-being. By contrast, the processes of giving and becoming more aware have been shown to specifically influence wellbeing in a positive way. A combination of all of these behaviours will help to enhance individual wellbeing and may have the potential to reduce the total number of people who develop mental health disorders in the longer term”.¹³⁰ Though focused on individual wellbeing, much can be distilled from these aspirations, which have been adopted by many sectors and organisations.

In its discussion of the creation of a system for change in GM, the Greater Manchester Independent Inequalities Commission aspires to achieve a vision of ‘good lives for all’ and *A Social Glue* insists that creativity and culture are a critical part of this vision. Now is the time to reiterate the case.



ABOVE
THE FIRE WITHIN

Image from *The Fire Within, Satellite of Love, Newton* by AL and AL. AL VFX

Read *The Fire Within* case study [here](#) or on p. 16 of *Parallel Narratives*.

128 Ibid. p2.

129 Aked J. et al., *Five Ways to Wellbeing*. New Economics Foundation, 2008. <https://neweconomics.org/2008/10/five-ways-to-wellbeing>

130 Ibid, online.

THE HEART OF THE MATTER

FROM SOCIAL POISON TO SOCIAL GLUE

The constantly evolving picture of GM that this narrative has explored presents us with a complex web of possibilities and challenges. This is made all the more demanding by our changed understanding of life lived through a pandemic and the inevitable multiple impacts that the years ahead will bring. *A Social Glue* began with an acknowledgement that inequalities and premature mortality rates are *unfair, unjust and unacceptable*, and it sounded a call to action. Participation in culture and the arts, I have suggested, might offer routes to social change and a means to interrogate the underpinning factors that fuel inequalities and foment social disquiet. In an analysis of the riots that swept through UK cities in 2011, Richard Wilkinson and Kate Pickett describe the inequalities that lay beneath them as toxic, saying that just “as tobacco is a physiological poison, Britain’s high levels of inequality are a social poison that increases the risks of a wide range of social ills”.¹³¹ They remind us that the contributory factors to this social poison are well known: “lack of community, family difficulties, low social mobility, poor relations between police and young people and consumerism”.¹³² They suggest that this social poison works by emphasising the disparity between the richest and poorest in society, where money and status become the measure of personal worth. Their research-informed thesis is blunt:

“antisocial societies cause antisocial behaviour”.¹³³

The shadow of the 1819 Peterloo Massacre is etched into the collective identity of the people of this city region. We can never forget the peaceful protest that saw around 60,000 people demanding reform of an unequal system which favoured the elite. The cavalry charge to suppress the crowd killed 18 people and injured approximately 600 others. The enduring and unequivocal message sent to Whitehall, then as now, is that GM does things differently; it values its citizens and workers and the places that make up the diverse communities of this cosmopolitan city region. The most recent demonstration of this was the mayor standing against the chaotic national mismanagement of the pandemic.

As people reeled from the 2017 terrorist attack on the Manchester Arena the streets seemed somehow galvanised. A collective sense of civic solidarity was palpable, and, as we’ve seen, people expressed a deep empathy for each other, made manifest in acts of care and compassion and through creativity. Like some seemingly invisible rhizome that nurtures and is nourished by its environment, the threads of care and creativity have become more visible over these last months.

¹³¹ Wilkinson R. & Pickett K. *The poison of inequality was behind last summer’s riots*. The Guardian online, 2012. <https://www.theguardian.com/commentisfree/2012/aug/05/riots-inequality-poverty-self-esteem>

¹³² Ibid, online.

¹³³ Ibid, online.



ABOVE
EXTINCTION REBELLION

Extinction Rebellion at Manchester Histories. Image, Jonathan Keenan.

Read the Manchester Histories case study [here](#) or p.12 of *Parallel Narratives*.

The ways they have been expressed and felt shine a light on how principle-driven actions have shimmered into people’s consciousness, knowingly or not. This gives us a sense of how art-making and health-making might be simultaneously bound up in each other and might just lead to more caring communities.

If antisocial societies cause antisocial behaviour, conversely, creativity is a powerful force through which more connected communities might produce proactive, constructively critical and sociable behaviour. The treatment of the families of the 96 people killed and 766 injured in the Hillsborough¹³⁴ disaster in 1989, including abuse by *The Sun* tabloid newspaper, and the decades it has taken for legal redress – this is antisocial. The pursuit of cost efficiencies, resulting in the flammable cladding used on Grenfell Tower, which led to the appalling loss of 72 lives, was a form of systemic antisocial behaviour perpetrated by those with vested interest in profit.

¹³⁴ Hillsborough disaster. https://en.wikipedia.org/wiki/Hillsborough_disaster

The impulse to make sense of tragedies like Hillsborough and Grenfell through creativity is hard-wired into the human psyche, not only as a vehicle to help individuals and communities grieve but also as a means to express outrage and demand change. In the years following Hillsborough, plays, films and television dramas have given voice to those affected and been a key part of informing public debate and supporting the families to pursue justice. Grenfell also galvanised artists and those directly affected by the fire. Best British Solo Artist at the Brit Awards, grime and hip-hop artist Stormzy, performed a freestyle rap at the award ceremony asking “Theresa May, where’s the money for Grenfell? / What? You thought we just forgot about Grenfell?”¹³⁵ In a feature for *frieze* exploring cultural responses to the Grenfell fire, the writer Ismail Einashe points out “the Dickensian fissures in London, where poverty and rampant ‘development’ co-exist uneasily”.¹³⁶ More than this, he suggests that the perception of London cast by the 2012 Olympic Games opening ceremony “depicting a multicultural Britain at ease with itself [is] a fiction we told ourselves in order to avoid addressing the quiet apartheid that divides us”.¹³⁷ Of the 72 people that died in the fire, the majority were people of colour; 80 percent of residents were Muslims.

It is worth reflecting on the urgency of the artwork created by Khadija Saye,¹³⁸ a Gambian-British artist who was among those killed in the Grenfell fire and whose photographs were exhibited at the 2017 Venice Biennale and on hoardings on the streets of Notting Hill as a reminder of her talent and legacy. As part of the *Khadija Saye IntoArts Programme*,¹³⁹ launched by Labour MP David Lammy, the exhibition of Saye’s work in London was part of a community-led educational initiative focused on developing the arts in “disadvantaged” communities. This connects to events associated with the Black Lives Matter (BLM) movement that has seen collaborations with a number of artists working in social contexts to address the lack of diversity in the UK arts sector.

This builds on the year 2020, which witnessed a growing global desire to address the climate catastrophe, led by Extinction Rebellion (XR), and which continued with BLM emerging as a driving force for social change when the murder in the USA of George Floyd¹⁴⁰ galvanised public outrage at systemic racism. While statues commemorating Britain’s colonial role in the slave trade began to topple and seemingly untouchable millionaires were brought to justice for systemic sexual abuse, we also witnessed the 45th US President – arguably the most potent embodiment of toxic market forces – failing to secure a second term.

Again, The Greater Manchester Independent Inequalities Commission reminds our leaders that social change demands courage and:

“giving people genuine opportunities to participate and have control over things that affect their lives and working closely with groups and organisations that represent them. Making this meaningful requires local leaders to be brave enough to share power with those most affected by inequalities”.¹⁴¹

¹³⁵ Stormzy. *The Brit Awards*, 2018. <https://www.youtube.com/watch?v=iZ3PTJ7gWoM>

¹³⁶ Einashe I. *One Year On, What Were the Cultural Responses to the Tragedy of Grenfell Tower?* FRIEZE, *Altered States*. June 2018. <https://www.frieze.com/article/one-year-what-were-cultural-responses-tragedy-grenfell-tower>

¹³⁷ *Ibid*, online.

¹³⁸ Khadija Saye, also known as Ya-Haddy Sisi Saye, was a Gambian-British artist, activist and carer, who was killed in the Grenfell Tower fire on 14 June 2017, aged just 24. <https://www.estateofkhadijasaye.com/about>

¹³⁹ Bakare L. Art project launched in honour of Grenfell artist Khadija Saye, *The Guardian* online. 7 July 2020. <https://www.theguardian.com/artanddesign/2020/jul/07/art-project-launched-in-honour-of-grenfell-artist-khadija-saye>

¹⁴⁰ George Perry Floyd Jr. (October 14, 1973 – May 25, 2020) was an African American man killed during an arrest in Minneapolis, sparking protests all over the UK and a national debate over colonialism and racism in Britain’s history.

