

Joining-up Policy Discourses and Fragmented Practices: the precarious contribution of cultural projects to social inclusion?

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Abstract

In government New Labour has developed a distinctive policy discourse about social exclusion. This paper outlines the roots of that national policy position and the confusing challenge it poses to local cultural projects claiming social inclusion. Government now demands hard evidence to measure the impact of cultural projects on performance indicators such as education, employment, crime and health. However, community-based workers are hard pressed to collect valid and reliable data that evaluate projects against clear criteria for social inclusion. In the first half of the paper five possible criteria for social inclusion are outlined. Then, drawing on data collected from two Arts in Health projects in particular, we examine how contributions to social inclusion might have been effected. We also argue that considerable energy is required to form new alliances and health partnerships to resolve the dilemmas posed by a confused policy discourse and by fragile funding streams. Such projects do, though, encourage us to move beyond a consideration of an 'inclusion as employment' model.

Key Words: New Labour, health, social inclusion, social exclusion

Introduction

In recent years notions of art for art's sake or sport for sport's sake have been increasingly challenged in funding allocations by considerations of wider social benefits. As part of New Labour's project to extend 'joined-up thinking' into public policy and practice, cultural policies must now demonstrate relevance to other major policy areas. We shall use our recent study (Long *et al.*, 2002) to review the changing discourses underpinning cultural policies and to deconstruct their shifting justifications and diverse implications. Our interest now, as then, is with the potential contribution of cultural projects to social inclusion – cultural projects are here taken to represent the full range of the remit of the Department for Culture, Media and Sport: the arts, media, heritage and sport (including outdoor adventure). Focusing on two local health projects, we shall argue that discourses around social exclusion have generated new alliances and partnerships, revitalised old networks, and mobilised new sources of funding. Nevertheless, there is growing demand from policy communities and issue networks for hard data to measure policy outputs and outcomes and thereby evaluate competing, confused and contradictory policy claims.

Discourses on social exclusion have become increasingly central to New Labour political ideology and policies. However, tensions continue to exist in current policies between Fordist and Post-Fordist regimes of regulation, between collectivist and individualist ideologies, between social exclusion and inclusion. Such tensions find their expressions not only in academic literature but also in national policy documents. With these debates unresolved it is hardly surprising that local practitioners are confused or take a pragmatic

response in using assumed extrinsic benefits in their justification for funding for cultural projects.

Because leisure and culture are seen to be public goods, there is a presumption that they can be set to the task of addressing social inclusion. Indeed, the report of Policy Action Team 10 (arts and sport) to the government's Social Exclusion Unit (PAT 10, 1999, p5/6), suggested just that:

- Arts and sport are inclusive and can contribute to neighbourhood renewal.
- Arts and sports bodies should acknowledge that social inclusion is part of their business.
- Arts and sport are not just an add-on to regeneration work.

These beliefs were further reflected in the foreword by Chris Smith (then Secretary of State for the Department for Culture Media and Sport - DCMS), who wrote:

The report shows that art and sport can not only make a valuable contribution to delivering key outcomes of lower long term unemployment, less crime, better health and better qualifications, but can also help to develop the individual pride, community spirit and capacity for responsibility that enable communities to run regeneration programmes themselves. (ibid p2)

However, like several other commentators (e.g. Allison & Coalter, 1996; Long & Sanderson, 2001) the authors of the PAT 10 report went on to note that there is not much substantive evidence to support the claims for social benefits that might advance inclusion. These presumptions, despite the lack of evidence, are exacerbated by the unproblematic treatment of social inclusion in the leisure literature.

Shifting Policy Discourses: from social exclusion to cultural inclusion

According to Castells (2000), the term *social exclusion* originated in a policy context with the European Commission, where it was defined as 'the social rights of citizens... to a certain basic standard of living and to participation in the major social and occupational opportunities of the society' (Room, 1992: 14). Perhaps not surprisingly then, this terminology only established itself in a British political context with the election of the New Labour government in 1997. It is worth remembering that social exclusion has normally and historically been interpreted in terms of economic disadvantage focusing on the poor, those without regular employment and its associated income.

Silver (1994) posited three exclusion paradigms that engage with the distinctive political values of modernity and citizenship: fraternity, liberty and equality.

- a) **solidarity** (from French Republicanism) – when the social bond linking the individual with society breaks down – the concept of citizenship includes political rights and duties and obligations on the part of the state to aid the inclusion of the excluded;
- b) **specialisation** (from Anglo-American liberalism) – specialisation in the market and social groups occurs because individuals freely differ – individuals are excluded because of discrimination, market failures and un-enforced rights;
- c) **monopoly** (from Weberian and Marxist sociology) – exclusion comes from the interplay of class, status and political power which serves the interests of the included – exclusion is combated through citizenship, equal membership and full participation.

