SCOTTISH EXECUTIVE

Quality of Life and Well-being:
Measuring the Benefits of
Culture and Sport:

Literature Review and Thinkpiece

Education

social
research

WELL-BEING AND QUALITY OF LIFE: MEASURING THE BENEFITS OF CULTURE AND SPORT:

A LITERATURE REVIEW AND THINKPIECE

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QUALITY OF LIFE AND WELL-BEING:
MEASURING THE BENEFITS OF CULTURE AND SPORT.
A LITERATURE REVIEW

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SECTION 1: A LITERATURE REVIEW

CHAPTER 1.1. INTRODUCTION

"Adding life to years, and not just more years to life!"[1]

"Money can't buy happiness" (proverb)

"Quality of life must be in the eye of the beholder"[2]

Aims and objectives

1.1   In March 2005 the Scottish Executive commissioned Centre for Cultural Policy Research (CCPR) to undertake research to define "quality of life" (QOL) in the context of culture, arts and sport and explore ways in which the *impact* on QOL and sense of well-being through participation in cultural or sport interventions can be identified and measured, both in social and economic terms. This was to be achieved through both a literature review and a "think-piece".

1.2   The detailed objectives of the research were:
- To examine the "bigger picture" of QOL and the definitions already established by previous research;
- To then "draw in" and focus on the definition of QOL and well-being in the context of culture, arts and sport;
- To provide a clear understanding of the social and economic benefits flowing from culture and sport projects that enhance QOL and well-being; and
- To identify social and economic indicators that can be used to measure QOL and sense of well-being impact in relation to culture and sport for possible "piloting" in a follow-up piece of research in the context of a culture or sports "case-study" to be identified by the Executive.

1.3   A literature review was required to inform the Executive's thinking on the social and economic measurement of QOL and well-being, and to provide the basis for an exploratory "think-piece". The remit was to review the literature published since 1995. The specific aims of the literature review were to:
- draw from the range of social research and economics literature;

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[1] Motto of The Gerontological Society of America, cited in Rejeski, W Jack. and Mihalko, Shannon L (2001) 'Physical Activity and Quality of Life in Older Adults', *Journals of Gerontology: Series A: Biological Sciences & Medical Sciences*, Vol. 56, No. 11, p. 33.
[2] Campbell, A and Converse PE (1972) *The Human Meaning of Social Change*, New York: Russell Sage Foundation, quoted in Rapley, Mark (2003) *Quality of Life Research. A Critical Introduction.*, London: Sage, p. 10.

- summarise the various definitions of the concepts of QOL and well-being in general;
- drawing from the literature, focus on definitions of QOL and well-being in the context of culture and sport impacts on the individual and community;
- establish a standardised working definition for the purpose of this study;
- explore the difficulties faced in measuring QOL and well-being; and
- and cite standard methods and results, and critique methodologies.

1.4   CCPR reviewed the social research literature. Nicola Birkin undertook the scoping, with advice from Dr Mark Petticrew of the Medical Research Unit, University of Glasgow, and Christine Hamilton of CCPR reviewed the literature on sport and QOL. CCPR commissioned Professor David Bell, University of Stirling, to review the economics literature. This review, which also looks in more detail at the concept of well-being, is included as Annex 1 of this document.

1.5   The review does not deal with the wider literature on arts and health, with which there is some overlap. This was the subject of a recent literature review commissioned by Arts Council England.[3] For the purposes of this review, arts, culture and sport are defined in terms of *participatory* activities, in other words, what we are concerned with is the effect of participation in cultural and sporting activities on QOL and/or well-being.

Overview of the literature

1.6   Discussion of QOL dates back to Plato and Aristotle[4]. Although neither the philosophical origins nor historiography of the term can be dealt with here, discussion of these themes may be found in the literature.[5]

1.7   In terms of the volume of articles, discussion of QOL and well-being within the academic literature centres on the health care field, including nursing, medicine

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[3] Staricoff, Rosalia Lelchuk (2004) *Arts in Health: A Review of the Medical Literature. Research Report 36.* London: Arts Council England.

[4] Hagerty, Michael R, Cummins, Robert A, Ferriss, Abbott L, Land, Kenneth, Michalos, Alex C, Peterson, Mark, Sharpe, Andrew, Sirgy, M Joseph, and Vogel, Joachim (2001) 'Quality of Life Indexes for National Policy: Review and Agenda for Research', *Social Indicators Research*, Vol. 55, No. 1, p. 1; Vittersø, Joar (2004) 'Subjective Well-Being Versus Self-Actualization: Using the Flow-Simplex to Promote a Conceptual Clarification of Subjective Quality of Life', *Social Indicators Research*, Vol. 65, No. 3, p. 300; Cummins, Robert A (1997) 'Assessing Quality of Life' in Brown, Roy (ed) *Quality of Life for People with Disabilities. Models, Research and Practice,* 2nd edn, Cheltenham: Stanley Thornes (Publishers) Ltd, p. 117.

[5] Armstrong, David and Caldwell, Deborah (2004) 'Origins of the Concept of Quality of Life in Health Care: a Rhetorical Solution to a Political Problem', *Social Theory and Health*, Vol. 2, No. 4, pp. 361-371; Sandøe, Peter (1999) 'Quality of Life - Three Competing Views', *Ethical Theory and Moral Practice*, Vol. 2, No. 1; Day, Hy and Jankey, Sharon G (1996) 'Lessons From the Literature. Towards a Holistic Model of Quality of Life' in Renwick, Rebecca, Brown, Ivan, and Nagler, Mark (eds) *Quality of Life in Health Promotion and Rehabilitation. Conceptual Approaches, Issues and Applications,* Thousand Oaks: Sage, pp. 39-50; Parmenter, Trevor and Donelly, Michelle (1997) 'An Analysis of the Dimensions of Quality of Life' in Brown, Roy (ed) *Quality of Life for People with Disabilities. Models, Research and Practice,* 2nd edn, Cheltenham: Stanley Thornes (Publishers) Ltd, pp. 91-115; Rapley (2003).

and health promotion.[6] A large body of literature exists on learning disabilities and other types of disability, including mental health. Psychology literature on QOL forms a large subset of the health literature.

1.8   QOL is also the subject of academic debate in economics, particularly in the related field of happiness studies, a research area shared with psychologists and sociologists. Most of this literature considers the effect of medical interventions on the QOL, or subjective well-being of individuals or groups of individuals with shared characteristics.

1.9   QOL and well-being are also a concern of the social indicators movement, which developed in both Scandinavia and the US in the 1960s and 1970s out of a feeling that economic indicators alone could not reflect the QOL of populations.[7] Over the past 30 years this has become a fast growing discipline now fully embraced by governments and public sector agencies worldwide, seeking to measure and compare changes in QOL within and between communities, cities, regions and nation states. Major studies of QOL, for example, have been sponsored by organisations such as UNESCO, the OECD, and the World Health Organization (WHO).[8]

1.10   QOL emerged as an academic discipline in its own right in the 1970s, with the establishment in 1974 of the peer reviewed scientific journal Social Indicators Research, founded and edited by Alex Michalos. Since then the volume of academic articles concerned with QOL and well-being issues has steadily increased. Schalock reports that since 1985 alone over 20,900 academic articles have appeared in the international literature containing the term "quality of life" in their title.[9] A second key academic publication is *The Journal of Happiness Studies*, a multi-disciplinary journal which provides a forum for discussion of what it describes as the two main traditions in happiness research (1) speculative reflection on the good life and (2) empirical investigation of subjective well being. The International Society for Quality-of-Life Studies (ISQOLS) serves as a forum for academic researchers working in this field, encouraging inter-disciplinary research and methodological debate and development.

1.11   Our literature search produced a final selection of 244 articles, the majority academic but with a significant minority drawn from commissioned consultancy work and reports by public sector agencies. Full details of the search criteria and strategies are included in Annex 5.

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[6] Haas refers to a literature review that identified more than 4,000 articles published about QOL related to health that were published within the four-year period 1993 to 1997 alone. King, CR et al (1997), 'Quality of Life and the Cancer Experience: The State-of-the-Knowledge'. Oncology Nursing Forum, 24, pp. 27 – 41 in Haas, Barbara K. (1999) 'A Multidisciplinary Concept Analysis of Quality of Life', Western Journal of Nursing Research, Vol 21, No. 6729.
[7] Rapley (2003) pp. 5-7.
[8] Parmenter and Donelly (1997), p. 91; Delhey, Jan et al (2002) 'Quality of Life in a European Perspective: the EUROMODULE as a New Instrument in Comparative Welfare Research', *Social Indicators Research*, Vol. 58, No. 1 – 3, pp161–175.
[9] Schalock, Robert L (2004) 'The Concept of Quality of Life: What We Know and Do Not Know', *Journal of Intellectual Disability Research*, Vol. 48, No. 3, p205.

Structure of the Literature Review

1.12   The literature review takes the following form. Chapters 2 and 3 consider QOL as a concept. The first of these looks at definitional issues and defining attributes of QOL. The second sets out the main debates at the heart of QOL definitions. Definitions of well-being and its relationship with QOL are considered in Chapter 4. Well-being is also considered further in Annex 1 by Professor David Bell. Chapter 5 reviews the ways in which QOL has been measured. Studies exploring the contribution of culture to QOL and well-being, at both an individual and community level, are reviewed in Chapter 6, while Chapter 7 reviews the equivalent literature relating to exercise and sport. Overall conclusions, indicating the options for future research in this area are provided in Chapter 8.

1.13   As far as possible in this literature review we have attempted to maintain a consistency in our own use of terms. However in quoting the work of others we will inevitably reflect the confusion that exists in the literature over the usage and meaning of terms. A key part of this is the inter-changeable use of different concepts, discussed below.

1.14   Professor David Bell's *Review into Subjective Well-being and its Relation to Sport and Culture* is included in Annex One.

CHAPTER 1.2. DEFINING QUALITY OF LIFE AND WELL-BEING

Why do definitions matter?

2.1   Virtually every realm of public policymaking and service delivery in advanced capitalist nations is now influenced by notions of Quality of Life (QOL) and well-being, although it is not our remit to discuss here how or why this has occurred.[10] Ager describes QOL as:

> *"a successful 'meme', a concept that has reproduced rapidly in response to conducive environmental conditions."[11]*

2.2   For a range of economic, social and political reasons, QOL has emerged as a desired outcome of service delivery in mainstream and special needs education, health care, social services (particularly for disabled and elderly people) and, increasingly, for cross-cutting public sector partnership policy at all levels.