¹⁴¹ Op. cit. *The Next Level: Good Lives for All in Greater Manchester*, 2021. (59)

“We want a healthier Greater Manchester, where all its people can share the benefits of engaging in and enjoying the arts and creative activities with each other, and we want to make our streets, neighbourhoods and communities better places to live”.

LIVE WELL MAKE ART

TOWARDS A CULTURE OF CARE

Is all this a little obscure for a narrative on culture, health and wellbeing in the context of GM, its heritage and future? Certainly not. As a movement or discipline, the conjoining of arts and health grew from a desire to humanise clinical settings, to alleviate stress and anxiety and to rethink the ways in which healthcare is delivered, and it is still doing this in hospitals and care settings across the globe. But what's different here is time and place, where health and ill health aren't solely understood in terms of deficit and disease but through the social factors that impact on them. In other words, the social determinants of health, where inequalities are perhaps the most significant influences on how well we might live and how soon we might die. Large-scale tragedies may seem removed from the realities of everyday life, but they serve to remind us of the inequalities that lie just below the surface, where the factors that affect health and wellbeing are the everyday horrors of poor housing, poor pay and day-to-day discrimination. Cultural responses to large-scale tragedies don't need to be large scale, but rather to focus on more nuanced collaborations, drawn together through an impulse to create and make change, where people and relationships are the key ingredients of any social glue.

A Social Glue has been written in a climate of significant global change, where social movements are influencing thinking and action and where, in the US, it is reported that over 159 million people¹⁴² exercised their right to vote – the most in a presidential election in American history. Racism, misogyny and the climate catastrophe contributed to bringing out the electorate in their millions, and BLM, XR and the #MeToo movement played a part in this election. Those currently questioning racism in the UK, and those performers taking to the streets in dramatic acts that challenge us to take action against climate change must be understood as part of an ecology in which cultural activism has a proud history. Social movements, then and now, play a key part in social change, where people's collective voices demand to be listened to – and acted on.

In a conversation with the Director of Manchester Museum, Esme Ward, we discussed how the conditions might be created to nurture curiosity and agency in people's lives, as well as the place of those in positions of leadership in any discussions around citizen-driven social change. Thinking of her role less as a problem solver and more a problem finder, Ward suggested that one of the most useful roles any strategic organisation can play in this agenda is through its “power to convene” and not being afraid to use its own methodologies, language and stories, rather than adopting the language of civil servants.¹⁴³ As we move towards recommendations in *A Social Glue*, the role statutory services might play in this agenda begins to emerge.

142 Dunn A. *Fact check: Over 159 million people voted in the US general election*. USA Today. 30, 12, 2020 <https://eu.usatoday.com/story/news/factcheck/2020/12/30/fact-check-fals-president-than-were-registered-u-s/4010087001/>

143 The author in conversation with Esme Ward. 8th September 2020.

GM has always directed culture, health and wellbeing into social action and civic life. As early as 1887, Thomas Horsfall founded the Ancoats Art Museum,¹⁴⁴ dedicated to promoting a love of art among the residents of one of the poorest neighbourhoods of Manchester. Horsfall embraced the thinking of John Ruskin and William Morris, putting their philosophies into practice and stressing the necessity of the arts to personal and social development and spiritual enrichment. This focus on bringing mainstream culture to the most economically “deprived” people of a great Northern industrial city has subtly different echoes in the contemporary city region. This is exemplified in the extensive public engagement programmes of the area's art galleries and at Manchester Museum, where there is a sophisticated programme of repatriating work from its “ethnographic” collection, through deep collaboration with indigenous communities from which artefacts were originally taken.

Yet, in this proactive, “can-do” climate, people inevitably have misapprehensions about each other – about who “owns” culture, and how we relate to each other. Our perceptions of our neighbours were considered in a 2020 survey of 1,184 people living in the city region. The Greater Manchester Values Survey¹⁴⁵ revealed that 85% of citizens attached greater importance to “compassionate” values over “selfish” values. Yet 75% of respondents felt that others held “compassionate” in lower esteem than themselves and 65% felt that others considered “selfish” values to be more important than themselves. The report's authors describe this as a “perception gap”, suggesting that:

“Irrespective of their own values, people who perceive their fellow citizens in Greater Manchester as attaching lower importance to “compassionate” values are less likely to be civically engaged, less likely to express social or environmental concern, less likely to be supportive of devolution, and are likely to report lower life satisfaction”¹⁴⁶

It seems that false perceptions of others, alongside a long-evolved culture of market-driven individualism, contributes to lack of civic engagement. It might be here that cultural participation can play a significant role not only in addressing these misconceptions but also in engendering more connected, caring communities.

An exploration of the Parallel Narratives reveals examples of practice on the ground where there are concerted efforts to nurture grassroots movements that conjoin the arts, heritage and health. Among these, one group born out of an informal network of arts professionals and activists, health professionals, academics and people who care passionately about the health of GM, Live Well Make Art (LWMA) specifically seeks to learn from social movements to enable multiple localities to be part of a wider collective. LWMA “want a healthier Greater Manchester, where all its people can share the benefits of engaging in and enjoying the arts and creative activities with each other, and we want to make our streets, neighbourhoods and communities better places to live”¹⁴⁷

144 Thomas Horsfall and the Ancoats Art Museum. <https://www.alc.manchester.ac.uk/icp/research/projects/manchester-art-museum-online/>

145 *Greater Manchester Values Survey*, conducted for Common Cause Foundation by Opinion. Data analysis was conducted by Dr. Paul Hanel (Department of Psychology, University of Bath) and Dr Lukas Wolf (School of Psychology, Cardiff University). Infographics were produced by Creative Concern. (2020) <https://valuesandframes.org/values-in-action/greatermanchester>

146 Ibid, online.

147 *Live Well Make Art* is a network of arts and health professionals and activists who care passionately about the health of Greater Manchester. <https://livewellmakeart.wordpress.com/>

Funded by GMCA, LWMA provided micro-grants to kick-start community-led activity, which have facilitated a series of over-subscribed networking events across the city region including: Arts and Healthier Working in Salford; Motherhood and Earlier Years in Oldham; and the IMPACT: Reaching Out and Art for Wellbeing conference in Rochdale. What LWMA has done is to bring people together – from policymakers to carers, artists to citizens – all driven by a vision that change comes from the people themselves and that many of the old established ways of working need to be changed.

Through a series of conversations with those who have contributed to *A Social Glue*, some key themes emerged. Many of these themes built on the diverse aspirations set out in *The Manchester Declaration* (2019),¹⁴⁸ a document that brought people together around the nascent Manchester Institute for Arts, Health and Social Change,¹⁴⁹ a loose collective of people committed to addressing inequality as the heart of any culture, health and wellbeing agenda. The declaration sets out a bold vision that celebrates lived experience, highlighting the barriers to culture that many people face, while offering hope that the city region is the right place and now is the right time to make this agenda real. While the pandemic has certainly had a profoundly negative impact on the cultural sector – both organisationally and individually – it has shone a light on the importance of creativity in the lives of everyone.

The declaration stated that:

WE WILL CELEBRATE neurodiversity, nurturing and embracing difference in all its forms, supporting people to realise their potential through the arts.

WE ARE COMMITTED to creating the means to make culture and the arts accessible to the many.

WE WILL ENRICH our understanding of the potency of culture through ground-breaking and innovative research to better inform our shared approach to addressing inequalities.

WE WILL HARNESS stories and data to create new ways of understanding the reach and impact of our work.

WE CONSIDER that environmental public health and the wellbeing of communities and individuals are inseparable.

WE WILL EXPLORE practice, exchange and research between artists, carers and health professionals to learn from each other and develop a supportive culture of empathy and care.¹⁵⁰

The boundaries of mainstream culture are increasingly blurred, and the educated elite no longer have exclusive access to theatres, museums and galleries. They now rub shoulders with people whose life experiences are diverse, like homeless people or the elderly, while barriers of accessibility – cultural, emotional and economic – are being explored. Those same institutions are increasingly mandated to address engrained disparities in attendance through their grant conditions – some paying lip-service, others committed to reimagining the ways they operate. Perhaps if we think of this new wave of culture, health and social change as something *similar* to a social movement, there may be real opportunities to make changes in our health and the poisonous factors that underpin poor outcomes for people disenfranchised by how things have traditionally been done. The arts offer something more than a blanket “cultural vaccine”; they offer us all a social glue that not only connects us but also allows for subtle repositioning and maybe even the means to address the “perception gap”.