Although Silver cautioned that these should not be associated with a welfare state that is necessarily the product of competing and hybrid ideologies, Cousins (1998) has suggested

that in the mid 20th century Britain fitted the monopoly model before switching to the specialisation model in the 1980s. Arguably it is currently closer to the solidarity model with New Labour taking its lead from the European Union discourse on social exclusion.

The DCMS naturally subscribes to the New Labour discourse which emanated from the Social Exclusion Unit (SEU) of the Cabinet Office that sees social **exclusion** essentially in terms of disparities in key service areas, from health to housing via education, employment and crime prevention. Consequently, social **inclusion** is charged with the task of reducing those differential rates of provision and participation. Addressing such inequity is surely a necessary, but not sufficient condition of social inclusion. These are symptoms rather than causes. There is an argument embedded here about whether social exclusion should be treated as a product or a process. Castells (2000: 71), for example, is quite insistent that 'social exclusion is a process not a condition'. Collins (2003:21) outlines strong and weak conceptions of social exclusion; the strong version focuses on the processes of the powerful to exclude whereas the weak version seeks to alleviate or eliminate social exclusion.

The revised definition from the Commission of the European Communities (1993: 1) does draw attention to the processes involved:

Social exclusion refers to the multiple and changing factors resulting in people being excluded from the normal exchanges, practices and rights of modern society. Poverty is one of the most obvious factors, but social exclusion also refers to inadequate rights in housing, education, health and access to services. It affects individuals and groups, particularly in urban and rural areas, who are in some way subject to discrimination or segregation; and it emphasises weaknesses in the social infrastructure and the risk of allowing a two-tier society to become established by default.

Arguably then, social exclusion represents separation, disengagement and alienation from mainstream political, economic and socio-cultural processes. Room (1995) stresses the significance of this relational aspect of social exclusion in light of little participation, integration and, importantly, access to power. The implication of SEU logic is that measures taken to reduce disparities in selected performance indicators of exclusion (health, education, employment, crime and housing) will necessarily help promote social inclusion. However, important though such challenges may be, a simple inversion will not necessarily promote inclusion if it fails to address the processes of exclusion. It seems that the approach of the Scottish Executive of setting minimum targets for health, education, employment, crime and housing (the same concerns as the Social Exclusion Unit) to be achieved under the banner of *social justice* is a sounder conceptual link and a more transparent political project. Disappointingly, the emphasis of the PAT 10 report was on receiving and consuming cultural experiences rather than contributing and producing them. We should question how cultural inclusion and regeneration can be expected if all that people are invited to be party to is local consumption. The potential for cultural activity is greater than that. Indeed, as we shall see, practitioners stress creativity and intrinsic benefits rather than the passive consumption of cultural performances.

The nature and extent of exclusion also varies considerably depending upon who is considered to be excluded. The term typically is taken to embrace those who participate less than some presumed mainstream norm – low-income groups, the long-term unemployed, rough sleepers and persistent offenders. By way of a *caveat*, writers such as Coalter (1998)

and Patmore (2003) have argued that people do have the right to choose, the right **not** to participate in art, sport and rational recreations. Radicals from both extremes of the political spectrum have stressed this need to limit state intervention in order to produce citizen welfare. Feelings about what it means to be 'socially included' are inevitably politically contested and these feelings and emotions vary just as considerably among those disadvantaged who are considered to be 'excluded'. The current SEU definition does have the advantage of helping to redress the previous single preoccupation with the labour market. While unemployment is undoubtedly associated with other aspects of exclusion, not everyone can be economically active and this emphasis detracts from the other dimensions even for those who are seeking work.

The emphasis on social exclusion has in turn attracted its own critics. For example, Burden (2000) has suggested that this singular focus has served to distract attention from redistribution policies to promote greater economic equality. Further, Levitas (1996) has objected to the integrationist agenda, and has questioned why everyone should be incorporated into the dominant vision. Levitas (1996) again has identified three distinctive policy approaches: RED (redistribution) addressing low income and lack of resources; MUD (moral underclass) blaming an underclass for their moral failings and more recently SID (social inclusion) reintegrating people by inserting them into the labour market. In the 1980s and 90s MUD has been seen as part of the New Right populist discourse in the media, concentrating policy on the personal rather than the systemic. For New Labour, social insertion and integration remain particularly sensitive political issues in light of the ethnic tensions of summer 2001 in the UK, the re-emergence of the BNP as an electoral force, anti-refugee feeling and criticisms of the Iraq war. In fact, the problematic nature of British identity has been fully explored in Parekh's Runnymede Trust report (2000). The linguistic slide in some government circles from social inclusion to cultural inclusion does nothing to reassure in this regard.