2.3   How QOL and well-being are defined has important policy implications. For this reason the QOL of life "movement" has been received with wariness or even opposition by disability campaigners.[12] QOL has a high public profile at times, for example, concerning legal decisions over medical intervention to save very premature babies who will almost certainly be profoundly disabled, or to prolong the lives of people in a persistent vegetative state.   In a quite different policy context, a psychological concept of QOL that regards aspects of an individual's personality or temperament as the determining factor may result in fewer resources being invested in improving the material circumstances of vulnerable individuals.   The reform of the community care system in the UK and elsewhere brought a greater emphasis on the needs of individuals and the use of QOL as an indicator of satisfaction with services.

2.4   Because of the nature of the policy decisions being made, Rapley argues that there are "serious ethical, conceptual and philosophical difficulties" involved in studying QOL, which researchers must take very seriously.[13]

2.5   This section aims to give an overview of the general literature on definitions and models of QOL, providing a context for the subsequent focus on definitions of QOL and well-being within culture, art and sport.

2.6   QOL is a vague and difficult concept to define, widely used, but with little consistency. Moreover it is the view of some researchers that QOL cannot be defined

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[10] See instead Schalock, Robert L (2000) 'Three Decades of Quality of Life', *Focus on Autism & Other Developmental Disabilities*, Vol. 15, No. 2, p. 116; Schalock (2004), p. 203; Ager, Alastair (2002) ''Quality of Life' Assessment in Critical Context', *Journal of Applied Research in Intellectual Disabilities*, Vol. 15, No. 4, pp. 369-376.

[11] Ager (2002), p. 373.

[12] Keith, Kenneth D (2001) 'International Quality of Life: Current Conceptual, Measurement, and Implementation Issues' in Glidden, Laraine Masters (ed) *International Review of Research in Mental Retardation 24,* San Diego: Academic Press, p. 49.

[13] Rapley (2003), p. 81.

exactly.[14] The definition assigned to the term, and the way in which it is used, are contingent upon research objectives and context.[15] Consequently, there is a lack of consensus about its meaning. Authors from different disciplines approach the concept from the perspective of their own research interests and objectives, and so the *subject* of QOL research also varies widely. For example, social indicators have been developed to assess the QOL of the general populations of cities, regions or nations, while social and psychological indicators have been developed to assess the QOL of individuals, or groups of individuals with common characteristics.

2.7   "Well-being" is even more ambiguous, abstract and nebulous a term, and we shall look at its definition and relationship with QOL later. Put simply, an accepted, uniform definition of either term does not currently exist.

Why is the meaning so hard to pin down?

- The reason the term is so ambiguous is partly because of the different ways in which it is used. Its lay or common usage in public life is very loose and is based on the positive connotations of the term "quality". In contrast its usage by experts focuses more on the second dictionary definition of "quality", that is to describe the basic character or nature of something – something that may be either positive or negative.[16]

- However, even amongst experts, usage of the term is extremely varied. Armstrong and Caldwell regard the significance of the concept in terms of its "rhetorical function", providing the common ground or point of articulation in many of the political debates about social and medical technological progress.[17] Keith and Schalock argue that QOL can be used in three ways: as a "sensitizing notion that provides reference and guidance", as a "social construct", and as an "organising concept" or "unifying theme".[18] Or, in the words of Keith:

  > *"a systematic framework through which to view work aimed toward improving the lives of individuals".[19]*

- Reviewing the health literature, Rejeski and Mihalko distinguish between the use of the QOL concept as a psychological construct, and as an "umbrella term" for

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[14] Keith (2001), p. 50.

[15] Farquhar, Morag (1995) 'Definitions of Quality of Life: a Taxonomy', *Journal of Advanced Nursing*, Vol. 22, No. 3, p. 502; Felce, David and Perry, Jonathan (1995) 'Quality of Life: Its Definition and Measurement', *Research in Developmental Disabilities*, Vol. 16, No. 1, p. 51; Rejeski, W Jack and Mihalko, Shannon L (2001) 'Physical Activity and Quality of Life in Older Adults', *Journals of Gerontology: Series A: Biological Sciences & Medical Sciences*, Vol. 56, No. 11, p. 24; Day and Jankey (1996), p. 50.

[16] Farquhar (1995), p. 503.

[17] Armstrong and Caldwell (2004).

[18] Keith, Kenneth D and Schalock, Robert L (2000) 'Cross-cultural Perspectives on Quality of Life: Trends and Themes' in Keith, Kenneth D and Schalock, Robert L (eds), *Cross-cultural Perspectives on Quality of Life*, Washington DC: American Association on Mental Retardation, pp. 363-380, cited in Keith (2001), p. 54.

[19] Keith (2001), p. 54.

various desired (medical) outcomes.[20] An awareness of how the term is being *used* is therefore important.

- There is a very wide range of definitions and interpretations of QOL[21] - over 100 definitions according to Schalock.[22] It is also very common for articles about QOL not to define the concept, particularly within the medical literature.[23] In a recent systematic review, 16 out of 68 health-related QOL models evaluated did not provide a definition of QOL.[24] This common failure to define what is being measured, or alternatively to cite definitions used elsewhere without stating a preference, adds considerably to the sense of conceptual confusion. Often writers will evade issues of definition by focusing on "approaches" or skipping forward to discuss "measures" which imply a type of definition.[25] Indeed this is not just an issue of evasion. Keith argues that it is the view of many researchers that QOL *cannot* be defined exactly, and that they are therefore more likely to choose to study various facets and dimensions of QOL rather than to attempt to define it explicitly.[26]

- The individual orientations of the wide range of disciplines concerned with QOL are one factor influencing definitions of QOL and explaining the diversity of definitions.[27] Farquhar gives the example of public health approaches that may focus on communities, compared with medical specialist approaches that focus on the individual patient.[28] Each may require a different type of definition. Raphael describes how sociologically orientated QOL researchers will choose to focus on the structure and content of groups, communities and societies, while psychology orientated researchers will prefer to look at any one of a range of individual based characteristics such as well-being, mental health etc.[29] Meanwhile Scandinavian social indicators research is concerned with quantitative measures of objective standards of living and is based on a different type of QOL definition from subjective well-being research.[30]

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[20] Rejeski and Mihalko (2001), p. 24.

[21] Haas, Barbara K. (1999a) 'A Multidisciplinary Concept Analysis of Quality of Life', *Western Journal of Nursing Research*, Vol. 21, No. 6, p. 728; Farquhar (1995), p. 502; Bowling, Ann (1997) *Measuring Health. A Review of Quality of Life Measurement Scales*, 2nd edn. Buckingham: Open University Press, p. 6; Felce and Perry (1995), p 52.

[22] Schalock (2000) p. 117.

[23] See Haas (1999a), p. 739; Taillefer, Marie Christine, Dupuis, Gilles, Roberge, Marie-Anne and Lemay, Sylvie (2003) 'Health-Related Quality of Life Models: Systematic Review of the Literature', *Social Indicators Research*, Vol. 64, No. 2, p. 294; Meeberg, Glenda A (1993) 'Quality of Life: a Concept Analysis.', *Journal of Advanced Nursing*, Vol. 18, No. 1, p. 32; Raphael, Dennis (1996) 'Defining Quality of Life: Eleven Debates Concerning Its Measurement' in Renwick, Rebecca, Brown, Ivan and Nagler, Mark (eds) *Quality of life in health promotion and rehabilitation: conceptual approaches, issues, and applications,* Thousand Oaks: Sage, p. 147; Armstrong and Caldwell (2004).

[24] Taillefer et al (2003), p. 307.

[25] Oliver, Nicolas, Holloway, Frank and Carson, Jerome (1995) 'Deconstructing Quality of Life', *Journal of Mental Health (UK)*, Vol. 4, No. 1, pp. 1-4; Naess, Siri (1999) 'Subjective Approach to Quality of Life', *Feminist Economics*, Vol. 5, No. 2, pp. 115-118.

[26] Keith (2001), p. 51.

[27] Farquhar (1995), Rapley (2003), p. 84.

[28] Farquhar (1995), p. 505

[29] Raphael (1996), p. 149.

[30] Diener, Ed and Suh, Eunkook (1997) 'Measuring Quality of Life: Economic, Social, and Subjective Indicators', *Social Indicators Research*, Vol. 40, No. 1-2, p. 191.

- Within the literature there exists confusion about what *is* QOL, what *contributes* to QOL, and what are the *outcomes* of QOL.[31] Taillefer et al note the confusing tendency of some authors to consider *everything* part of QOL.[32] Unfortunately, in practice, making this distinction is not straightforward, and different authors have arrived at different conclusions:

  > *"Happiness and a feeling of well-being will also result from QOL. When one rates his or her life as having quality, one will concurrently have a sense of self-esteem and pride regarding his or her life. It must be noted that a confounding scenario seems to be apparent with each of these consequences of quality of life in that each can contribute to, as well as result from quality of life."[33]*

- And as a result:

  > *"This means that in the current debate, there are some factors that exist both inside and outside the concept of QOL."[34]*

- There has also been a tendency for some writers to conflate QOL with other concepts, and to use the different concepts interchangeably. The most cited examples of these are life satisfaction, happiness, well-being, health status and living conditions, all of which are sometimes used interchangeably with QOL.[35] Referring to the literature of the 1970s and 1980s (i.e. before the time period of this literature review) Meeberg cites a number of authors who define QOL "in terms of life satisfaction or satisfaction of needs", in other words authors who regard QOL as both uni-dimensional and subjective.[36] Adding to the difficulties, in the early 1990s the term "health-related quality of life" emerged in distinction to "quality of life" in general.[37] Incorrectly, health-related QOL and QOL are often used interchangeably. The definition of health-related QOL is considered in Annex 2.

Definitional typologies and Quality of Life models

2.8   In recent years, in an attempt to secure conceptual clarity, various researchers have produced typologies of QOL definitions.

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[31] Hagerty et al (2001), p. 81.

[32] Taillefer et al (2003) p. 295.

[33] Meeberg (1993), p. 36.

[34] Taillefer et al (2003), p. 295.