This programme represents something more than the individual feel-good story we are likely to hear reported in the news. It demonstrates a collective will, an organisational way of doing things differently that goes beyond tokenism and illustrates that systems can change.

The caring behaviours that followed the Manchester Arena bombing and the small acts of kindness that are being demonstrated during the pandemic – from acknowledgment of priority workers to volunteering in communities to help the most vulnerable people – are, most importantly, *visible*. This is an important factor in the extraordinary efforts behind the creation, distribution and take-up of Creative Care Kits (described earlier) across the ten boroughs of GM during the pandemic. Crucially, this programme represents something more than the individual feel-good story we are likely to hear reported in the news. It demonstrates a collective will, an organisational way of doing things differently that goes beyond tokenism and illustrates that systems can change. If those in positions of power inspire their workforce to collaborate, then big things can happen. In the case of the Creative Care Kits, this is testament to the power of partnership working.

Let’s remind ourselves again: 55,000 kits designed, critiqued, constructed and delivered to some of the city region’s most vulnerable younger and older people – because people saw that they could achieve something by doing things differently, and this difference was collective. This certainly looks and feels consistent with the vision set out in *The Manchester Declaration*, its ideas put into working together for the common good.

148 *The Manchester Declaration*, 2019. <https://www.miahsc.com/manchester-declaration>

149 *Manchester Institute for Arts, Health & Social Change* (MIAHSC) is a research, advocacy and education centre, re-imagining and undertaking, multidisciplinary research into the fundamental questions about arts, health and social change. <https://www.miahsc.com/>

150 Op.cit. *The Manchester Declaration*.

LISTEN HARD, THEN LISTEN HARDER AGAIN

You don't need to dig too deeply below the surface of this city region to find pockets of activity in which small groups of passionate, motivated people are making changes – unsung local champions of social change, who, through their tenacity and creativity, are affecting the lives of the people they inspire. The emergence of ways to enjoy culture since the pandemic began have inevitably evolved through organisational approaches and individual and collective passions. *United We Stream Greater Manchester*¹⁵¹ illustrates such a commitment to a unified way of working, keeping people safe from Covid-19 while providing online access to music, DJs and performers every night. As part of the fightback on behalf of restaurants, pubs, theatres and venues across GM, *United We Stream* was both a showcase of world-class cultural talent and a means of giving its audiences access to culture at a cost that individuals can determine and afford. More personal approaches to the sharing of music during lockdown, might best be illustrated through the use of Twitter to share records from individual collections through *#RecordConnectors*¹⁵² which forged new online communities.

More often than not, the people behind these projects are living, or are deeply embedded, in their communities, and the changes that are taking place are created collectively, designed and produced in ways that reflect the lived experiences and aspirations of those communities. The artist-led collaboration *arthur+martha*¹⁵³ works with people affected by homelessness at the Booth Centre, a community centre run with and for people affected by homelessness.¹⁵⁴ The project *Whisper to Me Alone*¹⁵⁵ gathers experiences and insights from people affected by homelessness during lockdown, using journals incorporating writing, art and song lyrics. The collective work *A Book of Ours*¹⁵⁶ sees people making a medieval-style illuminated manuscript, describing their lives over a two-year period.

The work that *arthur+martha* develop has evolved over an extended period with the Booth Centre and the people they meet there, and these long-term relationships are central to their practice. A similar approach is evident in the deeply embedded work of the participants, artists, researchers at TLC St Luke's.¹⁵⁷ This long-established organisation demonstrates many of the qualities of successful community arts projects of the 1970s, offering welcoming spaces in which mental health issues can be addressed alongside arts activities and a café. What distinguishes the work of *arthur+martha* and *TLC* is their integrity, small-scale beauty and long-term commitment. These collaborations empower people and shine a light on the lived experiences of people too often described as being on the margins of society, pigeonholed and compartmentalised. The space between participants, artists and workers merges, the issues explored become wider than labels, the exploration opens up a shared discovery of our complex humanity.

¹⁵¹ *United We Stream Greater Manchester*. <https://unitedwestream.co.uk>

¹⁵² *#RecordConnectors* on twitter.com

¹⁵³ *arthur+martha* is an experimental arts organisation based in the Greater Manchester. Their aim is to help people find their creative voice, building confidence, self-esteem, self-worth, through art and writing. They work with older people, people living with dementia and homeless people. <https://arthur-martha.com/>

¹⁵⁴ *The Booth Centre*. <https://www.boothcentre.org.uk/>

¹⁵⁵ *Whisper to Me Alone*. <https://arthur-martha.com/portfolio/whisper-to-me-alone-2020/>

¹⁵⁶ *A Book of Ours*. <https://arthur-martha.com/portfolio/a-book-of-ours-2018-2021/>

¹⁵⁷ *TLC St Luke's* is a charity based in Ardwick and Longsight, Manchester to help people with mental health needs, by providing a safe and welcoming environment, and offering support and activity to all participants. <http://www.tlcstlukes.co.uk/>

“A grass roots organisation, motivated by genuine concern for the wellbeing of others, at the centre of which are core values of kindness, warmth, a listening ear and an open door. Through this combination, all the activities on offer seek to bring about a sense of wholeness and healing”.

DR RAE STORY

In 2021, when lockdown restrictions permitted, safe art walks have enabled inspiring shared connections with local nature. This has built on the work of artist Dr Rae Storey and *Mapping Manchester's Quiet Spaces* (2017/18),¹⁵⁸ which sought to promote positive mental health through creative nature-based explorations of the city and an investigation of sound levels, stimulating an understanding of the effect of sound on health and wellbeing.

“A grass roots organisation, motivated by genuine concern for the wellbeing of others, at the centre of which are core values of kindness, warmth, a listening ear and an open door. Through this combination, all the activities on offer seek to bring about a sense of wholeness and healing”.¹⁵⁹

DR RAE STORY

The pandemic has amplified public understanding of the spectrum of mental health and ill-health that we all inhabit. Until recently, mental health problems were mostly seen as sign of weakness, the stigma often as debilitating as the label. The level of trauma unleashed by the pandemic has revealed the common reality that we are all vulnerable.

The Hulme poet, playwright and community organiser Tina Cribbin,¹⁶⁰ alongside the producer Tracie Daly,¹⁶¹ was instrumental in the collective performance piece *Can You Hear Me From Up Here?* (2018).¹⁶² This extraordinary work was triggered by Grenfell Tower and conjoined the voices of people living across four high-rise blocks in the areas of Hulme and Gorton. The work explored attitudes to people who live in social housing and the stigma that exists about these residents. More than that, it shared the hopes and aspirations of residents and challenged audiences to question their own prejudices.

In the opening of a complementary film of the same name, the narrator informed and challenged us:

“This sharing is a response to the tragic events at Grenfell. We wanted to honour those people who died, because they were not heard, because they are more than faces at windows held high. Because you only saw labels. You only saw ghosts and treated them as such. Make space for us and make sure you listen; listen hard”.¹⁶³

“This sharing is a response to the tragic events at Grenfell. We wanted to honour those people who died, because they were not heard, because they are more than faces at windows held high. Because you only saw labels. You only saw ghosts and treated them as such. Make space for us and make sure you listen; listen hard”.