The established tradition of policies for neighbourhood renewal has contributed to a strong geographical dimension to social inclusion initiatives. By way of example, the Index of Multiple Deprivation 2000 (DETR, 2000) has been used to target most needy areas. There can be little doubt that the collective burden of multiple deprivations can have a disproportionate effect on the experiences of living and growing up in such areas (Atkinson & Kintrea, 2001), but more than this, Castells (2000) argues that whole areas are bypassed by what he calls 'information capitalism' as being superfluous to its needs. The state has long accepted a role in redressing such imbalances, but Bauder (2002) is concerned that the idea of neighbourhood effects provides scientific legitimacy to neighbourhood stereotypes that may in turn lead to slum clearance and policies of acculturation. Some policies though are simply more easily directed to areas than to individuals, though there can then be no guarantee that those most in need are the beneficiaries of such policies. In any areas in which social inclusion projects are located it may be that the excluded either do not know that they can, or do not care to, take up the offer of involvement (perhaps because they feel they have been subject to a history of discrimination). In such areas it may be those who are already included who are most likely to take part. This possibility may be particularly strong in rural areas where there can be great socio-economic diversity within relatively small populations.

These different perspectives notwithstanding the UK government remains committed to its position which equates the causes with the consequences of social exclusion. The policy statement 'Breaking the Cycle' (SEU, 2004) re-states social exclusion as the reinforcing combination of a number of social ills, potentially communicated between generations. It

suggests that poverty and social exclusion are risk factors embedded in certain localities, yet not everybody living in deprived areas experiences social exclusion. The foregoing debate has suggested some of the limitations of this kind of position, but it has invited 'cultural projects' to contribute to partnerships in engaging with a wider social and political agenda.

Social Inclusion Through Cultural Projects

Reflecting the kind of claims we began this paper with about the potential of cultural activities to promote social inclusion, Coalter (2001: 1) has argued that:

Cultural services already make a substantial contribution to the social, cultural, educational, health and economic life of communities, although more needs to be done to extend participation among currently under-participating groups. Further, the ability of cultural services to provide accessible, inclusive and safe social spaces underpins their potential to move beyond the simple extension of participation and to address a range of personal, social, economic and environmental issues – to move from developing cultural services in communities to developing communities through cultural services.

Particularly when dealing with the disparate, established and sceptical policy communities of health, crime, education and housing, how can cultural services and projects justify and substantiate these wider generic claims? How might 'social inclusion' be articulated and recognised? Table 1 (taken from Long & Welch, 2003: 61) summarises a number of arguments that might be developed from different positions in the foregoing debates to establish a contribution to social inclusion by cultural projects. The first derives from claims that simply getting more people to participate is itself a measure of social inclusion, whereas the last derives from the argument that social inclusion comes through the ability to be party to decisions around personal and collective wellbeing. The Table maps what might be demonstrated if each of these were accepted as a valued contribution to social inclusion.

Each of these requires a different kind of evidence to demonstrate the achievement of social inclusion. Each would demand the formalisation and operationalisation of distinctive quantitative and qualitative measures to evaluate social inclusion claims and outcomes. Each would clearly be pressured to generate valid and reliable data to convince members of their own policy community with an appropriate professional discourse and legitimate evidence as a first step. Having gained recognition from within the field, other policy networks and interest groups need evidence to be convinced that cultural projects have a central role to play in tackling social exclusion.

Table 1: Possible Justifications for Linking Cultural Projects and Social Inclusion

<p><i>A. Involvement in cultural activities equals de facto inclusion</i></p>	<p>Sport, arts and other cultural activities may be seen to be in and of themselves a good thing, such that increased participation benefits the individuals concerned because they are thereby included in something of public value. By virtue of private individuals being included in public cultural activities, people might <i>de facto</i> be considered to be included in society. This might be linked to a general <i>quality of life</i> philosophy.</p>
<p><i>B. Higher participation rates in cultural activities by groups presumed to be excluded</i></p>	<p>If supposedly excluded groups (e.g. minority ethnic groups, the unemployed, older people) reveal greater participation rates after policy initiatives then inclusion may be said to have increased. This may be particularly appealing to local projects that might adopt the position that, while people may be generally excluded from society, they can at least be included in their particular initiative. However, just because a project gets to the socially excluded does not necessarily mean that anything has been done to promote long-term social inclusion – unless giving the socially excluded ‘something’ makes for social inclusion. Interestingly, in addressing ‘groups at particular risk of social exclusion’ the PAT 10 report considers groups excluded from arts/sport activity. The argument has thereby been subtly transposed from considering whether/how using cultural activities can benefit those who are socially excluded to a consideration of how to encourage participation in cultural activities by those identified by the agencies as currently having low participation rates in such activities.</p>
<p><i>C. Involvement in cultural activities improves policy indicators (currently, education, employment, crime, and health)</i></p>	<p>This may have been achieved if involvement in cultural activities can be shown to improve health, work rates, reduce crime, etc. This is dependent of course on what policy areas are presumed to be susceptible to such change (or the government’s current priorities) and whether there is really any causal attribution.</p>
<p><i>D. Involvement in cultural activities increases human potential, health and well-being</i></p>	<p>As a result of these projects there may be private benefits at the individual level or collectively as ‘community capital’. For the individual, this is typically considered to encompass factors like personal confidence, self-esteem and skills. Beyond that, community capacity can be seen to have advanced if projects result in extended social networks, increased community cohesion, civic pride, collective skills, etc.</p>
<p><i>E. Opening-up social structures/institutions/organisations through participation</i></p>	<p>Arguably political inclusion is not realised until people are involved in decision-making, hence the significance of those projects that facilitate the participation of excluded people in organisations and institutions. The response from the Arts Council for England to the SEU stressed the importance of local people developing strategies to achieve ownership and sustainability.</p>