[35] Meeberg (1993), p. 34; Haas, Barbara K. (1999b) 'Clarification and Integration of Similar Quality of Life Concepts', *IMAGE: Journal of Nursing Scholarship*, Vol. 31, No. 3, p. 4; Coffman, Don D (2002) 'Music and Quality of Life in Older Adults', *Psychomusicology*, Vol. 18, Nos 1-2, p. 76.

[36] Meeberg (1993), p. 34.

[37] Armstrong, David and Caldwell, Deborah (2004) 'Origins of the Concept of Quality of Life in Health Care: A Rhetorical Solution to a Political Problem', *Social Theory and Health*, Vol. 2, No. 4, pp. 361 – 371; McHorney, Colleen A (2000) 'Concepts and Measurement of Health Status and Health-Related Quality of Life' in Albrecht, Gary L, Fitzpatrick, Ray and Scrimshaw Susan C (eds) *Handbook of Social Studies in Health and Medicine*, London, Thousand Oaks, New Delhi: Sage; Haas, Barbara K. (1999).

2.9   In her taxonomy, or classification of definitions, based on a systematic review of the expert literature, Farquhar identifies three major types of QOL definition, as shown in Table 2.1.[38]   These are (1) general or global definitions, (2) definitions which break the concept down into a series of component parts or dimensions, and (3) definitions that focus on only one or two of the component parts recognised in the former type of definition.

Table 2.1. A taxonomy of Quality of Life definitions

Type	Name for type	Description
	(A) Expert/professional's definitions	
I	Global definitions	The most common, general, type of definition - usually say little about the possible components of QOL. Usually incorporate ideas of satisfaction/dissatisfaction or happiness/unhappiness.
II	Component definitions	Break down QOL into a series of components, dimensions or domains, or identify characteristics deemed essential to any evaluation of QOL.
II a	(non-research-specific)	Identify a number of dimensions of general QOL, but may not necessarily claim to cover every possible dimension
II b	(research-specific)	Explicitly tailored to meet the objectives of a specific piece of research. May therefore overlook or exclude certain dimensions of QOL considered less relevant to the research aims.
III	Focused definitions	Refer only to one or a small number of the dimensions of QOL
III a	(explicit)	Focus on a small number of dimensions of QOL considered essential to QOL, but does so explicitly.
III b	(implicit)	Focus on one or two dimensions of the broader concept of QOL, but implicitly, without making this clear.
IV	Combination definitions	Global definitions (same as type I) that also specify dimensions (as in type II).

Source: based on Farquhar (1995).

2.10   Global definitions are identified by Farquhar as the most common type within the expert literature.   These are very general definitions that omit the possible components of QOL.   Component definitions break down QOL into its constituent parts, dimensions or "domains", or identify key characteristics considered essential to evaluate QOL.   These fall into two categories.   The non-research specific will typically identify a number of dimensions of general QOL - both objective and subjective - although it may not claim to cover all the possible dimensions of QOL. A research-specific component definition, in contrast, is one where the writer has considered the concept of QOL specifically with regard to his or her own research focus. As a result, some possible dimensions of QOL may be overlooked or excluded from the definition because they are considered less relevant to the research focus.

2.11   The third type are focused definitions.   Either explicitly or implicitly these refer to just one component, or a minority of components, of QOL. Farquhar found

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[38] Farquhar (1995), p. 503.

these to be most common in the literature relating to health and functional ability. Explicit focused definitions, for example, were found most commonly in the health-related QOL literature where researchers focus on a small number of factors considered essential to QOL, but do so openly. In contrast implicit focused definitions concentrate on one or two components of the whole concept but without making this plain. Most commonly authors will use the term QOL without defining it, but will then operationalise it in terms of one or two measures, from which the reader may interpret a definition. But as Farquhar comments, "In these circumstances it is difficult for the reader to assess how the authors fully interpret the term".[39]

2.12   The fourth type are combination definitions, those that are global definitions (type I) but which also specify components (type II).

2.13   In another systematic review of QOL models, Taillefer identified 3 different types:

Table 2.2. Three types of Quality of Life model

Model Type	Description
Conceptual Model	A model that specifies dimensions and properties of QOL (the least sophisticated type of model).
Conceptual Framework	A model that describes, explains or predicts the nature of the directional relationships between elements or dimensions of QOL.
Theoretical Framework	A model that includes the structure of the elements and their relationship within a theory that explains these relationships" (most sophisticated type of model).

Source: Taillefer et al (2003), p. 299.

2.14   Felce and Perry add some flesh to this with their scheme of QOL models overleaf.

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[39] Farquhar (1995), p. 504.

Figure 2.1. Conceptualisation of Quality of Life.

(a) Quality of life is defined in terms of Life Conditions

(b) Quality of Life is defined in terms of Satisfaction with life

(c) Quality of Life defined as a combination of Life Conditions and Satisfaction

(d) Quality of Life defined as a combination of Life Conditions and Satisfaction weighted by Scale of Importance
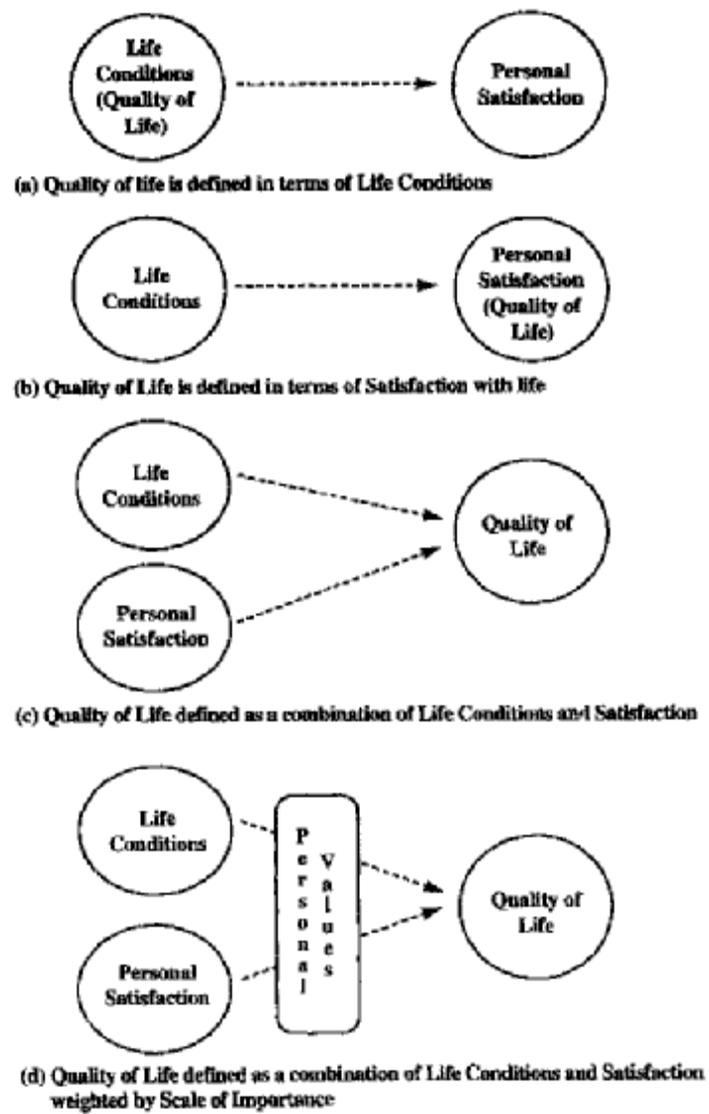
Source: Felce and Perry (1995) p. 55.

2.15   Finally, reviewing 22 of the most commonly used QOL indexes from around the world, Hagerty et al found that the majority were not theory based.[40] In other words most indexes were not based on a tested conceptual model of QOL. Hagerty proposes a QOL model based on a systems-theory approach that connects public policy inputs to QOL outcomes.

Figure 2.2. Systems theory structure of Quality of Life concepts and causes
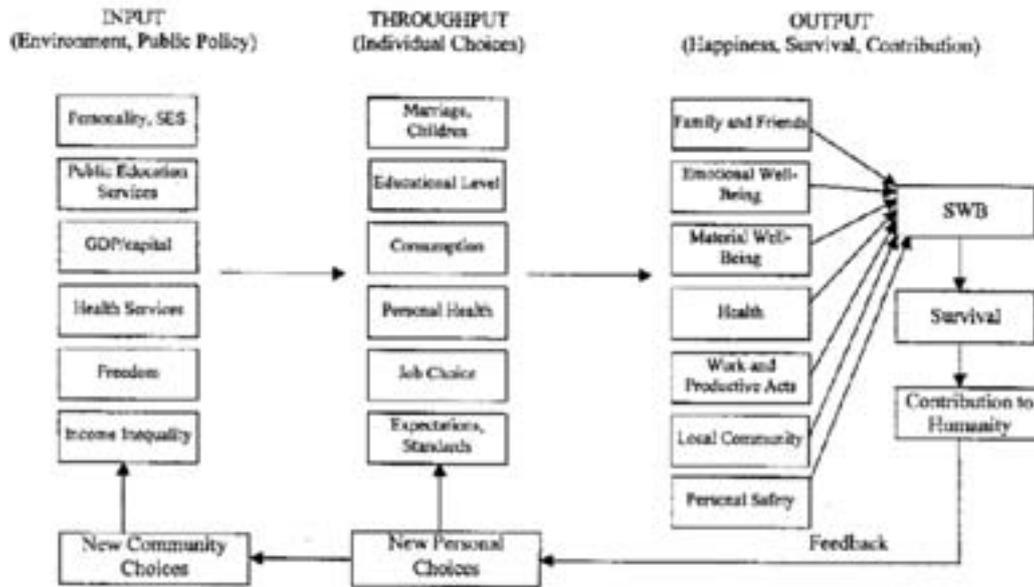
Source Hagerty et al (2001) p. 80.

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[40] Hagerty et al (2001), p. 79.

The defining attributes of Quality of life

2.16   Other researchers have reviewed the literature to investigate the *content* of QOL in terms of the defining attributes of the term, while others still have identified a series of models of the QOL concept, in which attributes are combined within a conceptual or theoretical framework.[41]

2.17   There have been a number of attempts using different methods to pin down the defining attributes of QOL, and three of these are shown in Table 2.3 below. Meeberg and Haas each used the process of concept analysis, developed by Walker and Avant to interrogate definitions drawn from a cross disciplinary review of the concept as used within healthcare.[42]   In developing its QOL instrument, the World Health Organization (WHO) QOL Group established an international expert review panel that identified 3 defining characteristics of QOL.[43]   There are clear differences of opinion over the defining attributes.