158 *Mapping Manchester's Quiet Spaces, 2017-2018*, promoted positive mental health through nature-based art activities & exploring the city from the point of view of sound levels and their effect on our health and well-being. <https://www.mappingmanchestersquietspaces.org/mapping-mcrs-quiet-spaces>

159 Story R. TLC St Luke's website, 2009. <http://tlcstlukes.co.uk/index.php/art/gallery/category/5-storytelling-and-documentaries>

160 Cribbin T. *Classphemy*, 2019. <https://www.waterstones.com/book/classphemy/tina-cribbin/9781909360686>

161 Tracie Daly was Creative Learning and Engagement Coordinator at Royal Exchange Theatre Manchester and is the creative director of SYNC PROJECTS <http://syncprojects.org>

162 *Can You Hear Me From Up Here?* 2018. An exploration of the lived experience of tower block tenants in Manchester. <https://www.royalexchange.co.uk/whats-on-and-tickets/can-you-hear-me-from-up-here#:~:text=CAN%20YOU%20HEAR%20ME%20FROM%20UP%20HERE%20explores%20the%20lived,areas%20of%20Hulme%20and%20Gorton.>

163 Participant voice from the film: *Can You Hear Me From Up Here*, 2018. https://www.youtube.com/watch?v=6tw3ioH1UuM&feature=emb_logo

That this visceral piece was performed entirely by the people who created it - non-actors all - and was part of a three-year collaboration between the Royal Exchange Theatre¹⁶⁴ and One Manchester¹⁶⁵ housing and community services is reason enough to be enthralled and take notice. But it's not just wider collaboration that's impressive; it's how some of this group of people have continued to pursue their practice. Many of the residents involved in this piece of work, supported Tracy Daly undertook similar work with people living in Scholes in Wigan. This further explored arts-led approaches to community development in a similar context, in a process of cross-fertilising ideas and experiences. In her book, *Steal as much as you can* (2019), in an attempt to wrench culture from the clutches of the cultural establishment, Nathalie Olah suggests that the “audaciousness of the working class voice”, “was never so sharp and never so witty as when it was directed towards the capitalist class”.¹⁶⁶

Much of this thinking and activity builds on the principles set out by Hilary Cottam in her optimistic and visionary book, *Radical Help* (2018), which challenges thinking and action around the welfare state.¹⁶⁷ What both Daly and Cribbin do is lead from the inside - not through transient fly-in-fly-out projects, but through acting with leaders of cultural action from the neighbourhoods that move towards social change for civic good. In her online criticism of the TV programme *Manctopia* (2020) for Greater Manchester Housing Action, Cribbin rails against the language used in describing communities:

“As someone who in *Manctopia* has been described as “disadvantaged”, “poor”, “deprived”, I take great offence. I am more than your labels. By not showing communities actively engaged in fighting against gentrification, like most communities are, it was left for the viewer to assume we are all just sitting passively as our lives disappear. WE ARE NOT”.¹⁶⁸

Cribbin's *Anarchist Jumpers* (2020) offers a further note of warning to artists, researchers and policy-makers alike. To those of us with a deep-seated desire for social change, she cautions:

Photographers
Soundscape artists,
The creative revolution
look what you have started.
Humanity departed forget about social change.
You've become chained in the game of social gaze
Watching communities and lives turning to dust.
Whilst you listen picture and pretend you are one of us...¹⁶⁹

Poignant to the agenda we are pursuing in *A Social Glue*, Cribbin draws our attention to the sometimes-tokenistic ways in which well-intentioned artists and researchers ‘engage’ with communities. In the pursuit of a common venture, where communities are central to social change, there is a need to develop nuanced and hybrid models of working.

164 Royal Exchange Theatre. *Local Exchange* sees the theatre take up residency in communities across Greater Manchester, build upon existing partnerships, develop new connections and bring together people, places and artists to cement long-lasting relationships with the communities right outside our doors. <https://www.royalexchange.co.uk/local-exchange>

165 *One Manchester* is a provider of housing and community services in Greater Manchester.

166 Olah N. *Steal as much as you can. How to win the culture wars in an age of austerity*. Repeater, 2019.

167 Cottam. H. *Radical Help: How we can Remake the Relationships Between Us and Revolutionise the Welfare State*. Virago, 2018.

168 *Manctopia* (2020) Documentary series meeting some of the people living and working in the eye of Manchester's property boom - ranging from millionaire property developers to local people priced out of the market. 2020. <https://www.bbc.co.uk/mediacentre/proginfo/2020/33/manctopia>

169 Cribbin T. *Anarchist Jumpers* (2020). In an email to the author.

This will be a challenge, but one that GM is probably far better equipped to realise than other parts of the UK, through its collective will to do things differently – a reality that our people and structures will embrace and that go beyond platitudes.

The systems are already in place, as is the imperative to take action. Across GM, there are well-established examples of system change and the political will to address factors that underpin the social determinants of health, in which the arts play an explicit or subtly implicit part. As just one example, *i-Thrive* is offering children and young people critical psychological support and a key part of this, as we've seen, is creative. This is a long-term investment in the future health and wellbeing of participants and perhaps an early introduction to the potency of the arts and creativity across their lives.

Beyond Social Prescribing promises to be a unique model in what nationally remains a disparate approach to social prescribing. The possibilities of linking the arts and heritage to green and environmental initiatives offer both systemic and nuanced responses to a pressing agenda. The successes and profile of Age-Friendly Manchester need no amplification here, and, as we are seeing, our population is living longer and more culturally rich lives (the very real horrors of Covid aside). GM has led the field in bridging culture and ageing and is held up as a global exemplar. Basing the nationally focused Creative Ageing Development Agency (CADA) in GM is a clear acknowledgement of the age-friendly work that has developed over the last decade – work that has consistently placed culture at its heart and which has increasingly been driven by older people, most notably the Cultural Champions. It is this marriage of citizen-driven and systemic leadership which has created a climate that makes the seemingly unachievable possible.

The collective *Recoverist Manifesto* (2014)¹⁷⁰ emerged from the arts-led work of Portraits of Recovery (PORe).¹⁷¹ It stands as a key moment in the reframing of substance misuse, from a culture of blame and shame and the criminalising language of “addiction” to one in which people and their stories are centre stage – a stage from which personal and social change might be made. That work of this nature is born in GM is a credit to those spearheading it against the backdrop of the pandemic and an uncertain financial future, where chasing short-term funding has been the crippling, all-encompassing norm. The *Parallel Narratives* show how culture and creativity can be a part of wide-ranging community activity impacting on social connectivity. Small organisations and artist collectives like PORE, arthur+martha and TLC illuminate new possibilities in the lives of people who are routinely demonised. They engender a sense of community and create the possibility for rebuilding lives. The impact of these projects, so difficult to measure through crude metrics, can better be understood through the power and beauty of performance, finely crafted collective works and shared testimony.

At this point, let's remind ourselves of the vision set out in *The Manchester Declaration*:

“WITHIN FIVE YEARS Greater Manchester will be a city region where arts and culture are seen as central to the wellbeing of its diverse residents and workforce, a global leader exemplifying the very best in arts and health”.¹⁷²

So how might this become a reality?

¹⁷⁰ *Recoverist Manifesto*, 2014. People in recovery from substance misuse in the UK, Italy and Turkey worked collaboratively with Clive Parkinson to create a collective statement to dispel myths and stigma around substance misuse, offering a counterblast and reframing addiction as a health issue and recovery as a civil rights concern. <https://www.artsforhealth.org/resources/RecoveristManifestoVersion1.pdf>

¹⁷¹ Read the PORE case study [here](#) or p.80 of *Parallel Narratives*.

¹⁷² Op.cit. *The Manchester Declaration*.

**RIGHT
A BOOK OF OURS**

Photograph of Lawrence working on 'A Book of Ours' by Lois Blackburn. arthur+martha supported by NHLF. arthur-martha.com



What do you notice about your colleagues/friends when they are feeling tired or low? What tells you that they're having a tough time of it?



LEFT
NIGHT CLUB

Night-shift at Rochdale Infirmary.
Photo by Richard Tymon

A CLIMATE OF POSSIBILITIES

We've seen that the city region is alive with cultural activity and new possibilities. We've seen that the appetite for change is not the sole preserve of those in positions of power but a fundamental part of some citizens' identities. We've also seen that, just as clinical environments have embraced cultural engagement, museums and galleries have reimagined their place in the heart of society, where heritage and community meet, and that age, mental health and wellbeing are not the exclusive concern of health and care organisations. We've seen that richer lives better lived involve dispersed and more nuanced understanding and action.