On the basis of our research (see below), different projects certainly appear to use the terms ‘social exclusion’ and ‘social inclusion’ in different ways. These terms are clearly problematic in that they are contested, misunderstood and sometimes gain pragmatic acquiescence. Consequently, some projects are predicated on the belief that social inclusion can be achieved by promoting access to cultural activities by those who are thought to be

excluded (or live in areas where a significant proportion are thought to be excluded). Others seek to tackle the conditions of social exclusion (e.g. improving currently poor standards of health), but it is not clear that this necessarily promotes social inclusion. Others seek to use cultural activities more instrumentally to promote social inclusion by the attainment of a set of conditions.

The Empirical Base

Apart from a trawl of the existing published evidence, the challenge of our study was to gather evidence of the outcomes of 14 projects that were using cultural activities to promote social inclusion. In referring to ‘cultural’ projects we are using it as a collective term to encompass the range of the DCMS remit (arts, sport, recreation, heritage, media, adventure, etc.). The study consequently entailed:

- i. a consideration of the different understandings of social exclusion/inclusion;
- ii. using existing literature to provide a context for the practice and achievements of these projects;
- iii. an examination of alternative indicators of social inclusion and how these can be implemented;
- iv. an attempt to identify, wherever possible, evidence of good practice in the form of what is seen to work, both in terms of securing social inclusion goals and evaluation.

The projects were from around England and represented a range of different styles, purposes and targets, but shared the common purpose of enhancing the quality of life in areas of disadvantage. These were complex projects so simple classifications are not easy, but in broad terms they represent:

- **Arts & Media** (6) Two projects use the arts to stimulate public awareness of health issues; three are directed to skills development among disaffected/vulnerable young people with a view to improving employment prospects; and one is more directly orientated to educational development.
- **Heritage (incl. Libraries)** (3) One is an education project designed to attract disadvantaged groups into the museum; one is an arts-in-education project using ‘heritage’ to stimulate imagination; and one is a library service to develop communication in rural areas.
- **Outdoor adventure** (2) Both provide adventure education as a means of personal development and the fostering of self-confidence and self-esteem.
- **Sport** (3) All focus on providing sporting opportunities as a constructive, socially legitimate focus for the energies of young people (one incorporates training in and awareness of issues of racial equality).

Although these 14 projects are all very much concerned with social inclusion, they may not have been set up with that as their primary aim. Thus the data and feedback they obtain may

be directly relevant to their original aims, but may address social inclusion only obliquely. Even if they were not directly addressing them, project staff found it relatively easy to relate to the four domains associated with SEU concerns:

1. Improved *educational* performance
2. Increased *employment* rates
3. Reduced levels of *crime*
4. Better (and more equal) standards of *health*

Our own work (e.g. Long & Sanderson, 1996, 2001) and a preliminary analysis of the summaries of projects included for this study, has suggested that in terms of sport and arts initiatives most claims of benefits relate to:

- *empowerment* – exercising own ability to act and personal development
- *social exchange* – interpersonal and inter-group ties promoting social cohesion
- *citizenship* – access to privileges, benefits and entitlements, and recognition of civic responsibility, thereby making organisations and social structures more open.

These three were therefore added to our evaluation so those seven domains were considered.

Poverty, Health and Social Exclusion

The dimension we have chosen to focus on here is health, but similar arguments might be advanced in relation to the other three dimensions of education, employment and crime. The health projects are especially valuable in the context of our current argument because the potential offered by cultural activities appears to be considerable but requires partnerships between mutually suspicious camps. The dominant language, delivery and research styles of the worlds of health and cultural services do not sit easily together. Over the past decade within government circles in the UK there has been a growing recognition that economic inequalities in capital, property, employment and income have important impacts on health outcomes. Broadly defined concepts of health, well being and quality of life remain shaped by social disadvantage. Using rough measurement by area postcodes, health inequalities can be seen to correlate with inequalities in educational achievement, housing density, crime rates, and ‘social capital’ of neighbourhood networks.