Table 2.3. Defining attributes of Quality of Life

	Meeberg (1993)	Haas (1999a)	The WHOQOL Group (1995)
1	A feeling of satisfaction with one's life in general	An evaluation of an individual's current life circumstances.	Subjective – to do with the individual's perception.
2	The mental capacity to evaluate one's own life as satisfactory or otherwise	Multidimensional.	Multidimensional.
3	An acceptable state of physical, mental, social and emotional health as determined by the individual referred to.	Value based and dynamic.	Involves the individual's perceptions of both positive and negative dimensions.
4	An objective assessment by another that the person's living conditions are adequate and not life-threatening.	Comprise subjective and/or objective indicators.	
5		Most reliably measured by subjective indicators by persons capable of self-evaluation.	

Source: Haas (1999)a, p. 733, Meeberg (1993), p. 33 and The WHOQOL Group (1995), p. 1405.

2.18   Meeburg and Haas identified 4 and 5 defining attributes respectively. According to Haas, all 5 of these must be present to meet the definition of the concept

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[41] See Felce, David and Perry, Jonathan (1996) 'Assessment of Quality of Life' in Schalock, Robert L (ed) *Quality of Life. Volume 1 Conceptualisation and Measurement,* Washington: American Association on Mental Retardation.

[42] Meeberg (1993); Haas (1999b); Walker, LO and Avant, KC (1988), *Strategies for Theory Construction in Nursing*, 2nd edn, Norwalk, Connecticut: Appleton and Lange.

[43] The WHOQOL Group (1995) 'The World Health Organization Quality of Life Assessment (WHOQOL): Position Paper From the World Health Organization', *Social Science and Medicine*, Vol. 41, No. 10.

[43] Naess (1999), p. 115.

of QOL. If some but not all of these attributes are present then the subject may be a related concept such as well-being, satisfaction with life, or health status.

2.19   Naess summarises the subjective approach to defining QOL as "the individual's experience, or perception, of how well he or she lives"[44] In other words, QOL is exclusively about subjective well-being, rather than objective life circumstances. Haas disagrees with this view and argues that a solely subjective assessment is actually concerned with well-being, and not QOL. This would appear to cover the WHO definition, which explicitly identifies the subjective perceptions of individuals as a defining attribute of QOL.

2.20   The key attributes identified by these experts encapsulate the main debates surrounding the definition of the concept of QOL. These main areas of contention are reviewed in the next section.

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[44] Naess (1999), p. 115.

CHAPTER 1.3. MAIN DEBATES AT THE HEART OF QUALITY OF LIFE DEFINITIONS

3.1   Although definitions may vary, there is a great deal of consensus within the literature about the importance of certain core issues.[45] Based on a review of cross-disciplinary conceptualisations of QOL, Raphael produced a summary of 11 key debates, which are drawn on here. He argues that the position taken on these issues is crucial when it comes to operationalising the concept and determining appropriate methods for measuring QOL.[46] The main debates discussed here are: objective versus subjective approaches; whether QOL is a uni- or multi-dimensional concept; the role of values; the place of self-evaluation; the cultural context; and QOL as a relative or absolute concept.

Objective versus subjective approaches

3.2   Early efforts to define and measure QOL took either an economic or objective social indicators approach. But studies in the 1970s showed that objective measures of life conditions accounted for only a modest proportion of individuals' subjectively reported QOL and/or well-being.[47] For example, Cummins reports a range of studies from the early 1970s onwards demonstrating that individuals report levels of satisfaction with where they live regardless of the objective poverty of their environment.[48] Key amongst these were studies by Andrews and Withey and Campbell et al, which helped re-orient QOL research towards subjective measures.[49] The prevalent use of economic indicators as measures of national QOL began to be challenged as studies refocused on subjective responses to life conditions.[50] Sometimes referred to as the "American" social indicators approach, these studies embraced concepts such as happiness, life satisfaction, and well-being and attempted to measure these at a population level.[51] An alternative hypothesis began to be put that individual well-being might owe more to the personality or inherent disposition of individuals than to objective conditions.[52] Examples of the two different types of social indicator are shown in Table 3.1 below.

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[45] Haas (1999a); Meeberg (1993); Farquhar (1995); Schalock, Robert L (1996) 'Reconsidering the Conceptualisation and Measurement of Quality of Life' in Schalock, Robert L (ed) *Quality of Life, Vol. 1. Conceptualization and Measurement,* Washington: American Association on Mental Retardation; Cummins (1997).

[46] Raphael (1996), p. 146.

[47] Haas (1999a), p. 729; Diener and Suh (1997), p. 200.

[48] Cummins, Robert A (2000) 'Objective and Subjective Quality of Life: an Interactive Model', *Social Indicators Research*, Vol. 52, No. 1.

[49] Andrews, FM and Withey, SB (1976) *Social Indicators of Well-being: Americans' Perceptions of Life Quality*, New York: Plenum; Campbell, A, Converse, PE and Rodgers, WL (1976) *The Quality of American Life: Perceptions, Evaluations and Satisfactions*, New York: Russell Sage Foundation, both cited in Rapley (2003), p. 14.

[50] Cummins (2000), p. 58.

[51] Rapley (2003) p. 10.

[52] Felce and Perry (1995), p. 56.

Table 3.1. Objective and subjective social indicators

Frequently used objective social indicators	Frequently used subjective social indicators
(represent social data independently of individual evaluations)	(individuals' appraisal and evaluation of social conditions)
Life expectancy	Sense of community
Crime rate	Material possessions
Unemployment rate	Sense of safety
Gross Domestic Product	Happiness
Poverty rate	Satisfaction with "life as a whole"
School attendance	Relationships with family
Working hours per week	Job satisfaction
Perinatal mortality rate	Sex life
Suicide rate	Perception of distributional justice
	Class identification
	Hobbies and club membership

Source: Rapley (2003) p.11

3.3   Today there is more or less a consensus around the need to combine objective with subjective aspects of QOL, based on an acknowledgment of the strengths and weaknesses of each approach. One example is EUROMODULE, a cross-national research initiative in the social indicators tradition involving research teams from 19 European nations. It uses national social surveys to collect comparative data on living conditions, welfare and QOL, and accords equal weight to objective and subjective indicators, regarded as "just two sides of the same coin."[53]. Many models incorporate both objective and subjective domains of QOL.[54]

> *"Each discipline needs to borrow insights about quality of life from the other fields. A thorough understanding of subjective well-being requires knowledge of how objective conditions influence people's evaluations of their lives. Similarly, a complete understanding of objective indicators and how to select them requires that we understand people's values, and have knowledge about how objective indicators influence people's experience of well-being".*[55]

3.4   Moreover, Schalock argues that it is more productive to think in terms of a number of potential QOL indicators that can be assessed from either a subjective or objective perspective.[56]

3.5   However the debate continues about the relative importance of objective versus subjective factors in determining QOL, and about the relationship between the

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[53] Delhey, Jan et al. (2002), p.169.
[54] See Diener and Suh (1997); Keith (2001), p. 51; Cummins (2000), p. 56; Hagerty et al (2001), p. 7; Felce and Perry (1996).
[55] Diener and Suh (1997), p. 214.
[56] Schalock (1996), p. 133.

two. These have achieved a profile in Scottish public policy debate most recently in the discussions around national confidence, in which it is asserted that psychological factors – low self-confidence and self-esteem – may contribute significantly to many of Scotland's socio-economic problems (objective factors).[57]

3.6   For some writers subjective approaches to QOL, where the individual's experience, or perception, of how well they live is the main criteria, remain most valid.[58] This view is sometimes based on the idealist or postmodernist view that there is no objective "reality" beyond our subjective experience of the world and that QOL reflects the subjective values held by individuals.[59] Alternatively, within the field of mental retardation (sic) Schalock states there is "good agreement" that QOL "by its very nature, is subjective".[60] This reflects the frame of reference of this particular area of research, which is to make services person-centred, and by improving service quality, improve the life quality of disabled people. Within this framework the subjective perceptions of disabled individuals are prioritised.[61]

3.7   For ethical and moral reasons, some writers view the lack of correlation between subjective and objective factors of QOL not as a reason for disregarding objective conditions, but as an important reason for retaining them.[62] If a person with poor mental health lives alone in squalid conditions and rarely leaves the house, self-assesses as having a good QOL, is this a reason for leaving them to get on with it? "A definition of QOL that ignores objective assessment of life conditions may, therefore, not provide an adequate safeguard for the best interests of vulnerable and disadvantaged people."[63] Other evidence from the mental health field demonstrates a strong correlation between psychological well-being and objective socio-economic factors. For example, Bowling cites the first population survey of emotional well-being, conducted by Gurin et al in the USA in 1957. Those respondents who reported being least happy with their lives were found "more likely to have psychiatric problems, to be widowed or divorced, to have less education and lower income levels, and to be black." [64] An alternative explanation of the lack of correlation between objective and subjective dimensions of QOL is that objective life conditions – which vary widely in capitalist economies - shape individuals' expectations of what is possible and thereby condition their subjective assessment of their lives.[65] For example, Felce and Perry argue that individuals' reports of their subjective QOL relate strongly to their personal frames of reference. These frames of reference are

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[57] Craig, Carol (2003) *The Scots' Crisis of Confidence*, Glasgow: Big Thinking; Scottish Executive Strategy Unit (2005) *Confidence in Scotland Discussion Paper*, Edinburgh: Scottish Executive.
[58] Meeberg (1993); The WHOQOL Group (1995); Andrews FM and Withey SB (1976), cited in Cummins (2000), p. 56.
[59] Raphael (1996), p. 150.
[60] Schalock (2000), p. 118.
[61] Keith (2001), p. 53.
[62] Cummins (2000), p. 58.
[63] Felce and Perry (1995), p. 57.
[64] Gurin, G, Veroff, J and Feld, S (1960) *Americans View their Mental Health*, New York: Basic Books, cited in Bowling (1997), p. 111.
[65] Felce and Perry (1996), p. 65.