But the arts and culture aren't being held up as some utopian palliative for all of life's ills. We should take heed of the warning from the authors of *Culture Is Bad For You* (2020) and beware the false promises of cultural cures, remembering that cultural institutions themselves have historically been unequal workplaces from which "women, people of colour, and those from working class backgrounds are systematically disbarred".¹⁷³ Creativity isn't just a means to ensuring happy, resilient and passive people. Rather, it has the potential to inspire more connected, critical and active citizens, where the arts, in all their forms, help us make sense of the world and drive change in the cultural sector as elsewhere. In their pamphlet *Arts Funding, Austerity and the Big Society* (2011), John Knell and Matthew Taylor point to the links between cultural participation and broader civic engagement, concluding "that individuals who are involved in cultural organisations, both as members and participants, are more likely to vote, contact a politician and sign a petition," and noting that a key to successful art interventions pursuing these ends "is the emphasis they place on participation as opposed to spectatorship".¹⁷⁴

The WHO has defined community engagement as "a process of developing relationships that enable stakeholders to work together to address health-related issues and promote wellbeing to achieve positive health impact and outcomes".¹⁷⁵

Added to the mix, we've seen that GM has some worrying health concerns, as evidenced by the Marmot Case Study. GMCA and GMHSCP are committed to addressing these concerns as a Marmot city region, and, while Marmot himself has never been a strong proponent of culture and the arts, we can address these issues here and now.

¹⁷³ Brook, O. et al., *Culture Is Bad For You*. Manchester University Press, 2020. <https://www.thestateofthearts.co.uk/features/culture-is-bad-for-you-extract-from-the-new-study-on-inequality-in-the-arts/>

¹⁷⁴ Knell J. and Taylor M. *Arts Funding, Austerity and the Big Society. Remaking the case for the Arts*. RSA, Essay 4, February 2011.

¹⁷⁵ *Community engagement: a health promotion guide for universal health coverage in the hands of the people*. World Health Organisation. 5 October 2020. <https://www.who.int/publications/i/item/9789240010529>

We also need to remedy the deficit of useful evidence identified in the DCMS *Evidence Summary for Policy: The role of arts in improving health & wellbeing* (2020). In particular, the report makes explicit recommendations for research “on arts and social inequalities, including whether (i) individual arts engagement is associated with social mobility across the life-course, (ii) population-level arts engagement is associated with levels of inequality, (iii) individual-level arts engagement is associated with better health or social outcomes that are normally adversely affected by inequalities, and (iv) individuals of lower social status benefit especially from arts engagement”.¹⁷⁶

This calls for research need to be scrutinised, not least as research is often portrayed as circuitous – that is, the results of one piece of research merely calling for another investigation ad infinitum (a case of research for research’s sake). What’s more, there’s some disquiet in communities and amongst artists that funding of research takes investment away from communities where the resources could be better employed to impact more directly on people’s lives. What’s needed in this burgeoning field is support and bespoke training for artists, activists and those working in health and social care to develop their skills to respond to this agenda. There are challenges in the DCMS report’s call for “research on arts and the prevention of mental illness in children and adults, including whether arts engagement at different stages of the lifespan is associated with lower risk of incidence of depression, anxiety or other mental illnesses”.¹⁷⁷ Not the least of these challenges is the report’s sometimes ill-fitting language of randomised controlled trials, resulting in advocacy of prevention with a thin glaze of medical subservience.

In their recent article *Arts as Treatment? Innovation and resistance within an emerging movement* (2020), Yoeli et al suggest that the arts and health movement has been subsumed in the context of not only evidence-based practice but also austerity and neoliberalism. They warn that if the arts are “drawn into the methods and governance of medical and rehabilitative services”,¹⁷⁸ they become “reconceptualised as therapy or treatment, relinquishing artistic and philosophical identity and distinctive effectiveness”.¹⁷⁹ This timely critique emphasises the value of methods that “investigate the potential value of arts and health activities, methods that focus on relationships, the positive gaze of the artist and the inherent value of art itself”.¹⁸⁰

As we have seen, the Secretary of State for Health and Social Care described social prescribing as a way of offering free social cures. This highlights the dangers of the arts being seen as a blunt instrument administered by physiotherapists and occupational therapists deliver. This not only undermines their profession, and that of arts therapists but it also takes away from the fundamental nature of arts participation and creativity.

The Greater Manchester Inequalities Commission tells us that the time is right, “for bold thinking and brave action, this is the time for an essential pivot towards a new way of doing things that puts tackling inequality at its heart, this is the time to take Greater Manchester to the next level, a place with good lives for all”.¹⁸¹

176 Op.cit. Fancourt D, et al. (DCMS)

177 Ibid.

178 Yoeli H et al. *Arts as Treatment? Innovation and resistance within an emerging movement*. *Nordic Journal of Arts, Culture and Health*. Editorial by Jensen. W & Torrisen, A. Published 2020 -12-02 (Page 88-90) https://www.idunn.no/nordic_journal_of_arts_culture_and_health/2020/02/arts_as_treatment_innovation_and_resistance_within_an_emer

179 Ibid, online.

180 Ibid, online.

181 Op. cit. The Next Level: Good Lives for All in Greater Manchester, 2021. (9)

RIGHT LIME ART

Artist in Residence Jacqui Symons -
Ward-based print making with nursing
staff to celebrate International Nurses
day 2019.

Read the Lime Art case study [here](#)
or p.52 of *Parallel Narratives*.





LEFT
LIME ART

Lime musicians and performers 'Silent Sound' working alongside patients on the Emergency Surgery Trauma Unit, Manchester Royal Infirmary, 2019

Read the Lime Art case study [here](#) or on p.52 of Parallel Narratives.

Galleries and museums across Greater Manchester are no longer gated communities for the cultural elite, but rather “convivial” spaces where people can be challenged and challenge, that consciously seeks out new ways of reflecting the times and provoking critical thinking.

Now is indeed the right time for us to make our compelling case for the place of culture, creativity and the arts, in all their forms, as a key feature of our city region and a powerful force for health, wellbeing and social change. These are issues that GM is in a unique place to consider. With its rich collaborative research offer from our universities and its vibrant cultural and heritage sectors – and arts community – we can redefine mixed methodologies in our research and in practice.

Such enquiry can explore the complexities thrown up by social disparities through transdisciplinary collaborations, with communities playing a crucial part in the research design and the arts being a critical factor in novel methodologies. This collective approach to research and activity in communities, conjoins inequality, culture and co-design and goes beyond tokenism, enabling us to reimagine and take action here and now. More than that, we can actually contribute to the development of new methodologies, theory and application in the real world. This apparent complexity might be better understood through a social science lens than a medical model or, *better still*, arts-led explorations that strive “to save the phenomenon, never reducing, or replacing it with an explanation that omits human experience and its involvement in any understanding”.¹⁸²

GM certainly has the spirit and drive to make this happen, building on its arts and health lineage and rich cultural and heritage sectors, and the time has never felt more appropriate to connect the strands of health with social and civic life. Regarded as high-profile city centre institutions, galleries and museums like the Whitworth, Manchester Art Gallery and Manchester Museum are important exemplars in any conversation about the city region. Their vision and leadership make them seem less like institutions and more like networks, stimulating unexpected conversations and new understandings – not just of the things on display but of the people encountering them. There’s a tangible connection in this to the *Relational Aesthetics*¹⁸³ espoused by Nicolas Bourriaud almost twenty years ago, which suggested that art offered different kinds of spaces for different forms of sociability.

Galleries and museums across GM are “convivial” spaces where people can be challenged and challenge. They consciously seek out new ways of reflecting the times provoking critical thinking and positioning art at the centre of wider discourse. Olah proposes “excavating the history of working-class and marginal communities and doggedly highlighting and problematizing the illegitimate aspects of Britain’s classist and colonial heritage”.¹⁸⁴ In light of the climate crisis, Manchester Museum is actively working to address the connection between the environment and our public health. Together with its work on cultural appropriation, the museum is trying to do what is right by making difficult decisions collectively. This is a culture of care.

Similarly, the giant glass and steel hospitals that have been built in recent years have reimaged, in part, how the patients and families and workers *feel* in their institutions. Clinics and hospitals have acted on research and a common-sense need to create more humane environments in the normally intimidating functional factories of the sick.

182 Andsell G. and Pavlicevic M. *Practicing Gentle Empiricism*. Music Therapy Perspectives, Volume 28, Issue 2. 2010.

183 Bourriaud N. *Relational Aesthetics*. Les Presse Du Reel, France, 1998.

184 Op.cit. Olah N. 2019.

What is increasingly being referred to as a creative health agenda has taken root, and carefully considered clinical settings are being transformed from alienating and human-unfriendly to places where patients and workers alike might encounter, or take part in, curated moments of art – cultural change happening in real time, in the lives of diverse people.