A junior department like DCMS is keen to be seen to be making a contribution to Cabinet Office policies that encourage sectoral and departmental collaboration in tackling intractable policy problems. Even the most casual observer can note how health and social inequalities have been central to New Labour’s long-term policy agenda and the DCMS has sought to establish its own policy presence in mainstream initiatives such as tackling social exclusion. However, breaking into established policy communities requires a major impetus to overcome the status quo; the onus is on newcomers to provide empirical data to justify new expenditure and innovative projects and in so doing secure a steady place in new funding streams (Dunleavy and O’Leary, 1987). Institutionalised policy communities and networks need to be challenged and disrupted so as to provide space for new discourses and health practices.

Since the landslide election of 1997, small amounts of such space have been created by a New Labour government intent on challenging established ideology with a pragmatic commitment to ‘*what matters is what works*’ in policy terms. Nowhere have such commitments been spelt out more vociferously than in the area of health where the

government has been anxious to cater for the electorate's concerns in order to secure future electoral success. Arguments have raged around PFI (Private Finance Initiative), hospital 'waiting lists', the establishment of the National Institute of Clinical Excellence (NICE), foundation hospitals and diverse performance indicators or league tables for clinical practice. This is all part of the continuing crisis in the NHS, a demand for more democratic accountability and media-led re-evaluation of professional medical practice, particularly in relation to consultants, general practitioners and community-based services. Consequently, there has been a range of new policy debates, organisational initiatives and audits around health alliances and health partnerships. Yet, one important plank in New Labour's pragmatic policy platform is the demand for empirically led or grounded policies. Consequently, public policy should be evaluated and policy outputs must be measured against defined policy objectives.

There is now substantial evidence of the health benefits derived from physical activity (see, for example, Surgeon General, 1996), though rather less about sport. Nonetheless, *Game Plan*, the government's strategy for delivering sport and physical activity, contends that their benefits have been best demonstrated in regard to health (DCMS / Strategy Unit, 2002). However, there has been less agreement over the amount and intensity of activity necessary to secure those benefits. Although not as well established as the link to physical health, there is growing evidence of physical activity contributing to mental well being. This stems largely from research that has examined the relationships between self-esteem, anxiety, depression, mood state, and cognitive functioning (see, for example, Mutrie & Biddle, 1995, and Biddle *et al.*, 2000). Nonetheless, contra-indicators have emerged from a study by Roberts and Brodie (1992) that took a longitudinal perspective, and found no relationship between participation in recreational sport and levels of stress. Although the sports-based projects among our case studies did claim a health dividend, this was not one of their central objectives and they had no supporting evidence.

Beyond physical activity there are well-established claims for the contribution to health made by other cultural activities. For example, participation in arts activities is presumed to have a positive effect on mental well being (e.g. Moss, 1987; Sheeran, 1988) and the Art in Hospital movement and art therapy have put forward persuasive cases for their support (e.g. Senior & Croall, 1993; Downie, 1994). In the late 1990s the Arts in Health network has emerged, spearheaded by local authority leisure services departments working in partnership with community artists. This has evolved into the National Network for Arts in Health (NNAH).

The context of change within health policy communities mentioned above provides opportunities for new alliances and new initiatives to develop. Indeed, Health Action Zones (HAZs) have provided one vehicle for key 'stakeholders' in the production and consumption of health care services to meet and to identify local health priorities and tackle social exclusion. Elements of the HAZs are beginning to challenge the medical model of health and scientific discourses around clinical trials and experimental research to measure the precise impact of treatments. There are growing numbers of advocates arguing that other testimonies of evidence, 'softer' forms of evidence need to be 'listened to', knowing that Arts in Health projects will result in short, medium and long-term impacts on lifestyles that are hard to evaluate objectively.

In Practice

Set-up during 1998 and 1999 to target acute health issues in designated areas, HAZs have often contributed to connecting art, health and wellbeing. Arts in Health projects are intended to raise self-esteem and awareness, to reduce social isolation and to inform local people of the resources available to improve their quality of life. Such projects typically respond to locally identified health issues, often highlighted by health professionals, but then seek creative solutions to health needs and health education. This represents a real attempt to change institutional practices and to encourage medical professionals to examine their existing policies and particularly community-based service delivery.

The two projects included in our research were funded by HAZs and both *Walsall Community Arts and Health* and *Common Knowledge* in Tyne and Wear have been prominent in the emerging National Network for Arts into Health (NNAH – established in 2000). Both have been keen to share their good practice with others and both organisations have hosted and contributed to an emerging policy network around arts into health. Neither adopted a single way of dealing with health issues and social exclusion nor a particular philosophy for inclusion when working with the disadvantaged groups defined in national health strategies. However, both projects have put considerable effort into mobilising health professionals, local politicians, local authority officers and local communities to participate in defining and taking ownership of local health initiatives and to explore the role that the arts could play in achieving health outcomes. Both Arts in Health pilot projects have included some kind of participant and artistic record and evaluation. Both areas had embarked on a commitment to fund a wide range of pilot projects on Arts in Health initiatives has meant that budgets tend to be spread quite thinly amongst diverse communities and cover a myriad of health issues with different ‘at risk’ groups. At the time of our investigation in 2002 both Walsall and Tyne and Wear HAZs had supported about fifteen separate projects (at an average cost of approximately £3k). Because both projects operate in areas officially designated as being deprived, the presumption is that they also tackle issues of social exclusion.