> *"...shaped by experience. One, cannot assume that a person's frame of reference will embrace all possibilities; it is affected by the judgment of what is possible and typical for a person in that situation."* [66]

3.8   As a result, Scandinavian social indicators experts argue that subjective social indicators, for example satisfaction with life, reflect people's aspirations and are therefore a measure of *adaptation* to current life conditions, rather than a measure of life conditions themselves.[67]

3.9   Cummins has taken the debate about subjective and objective approaches to defining QOL a step forward in his theory of subjective well-being homeostasis.[68] Reviewing the evidence from a wide range of studies, he postulates that subjective and objective QOL are generally fairly independent. Subjective QOL, he argues, is "held under the influence of a homeo-static control", as a matter of survival, human beings have developed a sense of positivity that allow them to maintain constant levels of subjective QOL within a considerable range of objective conditions. Only when objective QOL reaches extremely low levels, for example, in the presence of chronic stress due to caring for severely disabled relatives, or long term unemployment, is this homeo-static control disrupted and subjective QOL "driven down". In these conditions objective and subjective QOL are revealed as inter-dependent, but at an individual level, this process is "influenced by cultural and individual values that have yet to be systematically explored". [69]

Quality of Life : uni-dimensional or multi-dimensional ?

3.10   While there are examples of uni-dimensional definitions of the concept of QOL, the majority of QOL definitions stress the multi-dimensional nature of the concept, typically manifested in the specification of a number of QOL domains.[70]

3.11   Uni-dimensional definitions include those where QOL is regarded as synonymous with health alone.[71] For example, Michalos cites work by Guyatt et al where QOL "is measured as a single number along a continuum, death being 0.0 and

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[66]   Felce and Perry (1996), p. 65.

[67]   Erikson, R (1993) 'Descriptions of Inequality: the Swedish Approach to Welfare Research', in Nussbaum, M and Sen, A (eds) *The Quality of Life*, Oxford: Clarendon Press, pp. 67-87, quoted in Rapley (2003) p. 12.

[68]   Cummins (2000); Cummins, Robert A, Eckersley, Richard, Pallant, Julie, Vugt, Jackie van and Misajon, Rose Anne (2003) 'Developing a National Index of Subjective Well-being: The Australian Unity Well-being Index', *Social Indicators Research*, Vol. 64, No. 2, pp. 195-190.

[69]   Cummins (2000), p. 68.

[70]   Felce, David (1997) 'Defining and Applying the Concept of Quality of Life', *Journal of Intellectual Disability Research*, Vol. 41, No. 2, p. 127; Cummins (1997); Schalock (1996).

[71]   Torrance, GW (1986) 'Measurement of Health State Utilities for Economic Appraisal', *Journal of Health Economics*, Vol. 5, No. xxx, pp. 1 – 30; and Churchill, DN, Morgan, J and G.W. Torrance (1984), 'Quality of Life in End-State Renal Disease', *Peritoneal Dialysis Bulletin* 4, pp. 20-23, cited in Michalos, Alex C (2004) 'Social Indicators Research and Health-Related Quality of Life Research', *Social Indicators Research*, Vol. 65, No. 1, p. 59; Rosencranz, HA and Pihlblad, CT (1970) 'Measuring the Health of the Elderly', *Journal of Gerontology* Vol. 25, pp. 129-133, cited in Hagerty et al (2001), p. 73.

full health 1.0".[72] Alternatively QOL has been defined solely in terms of life satisfaction. Rejeski and Mihalko describe the "mainstream psychology" definition of QOL as being "the conscious cognitive judgement of satisfaction with one's life", a concept that has been operationalised using both uni-dimensional and multi-dimensional measures, i.e. in terms of satisfaction with life in general, or of satisfaction with specific "domains" of life considered separately.[73] One of the most popular measurement instruments, devised by Andrews and Withey, consists of a single question, "How do you feel about your life as a whole?" rated on a Likert scale of life satisfaction/dissatisfaction.[74] These types of definition are a minority.

QOL domains

3.12   There is a consensual view that, taken together, the core QOL dimensions, or domains, should sum up the concept of QOL as a whole.[75] The number and range of individual domains specified within QOL definitions is large, although some writers note the "considerable overlap" that exists between these.[76]

3.13   A number of reviews of QOL domains have been conducted in an attempt to produce a definitive list.[77] However the notion of incorporating a definitive standardised set of domains into QOL definitions is subject to criticism. For example, Keith argues that, as the core dimensions of QOL may vary from one culture to another, cross-cultural generalisations about QOL domains are invalid[78] (cross-cultural issues are considered briefly below). As we shall see later on, there are also ethical and political issues surrounding the "imposition" of a pre-determined QOL definition onto individuals or communities.

3.14   Table 3.2 sets out the results of some of these reviews drawn from different disciplines, with the findings of other key works investigating core QOL domains:
- Felce suggests 6 possible QOL domains based on a synthesis of life domain areas from a range of previous QOL studies.[79]
- Schalock proposes 8 core dimensions in his conceptual model of QOL.[80] He reports that of 125 indicators found in 16 studies of individual QOL published in the 1990s, 74.4% relate to these 8 core QOL domains.[81]
- Keith refers to the consensus that has developed internationally around Schalock's model.[82]
- The World Health Organization QOL Assessment comprises 6 domains.[83]

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[72] Guyatt, GH, Veldhuyzen Van Zanten, SJO, Feeny, DH and Patrick, DL (1989), 'Measuring Quality of Life in Clinical Trials: A Taxonomy and Review', *Canadian Medical Association Journal* Vol. 140, p. 1443, cited in Michalos (2004), p. 59.
[73] Rejeski and Mihalko (2001), p. 23.
[74] Andrews FM and Withey SB (1976), cited in Cummins (1997), p. 119.
[75] Schalock (1996); Cummins (1997); Felce and Perry (1995); Keith (2001).
[76] Felce and Perry (1995), p. 59; Keith (2001), p. 53.
[77] Hagerty et al (2001), p. 74.
[78] Keith (2001), p. 52.
[79] Felce (1997), p. 130.
[80] Schalock (2000), p. 118.
[81] Schalock (2004), p. 205.
[82] Keith (2001).
[83] The WHOQOL Group (1995).

- Hagerty et al propose 7 domains, based on a review of 22 of the most-used QOL indexes from around the world.[84] These are advanced as "a starting point for theoretical and empirical investigation into the domain structure of QOL".[85] While these are regarded as common to all countries, they add that other "supplementary domains" may be important to specific populations, for example "leisure" in advanced capitalist economies, and "political participation" in countries undergoing democratic reform.[86]
- Lastly, Cummins proposes 7 core domains on the basis of a review of 27 QOL definitions, and the findings of large population surveys which asked people which domains of life were important to them.[87]

Table 3.2. Quality of Life definitions - core Quality of Life domains

Felce (1996)	Schalock (2000), p.118	World Health Organization QOL definition (1993)	Hagerty et al (2001), pp. 74-75	Cummins (1997)
Disability/Psychology	Disability/Psychology	Health	Social indicators research	Disability
6 possible domains:	8 core domains:	6 domains:	7 core domains:	7 core domains:
Physical well-being	Physical well-being	Physical	Health	Health
Material well-being	Material well-being	Environment	Material well-being	Material well-being
Social well-being	Social inclusion	Social relationships	Feeling part of one's local community	Community well-being
Productive well-being			Work and productive activity	Work/ Productive activity
Emotional well-being	Emotional well-being	Psychological	Emotional well-being	Emotional well-being
Rights or civic well-being	Rights			
	Inter-personal relations		Relationships with family and friends	Social/family connections
	Personal development			
	Self-determination	Level of independence		
		Spiritual		
			Personal safety	Safety

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[84] Hagerty et al (2001).
[85] Hagerty et al (2001), p. 75.
[86] Hagerty et al (2001), p. 75.
[87] Cummins (1997), p. 120.

3.15   Other writers stress that domains identified in QOL definitions must be potentially neutral, positive or negative.[88] This is important because "QOL measures are designed to capture the totality of life experiences, both positive and negative".[89] It is also important because most conceptual models of QOL stress the dynamic nature of the concept. For example, in discussing their model, Felce and Perry stress that all the dimensions (domains) "are shown in dynamic interaction with each other and as potentially interdependent at all times".[90]

3.16   The nature of the relationship between subjective and objective domains of QOL, briefly described above, is clearly central to this:

> *"As well as affecting each other, each dimension is capable of being influenced by a range of external factors that define the individual's biological make-up, developmental and cultural history, and current environment. Such external influences might include genetic, social, and material inheritance, age and maturation, development, employment, peer influences and reference points, and other social, economic and political variables. As the three elements that define quality of life are all open to external influence, assessment of all three is necessary to any measurement system purporting to examine or rate quality of life. Knowledge of one set cannot predict another, and the relationships may not remain constant over time".[91]*

QOL Indicators

3.17   Schalock and Verdugo identified the 3 most common indicators for each of their 8 core QOL domains, summarised below.[92] These were arrived at from a reading of 9749 abstracts and 2455 articles, and an in-depth study of 897 articles that met stringent criteria and therefore provide a useful overview of the most common indicators used in each QOL domain. While Schalock in particular has developed a set of "exemplary indicators" for use by researchers in his own field, the selection of indicators is still a highly subjective process and an area of contest.[93]

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[88] Hagerty et al (2001), p. 10; The WHOQOL Group (1995), p. 1405.
[89] Hagerty et al (2001), p. 10.
[90] Felce and Perry (1996), p. 68.
[91] Felce and Perry (1996), p. 69.
[92] Schalock, Robert L and Verdugo, M (2002) *Handbook on Quality of Life for Human Service Practitioners,* Washington DC: American Association on Mental Retardation, cited in Schalock (2004), p. 206.
[93] Schalock (1996).

Table 3.3. Core indicators and descriptors per core Quality of Life domain

Core QOL domain	Indicators	Descriptors
Emotional well-being	Contentment	Satisfaction, moods, enjoyment
	Self-concept	Identity, self-worth, self-esteem
	Lack of stress	Predictability, control
Interpersonal relations	Interactions	Social networks, social contacts
	Relationships	Family, friends, peers
	Supports	Emotional, physical, financial, feedback
Material well-being	Financial status	Income, benefits
	Employment	Work status, work environment
	Housing	Type of residence, ownership
Personal development	Education	Achievements, status
	Personal competence	Cognitive, social, practical
	Performance	Success, achievement, productivity
Physical well-being	Health	Functioning, symptoms, fitness, nutrition
	Activities of daily living	Self-care skills, mobility
	Leisure	Recreation, hobbies
Self-determination	Autonomy/personal control	independence
	Goals and personal values	Desires, expectations
	Choices	Opportunities, options, preferences
Social inclusion	Community integration and participation	
	Community roles	Contributor, volunteer
	Social supports	Support network, services
Rights	Human	Respect, dignity, equality
	Legal	Citizenship, access, due process

Source: Schalock and Verdugo (2002) cited in Schalock (2004), p. 206.