Galleries and museums are communal places of human interaction, and hospitals have deeply considered design and human space which offers multiple opportunities to encounter the arts. This merging of context and place is fundamental to our reimagining of what it is we want from the things that have for so long been seen as static and permanent. These subtle provocations and calls to action will inevitably be looked back on as being inextricably linked to a period of time associated with pandemic, when a significant shift took place in everyone's relationship to health and society. But perhaps they will also be seen as a signal positive moment when, in the heart of such a bleak period, a shift took place in our relationship to culture, the arts and multiple perspectives of heritage.

The introduction to ACE's ten-year strategy for 2020–30 sets out a vision for a nation of creative people who experience high-quality culture. This assumes that culture fosters community, is made by and with communities and is just as present in village halls and the streets where we live as it is in arts centres. ACE's renewed vision states that “by 2030, we want England to be a country in which the creativity of each of us is valued and given the chance to flourish, and where every one of us has access to a remarkable range of high-quality cultural experience”.¹⁸⁵ This is a vision which talks directly to GM's ambitious Cultural and Creative Strategy. But there are many challenges to embedding the ideas set out in *Creative Health* across a city region.

There is an obvious need to move beyond top-down platitudes, and, of course, there are other ways of *thinking, being* and *doing* through this arts, health and social change agenda – ways that will sometimes jar with inherited management systems. Some of these challenges are about definitions; some are about “ownership” and, inevitably, about who gets which resources and when. Health is political, and the arts are political too. If we embrace the ideas behind co-design and production which move beyond token gestures towards collaboration – and embed a commitment to this way of working systemically – we'll be well on the way to success. Where there's will to change and people commit to the long term, transformation will happen.

There'll be challenges to the status quo. A number of people who've contributed to the thinking behind this narrative discussed competing priorities across the ten boroughs of GM, while soberly reflecting that health and cultural parity in some areas have succeeded in gaining more attention and investment than others. Head of Salford's Culture and Place Partnership, Sarie Mairs Slee, poetically reflected, that:

“Greater Manchester is a geographical family, and we are ten siblings and Manchester is the oldest sibling with the birthright – cool – but wouldn't it be great if we acted a little bit more like the Bronte sisters and a little less like the Gallagher brothers? Quality can – and does – come from across the city region. If we actually supported each other, imagine what each 'sibling' might be capable of producing and how much stronger the family name would be”.¹⁸⁶

185 Arts Council England. *Let's Create. Ten-Year Strategy 2020 - 2030*. 2021.

<https://www.artscouncil.org.uk/publication/our-strategy-2020-2030>

186 The author in conversation with Sarie Mairs Slee. 9th September 2020.



ABOVE
i-THRIVE

Image provided by i-Thrive,
sourced from unsplash.com

Read the i-THRIVE case study
[here](#) or p.60 of *Parallel Narratives*.

This is a pertinent observation and one that should be acknowledged. The city of Manchester is a cultural jewel in the UK, and the wider city region has a rich and diverse offer with clear local, national and international reach. Through the creative health agenda, through gentle explorations of health and wellbeing, we can bring people across GM to the arts for the first time in their lives. To confirm this kind of claim, it's worth noting that of the 271 participants in the large-scale *Dementia & Imagination* research project – which explored the visual arts in the lives of people living with dementia – 37% of those people hadn't engaged with art in their adult lives.¹⁸⁷ The implication is that it was the context of dementia that brought people to something that fired them up and created a sense of community. This is compelling evidence of the need to do things *even more differently* than we have done already.

187 Parkinson, C., et al. *Dementia & Imagination, Research Informed Approaches to Visual Arts Interventions*. Second edition: June 2018

THE CIRCUS HOUSE

The Circus House, Hula.
Photo by Jamie Lowe.

Read The Circus House case study
[here](#) or on p.24 of Parallel Narratives.



A GRAND AUGURY OF THE BIRDS

As the first lockdown unfolded in 2020, it was widely reported that the skies were clearer of air traffic, the streets were free of diesel-filled air from cars and buses and the birds began to sing. Were they singing louder and more heartily, or could we simply hear them more? Whatever the case, the net result was married to the sunnier days of spring and an amplification of the senses – in our cities, towns, villages and countryside. The meandering waterways of GM that connect these places were alive with nature, and people cheered our NHS. At the time, it was a joyous celebration and communal outpouring of care and appreciation and song.

From the Glazebrook, the Tonge and Irwell, the Roah, Medlock and Tame, to Lady Brook, the Mersey and the great Manchester Ship Canal, this city-region's rivers and canals bisect its landscape, as do the signs and symbols of its industrial heritage and the hills that protect us to the north, east and south. In 1932, those same hills drew walkers from Manchester by train over into the High Peak of Derbyshire to take part in the Mass Trespass of Kinder Scout.¹⁸⁸ Led by activist Benny Rothman and folk singer Ewan MacColl – from Cheetham Hill and Salford respectively – the Mass Trespass was intended to highlight the gross inequality of access to an area of outstanding natural beauty, rarely farmed by its wealthy landowners and kept primarily for occasional grouse shooting. This mass protest and act of civil disobedience in the name of the right to roam had its roots in a radical reformation, with echoes in the political reforms of Peterloo and today's evolving social movements.

It wasn't until the *National Parks and Access to the Countryside Act* of 1949 that significant changes were made to land access, but the Mass Trespass played a critical part in the appetite for change that was reflected in a post-war government agenda that aimed to reconstruct a war-ravaged country into a fairer and more equal place for all its citizens. This was a period that saw the birth of the welfare state (1945–51), the Arts Council of Britain (1946) and the NHS (1948).

Those fundamental desires to change society were neither delusional nor overly utopian; they were founded in a vision of a fairer society that is central to the thinking behind *A Social Glue*. This vision is now driven by the people of the city region, and it takes into account the damage inflicted by austerity, the need to change how health and wellbeing are understood and the uncertainties around the repercussions of the pandemic. But now is a moment to remember the stories and poetry that have peppered this narrative.

188 *Kinder Mass Trespass history*. <http://kindertrespass.org.uk/kinder-mass-trespass-history/>

“When people say that poetry is a luxury, or an option, or for the educated middle classes, or that it shouldn't be read at school because it is irrelevant, or any of the strange and stupid things that are said about poetry and its place in our lives, I suspect that the people doing the saying have had things pretty easy. A tough life needs a tough language – and that is what poetry is. That is what literature offers – a language powerful enough to say how it is.”¹⁸⁹

JEANETTE WINTERSON

So what is the grand augury that this chorus of birds foretells, and what might our citizens make of it? The people of GM may not quite realise it yet, but their songs and voices are the very instruments of social change – where our careful art, diverse creativity and rich heritage will be central to a fundamental shift in the ways in which our health and the poisonous inequalities that permeate society will be understood. Those birds are still singing if we choose to listen.

Looking more closely at the parallel narratives and other examples of practice quietly unfolding in pockets across the city region, for all their differences there are some qualities that connect them – qualities that are central to their success. Perhaps it's all about the skills and experience of those artists and facilitators who make the collaborations happen, maybe it's the longevity of the things that are taking place or else the context in time and place? Sensitivity, care and nurturing are central to this work. Sometimes, creative experience gives an opportunity to those taking part to practice being well, being heard and valued, and, in so being, hearing and valuing others. But, more often than not, the health or social issues that drew people to take part in these often-liberating experiences slip to one side, opening up possibilities to explore something completely different in the here and now – imagination and the pleasure and joy of the arts and of creating, in and of itself.

Responding to the *Manifesto for Arts & Health* (2011), poet Simon Armitage captured something of this essence:

“It reminds me of something that I've always believed in: that art gives us worth as humans, no matter who we are. And as a consequence makes us more humane.”¹⁹⁰

The narrative of *A Social Glue* has offered up an exploration of the potential impact of culture and creativity – *expressed in all its forms* – on health and wellbeing across GM. This survey of the landscape reveals something more than potential; it reveals that much is happening – some big, bold and public work and other more discreet, quiet and equally profound work. It offers a unique platform from which to spearhead a change in the cultural agenda, away from a focus on ill health and deficit to a new horizon where human creativity is seen as a liberating social asset and a means to effecting individual and communal change.