Common Knowledge ‘pioneers a new approach to placing arts activities at the heart of community health and clinical practice’ (White, 2001), creating networks to promote community engagement and citizenship. Its objective was to enhance the wellbeing of those who consider themselves to be healthy as well as patients in care settings. It focused on collaborations of creative capacity, healthy citizenship and community development in its work to eliminate health inequalities. In the first year of a three-year training programme to disseminate good practice the emphasis was on training events, Revelation Days and conferences. The steering group behind the *Common Knowledge* project included the Tyne and Wear HAZ, regional arts development officers, senior health care managers and health promotion advisers from the Tyne and Wear region. In the second year, assorted pilot projects were funded, and in the final year, 2003, a showcase was provided for regional pilot projects. *Common Knowledge* has tried to build on emergent cross-sectoral partnerships, exchanges and initiatives with diverse community groups throughout the five boroughs of Tyneside.

In Walsall the Arts into Health project was a partnership between the Health Authority and the Community Arts Team with a co-ordinator liaising between four area steering committees representing the four Health Action Zones (HAZs) in the borough. The work was underpinned by the twin rationales of health promotion and local empowerment of disadvantaged groups and neighbourhoods to promote the use of existing health services. It also challenged mainstream inequities in health care policies, provision and outcomes. Here

too partnerships were felt to be essential to good practice. The focus has been on specific neighbourhoods and groups involving a wide age range and addressing health issues around class, gender and ethnicity. The diverse projects were expected to have a measurable impact on the community's health through the use of the arts as a medium for stimulating awareness and discussion around particular health issues. During 2000-2001, nineteen projects were funded and evaluated in different parts of the city.

Health promotion work has long recognised the need to encourage people to make informed choices and to opt for healthier lifestyles. During the 1990s health professionals acknowledged that men's health has been a neglected area, despite higher rates of male mortality, illness and diseases. Stated simply, men as a category irrespective of age group and social class are far less likely to access health services. Often they appear to rely on others (predominantly women – partners, wives, sisters and mothers) to be responsible for their health, to monitor their own everyday lifestyle and diet, to take preventative actions and to make and keep appointments to see doctors, visit clinics and so on. In response to these general factors that are exacerbated by social deprivation, men's health became one of the major foci for HAZ policies, especially in Walsall where, if men won't go to the doctors, the 'doctors' will come to them.

The *Stand Up Check Up* received substantial local, regional and national publicity. It involved a stand-up comic developing a routine in working men's clubs to tackle the issue of testicular cancer. Data were collected from the audiences and 173 questionnaires returned exploring men's responses to the performance and the health issues raised. Men were encouraged to take up health checks (MOTs) there and then by community nurses working in the club. Those and their consequences went unrecorded, but health professionals reported measures of increased attendance at local GP surgeries. The second phase, although not involving any of the people in phase 1 was still based in the same community. This project encouraged local men to develop a review show around men's health. Two locations were identified, involving performers, the committees of local Working Men's Clubs and club members. This involved 5-6 local men working with community artists over the 10-week period to develop material and produce a show. Community-based practice nurses again provided MOT health checks in the workingmen's club on the nights of the rehearsals and the performance. The final phase of the project was to take the show to a dozen separate locations in all four Walsall HAZs.

The show developed in East Walsall illustrates the real tensions and dynamics of community-based health promotion that aspires to change people so that they adopt healthier lifestyles. All the key suspects were there – short-term project work, limited funds, and a popular culture that celebrates unhealthy lifestyles, a vibrant hegemonic masculinity, and a traditional white working-class suspicion of any aesthetic and reforming performance. This is not to denigrate the hard work and commitment of those involved, but rather to illustrate the shifting context within which people have to work. Needless to say, in the face of such constraints, those charged with the task of animation were also driven by the need to justify and evaluate the project by producing real figures of outputs. As if just being there was not enough, community artists have to produce hard data on how many have been converted and saved by culture from social exclusion.

In the case of East Walsall, the community arts group, commissioned by the HAZ, had no previous experience of health promotion and had to work with a handful of interested volunteers to develop new material. However, there were real problems of sustaining interest

and involvement in rehearsals over the ten-week period and on the night the group members or artists ended up standing in for those with cold feet. Consequently, the show itself, the material, sketches and adaptations of popular songs were performed mainly by the community artists themselves rather than by members of the local community. During the one-off evening performance, the overall health messages were less than clear, although the night's production itself was meant to stress the general message that health should be important to men.