Importance of personal values

3.18   A number of researchers have emphasised the important part played by the personal values and aspirations of individuals in determining their QOL.[94] An important issue here is clearly the extent to which individual values are influenced and shaped by life conditions and experience. Felce and Perry propose a specific model of QOL that tries to integrate objective and subjective dimensions of QOL with personal values, recognising the dynamic relationship that exists between these components of QOL.[95] They define personal values as:

> *"the relative importance to an individual of objective life conditions and subjective well-being with regard to a given aspect of life"*[96]

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[94] Felce and Perry (1996); Schalock (1996); Day and Jankey (1996); Keith (2001), p. 52.
[95] Felce and Perry (1995); Felce and Perry (1996).
[96] Felce and Perry (1996), p. 64.

and argue that this ranking of subjective and objective factors according to values be used to weight objective and subjective aspects of QOL, thus obtaining an overall QOL appraisal.[97]

3.19   Similarly in Schalock's QOL model the various core QOL dimensions are arranged hierarchically reflecting the fact that they (a) are "valued by persons differently" and (b) that "the value attached to each core dimension varies across one's life".[98]   In Schalock's model the rank order of core dimensions may change depending upon the type of individuals being investigated, and, for example, will be different for children and youth than for adults, or for elderly people.[99] Cummins agrees, citing evidence that the priority people place on different domains:

> *"varies across groups according to gender and age, level of education,
> race and high versus low levels of overall life satisfaction"*[100]

3.20   The part played by values is closely connected with cultural factors, reflected in Haas' observation that "the values are often culturally based but present none-the-less".[101] We will look at this question soon.

The capability of the individual for self-evaluation – in what conditions or circumstances is the opinion of another person necessary?

3.21   This is particularly an issue in the study of QOL of individuals who lack communication skills, such as young children, elderly people with dementia, or people with learning difficulties. Keith describes this as a potentially serious problem with efforts to assess subjective QOL.[102] The question of "inter-rater" reliability – assessing the level of agreement between "subjects" and their proxies - is crucial in QOL research at an individual level. Rapley suggests that levels of agreement tend to be higher where QOL is defined objectively and where data collection is based on observation, but lower where QOL is defined subjectively, and where carers or staff are giving their assessment of another person's subjective experience of aspects of their life.[103]

3.22   A range of studies have compared the respective assessments of QOL of patients and their doctors, of children and their carers.[104] Bowling cites a study by

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[97] Felce and Perry (1996), p. 67.
[98] Schalock (2000), p. 118.
[99] Schalock (2000), p. 121.
[100] Cummins (1997), p. 122.
[101] Haas (1999a), p. 740.
[102] Keith (2001), p. 51.
[103] Rapley (2003), p. 96.
[104] Eiser, Christine and Morse, Rachel (2001) 'Can Parents Rate Their Child's Health-Related Quality of Life? Results of a Systematic Review', *Quality of Life Research*, Vol. 10, No. 4; pp. 347-357; Frost, Marlene H, Bonomi, Amy E, Ferrans, Carol Estwing, Wong, Gilbert Y, Hays, Ron D and Clinical Significance Consensus Meeting Group (2002) 'Patient, Clinician, and Population Perspectives on Determining the Clinical Significance of Quality-of-Life Scores', *Mayo Clinic Proceedings*, Vol. 77, No. 5, pp. 488-494; Janse, AJ, Gemke, RJ, Uiterwaal, CS, Tweel, I van der, Kimpen, JL, and Sinnema, G (2004) 'Quality of Life: Patients and Doctors Don't Always Agree: a Meta-Analysis', *Journal of Clinical Epidemiology*, Vol. 57, No. 7, pp. 653 – 661.

Slevin *et al* which found wide discrepancies between doctors' and patients' assessment of their QOL, and concluded that doctors could not adequately measure this.[105] These types of study have attempted to identify situations in which another assessment is required. This may involve surveying another person in order to make comparisons, or it may be a reason for combining objective and subjective assessments of QOL.[106]

3.23   Oliver cites both the positive experience of Lehman who found, in a 1983 study, that long term psychiatric patients were able to provide valid responses to QOL survey questionnaires, and the evidence of other research that found the process of rating QOL by people with mental illness is strongly influenced by their symptoms, especially their current mood state.[107]

Cultural context

3.24   The cultural context in which QOL definitions are developed and the "norm" to which they are referenced is also a key issue. What is considered "the good life" varies between individuals, and between different societies and cultures. It may be misleading to take a conception of QOL developed in one cultural context and apply it to other cultures or even within ethnic communities within a given geographic area. Keith argues that the core dimensions or attributes of QOL may vary from one culture to another, in which case the search for a general cross-cultural definition of QOL (which he regards as a psychological concept) may be misguided.[108]

3.25   Keith and Schalock have investigated what they considered to be the etic (universal) and emic (culture-bound) properties of the QOL concept, and found a surprisingly high level of agreement about the core QOL concepts across 7 countries with quite different cultures.[109] Other researchers have discovered that cultural differences play a significant role in determining national levels of well-being.[110] Cross-cultural QOL research is regarded as complex and Keith has presented a number of "guiding principles" for QOL researchers attempting this.[111]

3.26   Cross-cultural validity was a key consideration in the development of the WHO International QOL Assessment.[112] The pilot stage of development involved qualitative research with health professionals, patients and healthy persons, to explore the "meaning, variation and perceptual experience" of the QOL construct in different cultures – including the cities of Bangkok, Bath, Madras, Melbourne, Panama, St

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[105] Slevin, ML, Plant, H, Lynch, D et al (1988), 'Who Should Measure QOL, the Doctor or the Patient?', *British Journal of Cancer*, Vol. 57, pp. 109-112, cited in Bowling (1997), p. 7.
[106] Keith (2001), p. 56.
[107] Lehman, AF, Ward, NC and Linn, LS (1982), 'Chronic Mental Patients; the Quality of Life Issue.' *American Journal of Psychiatry*, Vol. 139, pp. 1271-1276, cited in Oliver et al (1995), p. 1.
[108] Keith (2001), p. 52.
[109] Schalock (2004), p. 210.
[110] Diener and Suh (1997), p. 204.
[111] Keith, Kenneth D (1996) 'Measuring Quality of Life Across Cultures: Issues and Challenges' in Schalock, Robert L (ed) *Quality of Life. Vol. I. Conceptualization and measurement,* Washington: American Association on Mental Retardation.
[112] The WHOQOL Group (1995), pp. 1403-1404.

Petersburg, Seattle, Tilburg and Zagreb.[113] The final selection of QOL domains and the structure and questions of the QOL assessment were informed by this cross-cultural research.

Absolute or relative?

3.27   It is also important whether QOL is regarded as an absolute or relative concept, and if relative, to which "norm" QOL is referenced. A body of research has focused on QOL as the fulfilment or non-fulfilment of wants and needs. This type of research comes with various labels, including discrepancy theory and relative deprivation theory.[114] Michalos is a prominent advocate of this approach, sometimes called the "gap" approach to QOL, in which the factor of interest is the gap between an individual's present life and the standard to which they compare this.[115] In fact there are various types of gap theory approaches.[116] Schalock describes a range of approaches under the heading "goodness of fit/social policy", which see QOL as "related to a match between a person's wants and needs and their fulfilment".[117]

3.28   Most policy approaches to measuring QOL start from the premise that there are certain objective requirements for achieving a good QOL. For example, in one type of social indicators research actual conditions are compared with "normative" criteria such as goals or values.   But according to Noll, "An important precondition…is that there is political consensus first about the dimensions that are relevant for welfare, second a consensus about good and bad conditions and third about the direction in which society should move. This is of course sometimes, but not always the case."[118] We might add that it is easier to reach consensus in policy areas such as housing or health, than in others, like culture.

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[113] The WHOQOL Group (1995), p. 1406.
[114] Cummins (1997), p. 128.
[115] Michalos, Alex C (1985) 'Multiple Discrepancies Theory (MDT)', *Social Indicators Research*, Vol. 16, pp. 347-413.
[116] Day and Jankey (1996), p. 42.
[117] Schalock (1996), p. 125.
[118] Noll, H-H (2000) 'Social indicators and social reporting: the international experience' http://www.ccsd.ca/noll1.htm, cited in Rapley (2003), p.10.

CHAPTER 1.4. DEFINING WELL-BEING

4.1   The concept "well-being" suffers from the same type of definitional problems as QOL. In their systematic review of the definition and measurement of child well-being, Pollard and Lee describe well-being as "a complex, multi-faceted construct that has continued to elude researchers' attempts to define and measure it".[119]   The inconsistency of definitions used, even within individual disciplines, is so great that producing a comprehensive overview of definitions in use within the literature is a formidable task. And, as with QOL, too often researchers do not feel the need to explicitly define the term they are attempting to measure.[120]

4.2   Because well-being is a particular concern of the economics literature, a fuller discussion of the term, as used within economics, is provided by Professor David Bell in Annex 1. Here we give a broad indication of the range of different types of definition, a selection of examples of which are presented in Annex 4. As these definitions indicate, well-being is conceptualised, variously, as uni- or multi-dimensional; and as either subjective or a combination of the subjective and objective. Distinctions are also made between the cognitive and emotional aspects of well-being.

Well-being: uni- or multi-dimensional?

4.3   Within the field of happiness economics, where the concept of subjective well-being is defined as life satisfaction, it can be both uni- or multi-dimensional. In other words from an economic standpoint, subjective well-being can be defined and measured as both satisfaction with life in general (uni-dimensional) and satisfaction with different aspects, or domains, of life (multi-dimensional). David Bell (Annex 1) describes how data from the British Household Panel Suvey has been used for economic analyses of subjective well-being. This asks respondents to rate their satisfaction or dissatisfaction with life overall, as well as with a series of life domains, including household income, house/flat, spouse/partner, job, social life, amount of leisure time and use of leisure time.