Building on, and learning from, exemplary established agendas – like systemic approaches to a collaborative age-friendly city region, our knowledge of inequalities across communities and the burgeoning mental health crisis across the life-course – the opportunities for connected thinking in shaping key strategic priorities are now ripe.

189 Winterson J. *Shafts of Sunlight*, November 11th, 2008. <http://www.jeanettewinterson.com/journalism/shafts-of-sunlight/>

190 Armitage S. Contribution to, *Manifesto Part 2*. 2012. <https://www.artsforhealth.org/manifesto/ManifestoPartTwo.pdf>



SING YOUR SONG

In his persuasive report *Fair Society Healthy Lives* (2010), Sir Michael Marmot recommends finding “community solutions” to individual health problems, but he does not specify what these might involve. Perhaps in GM, we can realise the assets of our communities and do this in ways that don’t diminish the risk-taking and integrity that artists bring to their work, ensuring that creative practice isn’t overwhelmed by the culture of an overstretched NHS. *A Social Glue* has illuminated some of the pathways that arts and health has taken here, from its early connections with clinical environments and desired clinical outcomes to a contemporary understanding of a broader public health and social change agenda. We have seen the strength, power and traction of social movements, and this narrative positions collective *care* and *empathy* at the heart of dynamic, evolving and healthier communities. Culture, heritage and the arts can be key drivers in addressing pressing health and social care issues, bridging environmental concerns in a city region uniquely placed to go sustainably *beyond* social prescribing.

Perhaps now is the time to reimagine the cities, towns and streets of GM. We can track their evolution from retail destinations to places of exciting and diverse culture, where people seek interactions with each other and the things that keep them healthy, happy and well. Rather than following, *Greater Manchester leads*. Through shared values and collective endeavour, there is a real possibility to implement a radical vision for public sector reform, where communities are at the heart of change. Our contemporary attention should rightly focus on the factors that influence everyone’s health, where culture and creativity enable communities and citizens to consider themselves participants in a common venture.

ABOVE
DAVID SHRIGLEY

Illustration by David Shrigley for the All-Party Parliamentary Group on Arts, Health and Wellbeing’s *Creative Health* report.

“When people say that poetry is a luxury, or an option, or for the educated middle classes, or that it shouldn’t be read at school because it is irrelevant, or any of the strange and stupid things that are said about poetry and its place in our lives, I suspect that the people doing the saying have had things pretty easy. A tough life needs a tough language – and that is what poetry is. That is what literature offers – a language powerful enough to say how it is”.

JEANETTE WINTERSON

ENGENDERING A CREATIVE HEALTH CITY REGION

What might we do – here and now – to transform the city region into what we can legitimately describe as a creative health city region? A *Social Glue* suggests that the conditions are right to pull these strands of possibility together, where one size doesn't fit all and where work that is hyper-local is nurtured with communities as well as being part of a region-wide vision.

At the very heart of this narrative, we place participatory and socially engaged artists and practitioners. We place equally high value on the people at the centre of our communities – those activists and change agents who will drive the reimagining of our city region.

We acknowledge that the UK economy is on the brink of significant difficulties, that those working in the cultural sectors are at great risk and that artists and small organisations are among the most economically vulnerable. We also acknowledge that the ways in which health and social care are understood and delivered need radical change, while staying true to some of the founding principles of the welfare state.

A *Social Glue* has explored some of the pressing inequalities discussed in *Health Equity in Greater Manchester: the Marmot Review 2020* and the Greater Manchester Independent Inequalities Commission 2021. It builds on a commitment to place-based approaches, designed around people and their need, and offers a vision of unified public services, underpinned by shared principles looking to radically transform service delivery across GM. We've explored how creativity, the arts and heritage are increasingly understood as being "good for you", and we've seen that not only do they offer a salve but also offer people a voice, a sense of community and a means of asserting the community control and empowerment that Marmot advocates. *Creative Health* and wider research provides information as to the mechanisms of impact and value within a policy framework, and others have warned us of the possibilities and pitfalls.

However we move forward on the recommendations of *Creative Health* and more recent research it is prudent to build on the radical identities associated with GM and to do this through sophisticated collaborations, learning from our pasts to inform all our futures. The GMHSCP and GMCA alongside local authorities, arts and heritage organisations, educational institutions, the voluntary sector, community groups and funders are some of the critical components of this social glue. What we need to do here and now is to realise the value and skills of the health and arts communities and set in place some key actions to begin this cultural shift. What is necessary is that we drive this work forward systemically.

As we've seen, in many cases the pandemic has exposed people to their own creativity and novel ways of exploring physical and mental health across the life course. There is an appetite for change and action, and, through social movements, there is a deeper awareness of collective possibility and care for each other and the environment.

“It reminds me of something that I've always believed in: that art gives us worth as humans, no matter who we are. And as a consequence makes us more humane”.

SIMON ARMITAGE

Cultural exploration of pressing inequalities can connect upstream strategy and collective action imaginatively to address some of the social determinants of health, underpinning a city-region-wide plan. To frame the following recommendations, let's start with what we want to be, with this expansion of the vision set out in *The Manchester Declaration*:

“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”.¹⁹¹

RIGHT
VENTURE ARTS

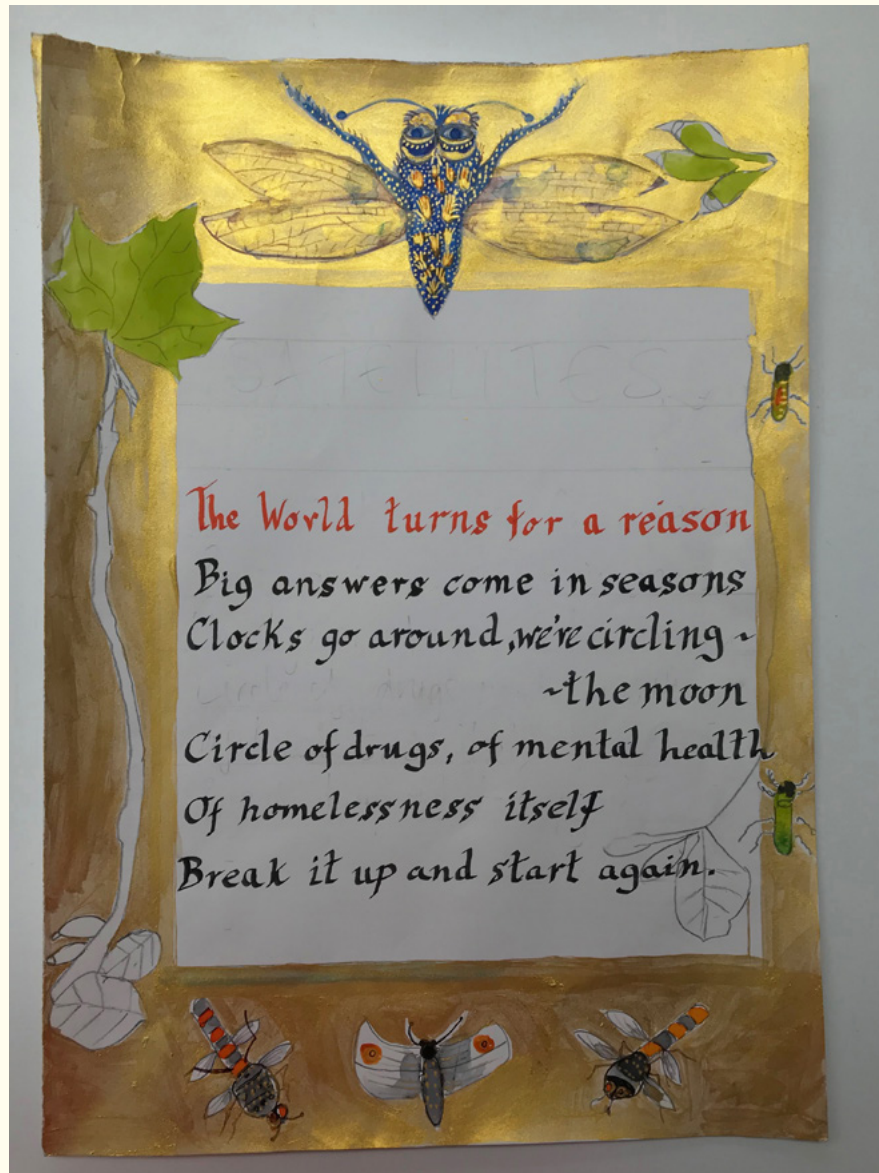
Ahmed Mohammed at
TMC 'Spilling Out' 2018.