Ironically the event was located in the lounge of a traditional working men's club and the audience were mainly women and clusters of family and friends who had come to support the one or two local 'performers' in the sketches. In sharp contrast the bar was packed with men smoking and drinking heavily watching Liverpool on a large screen playing in a European Champions' League Game. Such was the spatial division between the backstage (Goffman, 1971) bar of popular culture and the front stage of health that the community nurses had set up in the lounge to administer health MOTs. The nurses went into the bar at half time to cajole men to have their blood pressure measured in the lounge. This was met with reluctance. Indeed, on being told that there were three lovely nurses in the other room just waiting to do the health checks, one jaundiced reply was, "I wouldn't be bothered even if all three were naked". As the evening's show went on and the football finished more and more men drifted into the lounge to swell the audience to about sixty, and nurses eventually completed fifteen health MOTs on the night. So despite taking health services into the heart of the working-class community, the six-metre walk from the bar to the lounge was a step too far for some.

Elsewhere in Walsall a £4,000 budget was used to explore issues of safety in Caldmore and Palfrey. This has involved work with young people, women working as prostitutes and local residents to use arts to articulate health/gender issues in the red light district of Walsall. This community arts initiative was evaluated by action-based research by staff of Nottingham Trent University. Data were collected from focus groups involved in the project and artistic outcomes exhibited for the local community to view in the new Art Gallery, Walsall. In the same area there was also a project to promote cancer screening to Asian Women. After eight focus groups of women (approximately 70 in total) had participated in an arts project, local statistics recorded that screening differentials in take-up of tests between white and Asian women closed. In addition, hearsay evidence was collected of Asian women attending screening armed with promotional/ artistic material that had been developed by/in the project.

Meanwhile in Tyne and Wear, a collaborative project was developed involving (15) community groups (of 6-12 people) meeting to discuss diet and nutrition. The groups were diverse and included two primary school groups, an OAP dance group, an OAP day centre group, a women's refuge group, a carers' support group, and a psychiatric ward group. Each group worked with a different community artist to design a themed table top, as a work of art that can be individually / collectively displayed. This culminated in an event/exhibition at Custom House Gallery in South Shields. Each community group has an Evaluation Book that documents the involvement of participants and community artists.

Artistic and cultural performances, as well as works of art, have always been subject to critical appraisal and reflection. Not surprisingly, therefore, the idea of 'evaluation' and the language of its surrounding discourse have long been established in the arts and more recently in the Arts in Health movement. Partnerships with local health authorities and the financial and bureaucratic disciplines of working in HAZs have reinforced this. HAZs have

designated evaluation officers whose job is to monitor costs and audit spending on all projects. There are evaluation procedures, pro-forma and three-monthly reviews of processes and spending. The result is that projects have been defined in terms of outputs and budgets associated with short-term appointments of artistic animators to work on particular community-based health projects. As a result, both Walsall and Tyne and Wear HAZs can confidently claim that all projects are evaluated, but as one would expect, they are done so primarily within the community artist's language of creativity, artistic standards, lessons to be learned for future projects, engagement of participants with the art form, whether performances/exhibitions were well received and well attended by audiences or local communities, and so on. That is not the same as evaluating the Arts in Health projects in terms of social inclusion.

Given the relatively short-term nature of HAZ funding, both Walsall and Tyne and Wear have been under heavy pressure to secure long-term funding and sustainability. Those working in Arts in Health networks have been keenly aware of the need to generate 'hard' data that can quantify the impact of projects on health and, more broadly, social exclusion. Given a commitment to preventative rather than curative models of health care, Arts in Health projects seek to achieve long-term impacts so as to empower local people to engage with health issues and adopt healthier lifestyles. Not only do preventative models carry less political kudos, but also long-term data sets corresponding with such aims do not exist. Policymakers concerned with effecting change need longitudinal data to permit the necessary evaluations. However, those working in the field, constrained by short-term projects, are not necessarily best placed or with the necessary skills and resources to conduct longitudinal research into health outcomes.

Following sound practice both Walsall and Tyne and Wear HAZs have commissioned different forms of external audit to assess the nature and impact of their Arts in Health projects. *Common Knowledge* in Tyne and Wear commissioned a report of how its skills-exchange network has developed over a three-year period. In the case of individual projects in Walsall, academic consultants on one project have completed action-research and in another, research work has been commissioned from a consultant from the Theatre in Health Education Trust.

Conclusion

Overall then, the potential of cultural projects to promote social inclusion appears to be increasingly recognised if still viewed sceptically. The zenith of social policy achievement would be to find an independent variable (could it be some distinctive form of cultural intervention?) that can be adjusted to effect a predictable impact on the dependent variable of social inclusion, or some correlate or constituent part of it. However, it does not take long to work out that while there may indeed be some beneficial consequences, the independent variable has little consistency, is not really independent and any number of intervening variables moderates its effect.