4.4   Other experts view well-being as either one or the other, but definitions vary even within individual disciplines. An example is the field of social indicators research, where the well-being or QOL or welfare (the term varies) of individuals within different geographic units are being measured and compared. Christoph and Noll argue that subjective well-being is a component part of "welfare", a term they imply is interchangeable, in this context, with "quality of life".[121]   They define subjective well-being in terms of life satisfaction, measuring the subjective well-being of the population in each EU member state using cross-national data on general life satisfaction derived from the European Union's Eurobarometer surveys and data on satisfaction with specific aspects of life derived from the European Community

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[119] Pollard, Elizabeth L and Lee, Patrice D (2003) 'Child Well-Being: a Systematic Review of the Literature', *Social Indicators Research*, Vol. 61, No. 1, p. 60.

[120] Stewart, Kitty (2002) *Measuring Well-Being and Exclusion in Europe's Regions. Case Paper 53*. London: Centre for Analysis of Social Exclusion, London School of Economics.

[121] Christoph, Bernhard and Noll, Heinz-Herbert. (2003) 'Subjective Well-Being in the European Union During the 90s', *Social Indicators Research*, Vol. 64, No. 3, p. 197.

Household Panel.[122] Life satisfaction is also, implicitly, the definition employed by Christakopoulou et al in their study of community well-being within urban populations in the UK, Ireland and Greece. However they view well-being as a multi-dimensional concept, which they measure in terms of satisfaction with various aspects of the local community: as a place to live; as a social community; an economic community; a political community; as a personal space with psychological significance for its residents; and as a part of its city.[123]

4.5   Similarly, in a study of regional well-being and exclusion within EU regions, Stewart offers no explicit definition of well-being, but describes the concept of well-being in terms of five dimensions, claiming that this definition is "widely used and accepted, although with variations".[124] The five dimensions are: material well-being, health, education and literacy, participation in the productive sphere, and participation in the social sphere. Stewart notes that these five dimensions also form part of the Swedish Level of Living Surveys (with the addition of four more domains), and that the indicators selected for these are broadly similar to those used in the UNDP Human Poverty Index for industrialised countries, and to common measures of social exclusion.[125] In their review of the child well-being literature, Pollard and Lee identified five separate domains of well-being: physical, psychological, cognitive, social and economic, with each domain spanning a range of indicators, both positive and negative.

4.6   Lastly, the New Zealand government uses the concept of "cultural well-being", which it defines as

> *"the vitality that communities and individuals enjoy through: participation in recreation, creative and cultural activities; and the freedom to retain, interpret and express their arts, history, heritage and traditions".[126]*

4.7   It is regarded as one of four interconnected forms of well-being, the others being economic, social and environmental. Local authorities are asked to "integrate and balance these four types of well-being in planning and practice."[127]

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[122] Christoph and Noll (2003).

[123] Christakopoulou, Sophia, Dawson, Jon and Aikaterini, Gari (2001) 'The Community Well-Being Questionnaire: Theoretical Context and Initial Assessment of Its Reliability and Validity', *Social Indicators Research*, Vol. 56, No. 3, p. 328.

[124] Stewart (2002), p. 10.

[125] Stewart (2002), p. 10.

[126] New Zealand Ministry for Culture and Heritage (2005) *Cultural Well-Being and Local Government. Report 1: Definitions and Contexts of Cultural Well-Being*. Online at http://www.mch.govt.nz/cwb/resources.html#litreview, p. 1 [accessed 1 September 2005].

[127] New Zealand Ministry for Culture and Heritage (2005), p. 3.

"Well-being" and "subjective well-being"

4.8   Writers who view well-being as interchangeable with QOL, sometimes differentiate between well-being – which may incorporate objective conditions - and subjective well-being, which is well-being as defined, or assessed, by individuals themselves, and which may include subjective response to objective conditions.[128] For example Haas criticises the common interpretation of well-being as purely psychological or emotional – for some it is synonymous with mental health or "psychological well-being"[129] - and argues that well-being "is concerned with all dimensions of life. Like satisfaction with life, it is a subjective assessment."[130]

4.9   Many authors use the terms "well-being" or "subjective well-being" without an explicit definition. Instead the types of measurements suggested, or the way in which the term is used, *imply* a meaning. Thus assessments of well-being often measure individuals' happiness or satisfaction with life. For example, the Australian Unity Well-being Index is described as a "barometer of Australians' satisfaction with their lives, and life in Australia".[131] Other authors suggest that subjective well-being can be measured using self-rating questions about "happiness" and "life satisfaction".[132]   Helliwell and Putnam distinguish between these two terms, explaining that:

> *"Generally speaking, self-ratings of 'happiness' turn out to reflect relatively short-term, situation-dependent* (affective) *expressions of mood, whereas self-ratings of 'life satisfaction' appear to measure longer-term, more stable* (cognitive) *evaluations".[133]* (parentheses added)

4.10   Evidence from psychology studies suggests that ratings of life satisfaction/ dissatisfaction are a reasonably reliable indicator of how people feel about their lives, providing a good sense of individuals' subjective well-being.[134] On this basis, economists have generally come to accept life satisfaction as a useful measure of subjective well-being (See Bell, Annex 1). However economists also accept the evidence from psychology studies that individuals' expressions of life satisfaction reflect a number of different aspects of their self-perception, related to their life opportunities and outcomes. These may be both subjective and objective ("inner" and

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[128] Helliwell, John F and Putnam, Robert D (2004) 'The Social Context of Well-Being', *Philosophical Transactions of the Royal Society (London) Series B*, Vol. 359, p. 1435; Cummins et al (2003), p. 159.

[129] Spiro, Avon III and Bosse, Raymond (2000) 'Relations Between Health-Related Quality of Life and Well-Being: The Gerontologist's New Clothes?', *International Journal of Aging & Human Development*, Vol. 50, No. 4, p. 314; Kimweli, David MS and Stilwell, William E (2002) 'Community Subjective Well-Being, Personality Traits and Quality of Life Therapy', *Social Indicators Research*, Vol. 60, Nos 1-3.

[130] Haas (1999b), p. 7.

[131] Cummins et al (2003), p. 159.

[132] Helliwell and Putnam (2004); Spiro and Bosse (2000), p. 299.

[133] Helliwell and Putnam (2004), p. 1435.

[134] Moum, T (1996), *Subjective Well-being As a Short and Long Term Predictor of Suicide in the General Population.* Paper Presented at the World Conference on Quality of Life, Prince George, British Columbia, Canada; Sandvik, E, Diener, E and Seidlitz, L (1993), 'The Convergence and Stability of Self-Report and Non-Self-Report Measures, *Journal of Personality,*61, pp. 317 – 342; Layard, R (2003), 'Happiness: Has Social Science a Clue?' *Lionel Robbins Memorial Lectures 2002/03*, London School of Economics.

"outer" qualities), and the extent to which individuals value each of these may vary. This is illustrated in Table 4.1.

Table 4.1. Four kinds of being "well"

	(i) Outer Qualities	*(ii) Inner Qualities*
(iii) Life Chances	Living in a good environment	Being able to cope with life
Life Results	Being of worth for the world	Enjoying life

Source: Veenhoven (1988)[135]

4.11   Diener and Suh propose a model of subjective well-being which requires measures of 3 factors: life satisfaction, pleasant and unpleasant affect. An individual can have high subjective well-being on one of these, but be low on the others.[136]

> *"As the term indicates, subjective well-being is primarily concerned with the respondents' own internal judgements of well-being, rather than what policymakers, academics, or others consider important."[137]*

4.12   They conclude however that an accurate QOL assessment requires a combination of subjective well-being and social indicators approaches.[138]

How does well-being relate to quality of life?

4.13   There are competing views about the relationship between QOL and well-being.[139]
Some regard the terms as interchangeable, while others regard well-being as one component of the broader concept of QOL.[140] This is reflected in the findings of a systematic review of health-related QOL models carried out by Tailleffer et al which found that of the 68 models evaluated, the concept of well-being was found in the definition of QOL of 27.9/ 30.9% of these.[141] In other words, in the majority of models well-being was regarded as a concept related to, but separate from, the concept of QOL.

4.14   Economists make a clear distinction between well-being, which in their view pertains to individuals, and QOL, which they see as concerned with comparisons of welfare *between* individuals (through social indicators for example), an objective viewed with scepticism.[142] However economists' models of subjective well-being are

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[135] Veenhoven, R (1998), 'The utility of happiness', *Social Indicators Research 20,* pp. 333 – 354.
[136] Diener and Suh (1997), p. 200.
[137] Diener and Suh (1997), p. 201.
[138] Diener and Suh (1997), p. 206.
[139] Haas (1999b), p. 5.
[140] Diener and Suh (1997); Vittersø (2004); Lane, RE (1996) 'Quality of Life and Quality of Persons: A New Role for Government', p. 259, in Avner, Offer (ed) *In Pursuit of the Quality of Life*, Oxford: Oxford University Press, pp. 256-293, quoted in (Christoph & Noll 2003)),
p. 197.
[141] Taillefer et al (2003), p. 301.
[142] See Bell, Annex 1, p. 95.

similar to QOL models to the extent that subjective well-being is associated with a range of objective, external factors relating to a person's life:

> *"Taken together, the now extensive subjective well-being literature in economics has convincingly demonstrated important associations between how individuals describe their level of satisfaction and observable characteristics of both themselves and the society they live in."*[143]

4.15   These include external characteristics of individuals, such as gender, age, family and employment status, income, education and volunteering, as well as external characteristics of the social environment in which individuals live including GDP, the quality of governance and levels of interpersonal trust (social relationships).[144] Whereas QOL experts advocate the use of combination methods, economic studies of subjective well-being tend to be based on the statistical analyses of quantitative data alone.

4.16   Amongst the quarter to one third of QOL models which utilised the concept of well-being, some defined QOL *as* well-being (explicitly - Felce and Perry (1995), Naess (1999), Kahn and Juster (2002) or implicitly – Janse et al (2004). In other words, QOL and well-being are one and the same. Alternatively QOL is sometimes equated with other subjective concepts such as satisfaction with life.[145]

4.17   Other models regard well-being as a component of QOL. For example, Vittersø sees the term QOL as combining both objective and subjective dimensions, which he describes as "objective well-being" and "subjective well-being". Subjective well-being is described as comprising "people's evaluative responses to their lives", both cognitive ("satisfaction") and emotional ("happiness").[146]

4.18   Schalock's definition of individual QOL contains 3 domains associated with specific aspects of well-being, suggesting that well-being is a determinant of QOL. However, he also says that "The term "QOL domains" refers to the set of factors composing personal well-being."[147] The concepts of well-being and QOL are therefore very closely related in Schalock's model, but the exact relationship appears confused.