Read the Venture Arts case study
[here](#) or p.36 of *Parallel Narratives*.

BELOW
ARTHUR + MARTHA

'Satellites' is a work in progress for 'A Book of Ours.' Photograph Lois Blackburn.
arthur+martha supported by HLF

arthur-martha.com



191 Op.cit. *The Manchester Declaration*.



RECOMMENDATIONS

To achieve this vision, *A Social Glue* offers a set of recommendations:

ONE

Greater Manchester should identify appropriate leadership to take this agenda forward, within the Greater Manchester Health and Social Care Partnership, in a connective role with the Greater Manchester Combined Authority and alongside local authorities, cultural, arts and heritage organisations, educational institutions, the voluntary sector, community groups and funders. This is a collective endeavour, in which locating leadership within the health sector has the potential to unlock possibilities, resources and opportunities not currently accessible from within local government or the cultural or voluntary sectors.

TWO

Greater Manchester should work to embed creative approaches into all areas of devolved health policy and strategic health plans. We should build the identity of Greater Manchester as the first creative health city region in the UK, going beyond the recommendations set out in the All-Party Parliamentary Group on Arts, Health and Wellbeing's report, *Creative Health* (2017).

THREE

Greater Manchester should focus on the intersections between people, place, culture, heritage and creativity. Hyper-local and neighbourhood models, building on local assets, co-production and imaginatively evidenced work that is owned by communities, will enable innovative cross-sector partnerships and support cultural and municipal organisations to reimagine their civic and social offer.

FOUR

Greater Manchester should reorientate the potency of the arts and creativity in health from a medical to a social model, focusing on assets and potential not deficits and ill health. The arts and culture are rarely a cure for illness, but they can prevent the onset of ill health and contribute to us living healthier, happier and fuller lives. Our plans should recognise the unique potential of culture and creativity to helping us live well, positioning the arts at the heart of all future developments in the inequalities agenda.

FIVE

Greater Manchester should be marketed as the legitimate UK centre of culture, health and social change, rethinking the role of the high street and communities as destinations for wellbeing-enhancing experiences.

SIX

Greater Manchester should nurture, support and value its artists and creative practitioners, recognising the contribution that this diverse community makes to a health and social care agenda. Serious consideration should be given to the training needs of those working in this field and the possibilities of mentorship programmes for emerging artists as well as professional development.

SEVEN

Greater Manchester should move beyond social prescribing, linking green and blue spaces, heritage and the arts to the potential to live well. We should not be afraid of moving our focus to where there are high levels of deprivations and where communities fall outside the system for reasons of culture, ethnicity or religion. Key themes should include mental health.

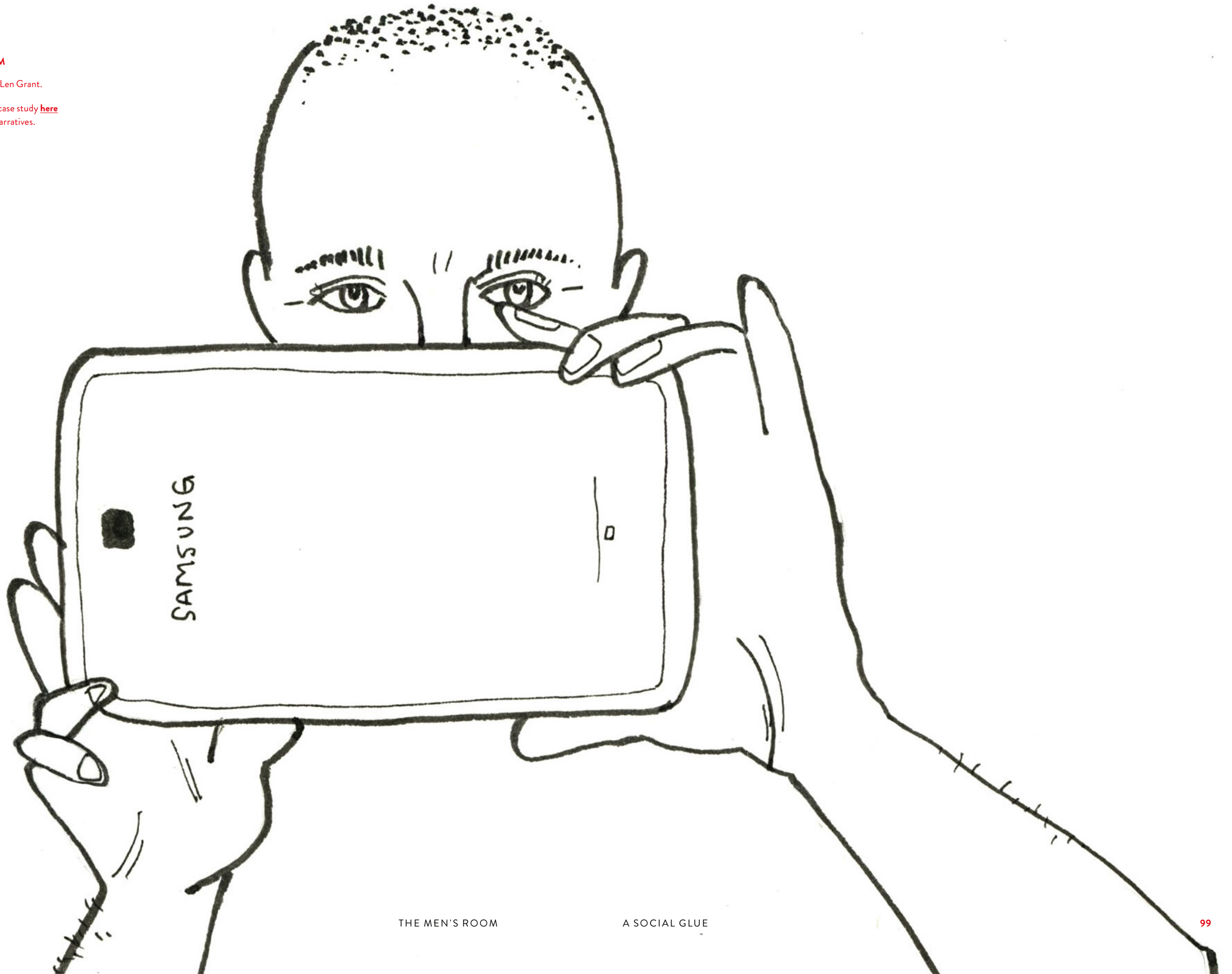
EIGHT

Greater Manchester should address a lack of evidence, particularly around children and young people in the context of social prescribing. The city region should develop a collective culture, health and social change research hub that is outward-looking, proactive and intrinsic to its citizens, practitioners, artists and activists, Greater Manchester Combined Authority and Greater Manchester Health and Social Care Partnership. This will build on our assets; offer opportunities to develop test-and-learn sites; inform evidence-based practice; enable a more robust understanding; develop methods to support co-design; and build on a heritage of socially engaged creative practice and co-produced healthcare.

THE MEN'S ROOM

Billy, The Men's Room, Len Grant.

Read The Men's Room case study [here](#)
or on p.64 of Parallel Narratives.



THE GREAT CONJUNCTION

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“Greater Manchester is uniquely placed to combine its strengths in advancing the creative health and the Marmot agendas. From way back, the area that is now Greater Manchester has pioneered best practice in arts and health initiatives. More recently Greater Manchester has seized the opportunity to pioneer the integration of health and social care services and work proactively to mitigate the damage to health caused by social and economic disadvantage. Combining those two traditions, as *A Social Glue* proposes, will enable the people of Greater Manchester to enjoy longer lives better lived in a more healthy and health-creating environment”.

LORD HOWARTH OF NEWPORT

Clive Parkinson is the Director of Arts for Health at Manchester Metropolitan University and the convenor of the Manchester Institute for Arts, Health & Social Change.

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ISBN: 978-1-910029-69-5

Designed by Georgia Burns
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DOING THINGS DIFFERENTLY

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