Our search for evidence of the link between cultural projects and social inclusion, whether in the literature or in the case studies, was largely unfulfilled. What evaluation was being conducted tended to be designed for other purposes. Nevertheless, our experience of the projects indicated that they were successfully making a difference to the lives of individuals within selected target groups.

The two projects featured here can be seen to be performing differentially in terms of the various criteria for inclusion identified in Table 1. In terms of increased participation in cultural activities (A) each of the Arts in Health programmes has had some modest success, but there are no formal data recording whether participants are from socially excluded groups (B); it is presumed that they are because of the locale. There is no evidence of any impact on the policy indicator of improved health (C), much less of reduced inequalities, though the projects may protest that a more appropriate indicator might relate to health awareness. Even here, though, the evidence is largely incidental. Although any one project may have made only a small contribution to increasing human potential (D), the evaluations suggest that across the board this has been significant for individuals and, certainly in Tyne and Wear, extending social networks has contributed to community capital – social capital in Putnam’s (1995, 2000) terms. Although the desired hard evidence may yet be lacking, the strategy adopted by the Tyne and Wear HAZ does offer an alternative mechanism for inclusion and involvement to address Chandler’s (2000) concern that responsible citizenship cannot be created by government fiat. In effect it begins to address our fifth dimension (E) of social inclusion by fostering the contacts and networks required to turn around decline in social capital (Putnam, 1995; 2000). Certainly it might be said that these sorts of intervention represent, in Levitas’s terms, a focus on the personal rather than the systemic. Hence it might be an exaggerated claim to suggest that participants have achieved significant power in decision-making, but at least in Tyne and Wear they have been able to begin to engage in the health debate.

It should be remembered that these projects were not established as social inclusion projects per se, and DCMS was wary that they should only be evaluated against their own diverse aims and objectives. However, when similar projects are established with that remit, the government has to be clear which version of social inclusion it expects to see delivered, and advise on criteria by which delivery can be measured and evaluated. At the time QUEST (2002: 2) acknowledged

‘that the objectives of social inclusion work for the cultural and sporting sectors are not clear, partly because they have not been translated into cultural or sporting terms...measures of performance are multiple and varied...nor do they provide solid evidence for the contribution sports and culture can make either to the government’s target area of crime, health etc. or to broader indicators of community development and quality of life’.

There was clearly a perceived need to bridge the gap between the current language and measurement of social inclusion and the actual activities and contribution of the cultural and sporting sectors. To date little has changed and the most recent indicator of government thinking – Breaking the Cycle (SEU, 2004) – offers more of the same.

Initiatives like the New Policy Institute’s annual reports of indicators of poverty and social exclusion are intended to illustrate the government’s commitment to ‘joined-up’ policy making as well as empirically-based policy research, and to provide the base for the policy assault. Meanwhile there are undoubtedly many in the fields of art and sport who resent being expected to justify themselves in terms of other agendas, just as there are many dealing with health, education, employment and crime who consider that a focus on art and sport trivialises the problems they have to address.

Much of the current debate about the potential for cultural projects to be used instrumentally to secure social inclusion may seem akin to social engineering. While all societies engage in such processes it would be disconcerting if it were felt that projects were unable to offer activities for their intrinsic benefits. The concept of social inclusion requires a consideration not just of what the benefits are, but also who benefits. However, even at this relatively simple level, few of the projects are able to provide accurate data on the socio-demographic characteristics of participants. Just because a project is delivered in a disadvantaged area does not necessarily mean that the presumed benefits accrue to the socially excluded. Just because the project is working with the socially excluded and delivering benefits to them does not necessarily mean it does anything to promote social inclusion. Judgements of the success of such projects have to be conditional upon the value criteria by which they are assessed and so it is probably inappropriate to expect that a single unequivocal answer can be delivered. There is little doubt that such projects can deliver some benefits that might be considered to represent social inclusion under some definitions of the term. We do not have enough information to judge whether any such gains are 'enough' or are efficiently and effectively gained. Although it might be possible to construct some measures of efficiency (e.g. number of people engaged per unit of expenditure), the lack of attention to outcomes as opposed to outputs means that it is virtually impossible to address cost-effectiveness. Moreover, whether they are desirable benefits is a political judgement that might shift from time to time.

Interest in these sorts of initiative do help us to move beyond the critique of Williams and Windebank (2000: 16) of New Labour's reliance on a 'social inclusion through employment' approach, by departing from this one-dimensional conceptualisation of social inclusion and exclusion to consider other forms of practice. Indeed, arguably it is policies such as these that lie at the core of New Labour's struggle for legitimation (not just with the electorate, but within the Labour Party) as it lays claim to managing capitalism in the interest of social justice.

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