4.19   Subjective assessment is required to evaluate well-being. It would therefore seem to be separate from QOL, which is most commonly regarded as combining both subjective and objective components.

4.20   Haas describes the relationship, and differentiation between QOL and related concepts such as well-being (she also mentions life satisfaction, functional status and health status) as the second major area that requires further study in QOL research.[148]

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[143] Bell, Annex 1, p. 105.

[144] Bell, Annex 1, pp. 100 – 106.

[145] Haas (1999b), p. 5; Kahn, Robert L and Juster, F Thomas (2002) 'Well-Being: Concepts and Measures', *Journal of Social Issues*, Vol. 58, No. 4, p. 641.

[146] Vittersø (2004), pp. 299-300.

[147] Schalock (2004), p. 205.

[148] Haas (1999a), p. 740.

She concludes on the necessity to "tease out the fine distinctions among these closely related concepts."[149]

4.21   Haas proposes the following as a "step out of the quagmire of poorly defined QOL"

> *"First, the terms QOL, satisfaction with life, functional status, and well-being can no longer be used interchangeably. They represent different levels and aspects of the broad concept of QOL. If one chooses to focus on the subjective aspects of QOL, then it must be clear that that is what is being discussed is either 'well-being' or 'subjectively perceived QOL.' For those who choose to focus on objective indicators of QOL, it must be clearly identified as either 'functional status' or 'objectively perceived QOL.' Those who study satisfaction with life must either clearly state that as the purpose of their investigation or make it clear that they are interested in studying an aspect of well-being or subjectively perceived QOL. Those who claim to be reporting on QOL must provide evidence of subjective and objective indicators. If they do not, they should acknowledge that a particular aspect of QOL is being addressed."[150]*

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[149] Haas (1999a), p. 741.
[150] Haas (1999b), p. 8.

CHAPTER 1.5. MEASURING QUALITY OF LIFE

5.1   This section aims to give a broad overview of different approaches to measuring Quality of Life (QOL) and the main methodological debates. How QOL is measured clearly relates to how the term is defined, and therefore to what is being measured. As we have discovered when people say they are measuring QOL, they may, in fact, be seeking to measure quite different things, to quite different ends.[151] The types of measures developed and the position taken on methodological issues therefore vary between different disciplines according to their objectives and philosophical outlook. As we shall see below, the key issues surrounding the measurement of QOL therefore closely relate to the key debates over definitions.

5.2   A helpful methodological overview is provided by Schalock (summarised in Table 5.1 below).[152] While he is concerned with measuring the QOL of people with intellectual disabilities, the principles he outlines have a wider relevance. Schalock advocates a "pluralist" methodological approach because it addresses the multidimensional nature of QOL, and acknowledges that the different dimensions of QOL may best be measured by using a range of techniques. Thus QOL may be measured, simultaneously, from both subjective and objective perspectives, including both subjective and objective assessments of objective factors.   The combination of multiple research approaches to the same research subject, known as "triangulation", overcomes some of the weaknesses and problems of individual research methods, producing stronger research findings.

Table 5.1. Methodological pluralism applied to Quality of Life measurement

Systems level	Measurement focus	Measurement strategies
Microsystem	Subjective nature of QOL ("personal appraisal")	Satisfaction survey Happiness measures
Mesosystem	Objective nature of QOL ("functional assessment")	Rating scales (level of functioning) Participant observation Questionnaires (external events and circumstances) Engagement in everyday activities Self-determination and personal control Role status (education, employment, living)
Macrosystem	External conditions ("social indicators")	Standard of living Employment rates Literacy rates Mortality rates Life expectancy

Source: Schalock (2004), p. 207.

5.3   We can make a broad distinction between methods used to measure the QOL of the general population, and those used to measure the QOL of individuals. In both approaches the dominant research methodology can be described as positivist and

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[151] Birnbacher, Dieter (1999) 'Quality of Life - Evaluation or Description?', *Ethical Theory and Moral Practice*, Vol. 2, No. 1, p. 29.
[152] Schalock (2004), p. 207.

based on quantitative methods. Qualitative methods are used in QOL research, particularly in the development of QOL instruments, but more in some disciplines than in others. They are less likely to be found in social indicators field, and more likely to be found in disabilities or psychology research, where observational techniques are often used in tandem with measurement instruments.

- QOL of populations – based on the "social indicators" tradition. This usually involves the identification of indicators and measures relating to a range of QOL dimensions/domains. Often these are aggregated to construct a single index of QOL. These indicators may be both objective and subjective, drawn from socio-economic statistical data collected by governments and/or survey data. Standard sources of international data used to construct indices of this type are the World Bank's World Development Report and the United Nations Compendium of Social Statistics and Indicators. One example is the Human Development Index, designed to compare the QOL of nations, which covers per capita income, education and health variables.[153]

- QOL of individuals – While other techniques are found, including ethnographic studies, and observation of behaviour, the dominant approach measures QOL using some form of self-assessment instrument, i.e. a questionnaire. This is the case for each of the first two of Schalock's types of "measurement focus": personal appraisal and functional assessment.

- There are now literally hundreds of different instruments of this type: within the field of health-related QOL alone there are general measures of QOL and hundreds of disease-specific measures.[154] There are also masses of reviews comparing instruments, assessing their respective strengths and weaknesses, and identifying and discussing methodological issues.[155] These instruments can vary considerably in design and Haas helpfully describes 3 three main approaches, each of which presents methodological issues relating to measurement:[156]
    - Uni-dimensional single scale measures[157]: these are "global QOL" measures using a single question, rating or item to measure a concept. Most commonly in QOL studies, individuals are asked to rate their satisfaction with life as a whole, or their overall well-being. These are fairly blunt instruments that confuse QOL with other related concepts.
    - Multi-dimensional, single-scale measures: these break down QOL into its various dimensions or domains and use a single question, rating or item to measure each one.
    - Multiple separate scales: these use a number of separate scales each measuring individual dimensions of QOL, for example satisfaction, self-esteem or social relationships. Each scale comprises a "battery" of

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[153] See Diener, Ed (1995) 'A Value Based Index for Measuring National Quality of Life', *Social Indicators Research*, Vol. 36, No. 2, pp. 107-127.

[154] Rejeski and Mihalko (2001), p. 24.

[155] Bowling (1997); Perry, Jonathan (1995) 'Measure for Measure: How Do Measures of Quality of Life Compare?', *British Journal of Learning Disabilities*, Vol. 23, No. 4; Schalock (1996); Cummins (1997).

[156] Haas (1999b), p. 6.

[157] A scale is a series of self-report questions, ratings or items used to measure a concept. The response categories of the items are all in the same format, are summed and may be weighted.

questions, the scores of which may be aggregated and weighted to give an overall measure for each dimension.

Measurement issues

5.4   Whether the assessment is at the individual or general population level, there are a number of common measurement issues.

- Identification of dimensions/domains.   As already noted, the search for the definitive set of "core" QOL domains has produced widely varying results, although with some areas of consensus. Summarising a range of about 60 QOL instruments used in medicine, Birnbacher says:

  "these differ both in the dimensions in which QOL is measured and in the weight they give to these dimensions in aggregation. Most measures take into account 3 core dimensions of QOL: the physical, the psychological and the social dimension… In detail, there are many differences, both in the number of dimensions, the distribution of items among them and the weights assigned to individual items".[158]

- Some degree of subjective judgement is involved in domain selection.   For example, the WHO QOL Group has been criticised for its decision to have six QOL domains, with no justification or rationale for either this choice of number, or for the omission of other domains found in most prior QOL scales, such as material well-being or productivity/employment.[159]

- An alternative approach is to investigate individuals' views about the things that contribute to their QOL, and derive QOL domains through this process.[160] Rapley describes this approach, involving subjects as participants, as "emancipatory" contrasting it with "mainstream" QOL research which imposes QOL models on individuals in a potentially "oppressive" and "disempowering" manner.[161] As Day and Jankey state,

  "When researchers impose the domains of life to be measured, they risk omitting important aspects that may have greater relevance to that person or imposing aspects that have little or no relevance. The results, therefore, may have little validity".[162]

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[158] Birnbacher (1999), p. 27.
[159] Hagerty et al (2001), p. 14.
[160] Bar-On, Dan, Lazar, Alon and Amir, Marianne (2000) 'Quantitative Assessment of Response Shift in QOL Research', *Social Indicators Research*, Vol. 49, No. 1, pp. 37-49; Bowling, Ann and Zahava, Gabriel (2004) 'An Integrational Model of Quality of Life in Older Age. Results From the ESRC/MRC HSRC Quality of Life Survey in Britain', *Social Indicators Research*, Vol. 69, No. 1; Coffman, Don D and Adamek, Mary S (1999) 'The Contributions of Wind Band Participation to Quality of Life of Senior Adults', *Music Therapy Perspectives*, Vol. 17, No. 1.
[161] Rapley (2003), p. 70.
[162] Day and Jankey (1996), p. 46.

- And finally, as we shall see later on, many researchers choose to operationalise QOL in terms of one aspect of QOL – for example, life satisfaction – presenting this as a measure of QOL as a whole. This is often not acknowledged or discussed, with the result that studies that purport to look at QOL are in fact examining one dimension of a much broader concept.[163] Bowling does not recommend single item measures on the basis that a single question is unlikely to "effectively tap a given phenomenon", and argues for scales to be used in preference.[164]

- Selection of indicators – the same type of issues apply here. These are often selected, for pragmatic reasons, driven by data availability and not theory, and inevitably subjective decisions are involved in the process of selection, and in determining exactly what should be "counted" for use.[165]

   For example, reviewing the existing indices of national QOL, which use a social indicators approach, Diener laments the "unsystematic and atheoretical manner" in which variables have been selected for inclusion, with the result that different indices produce quite different results. He highlights the absence of any accepted, systematic method for selecting both QOL dimensions and indicators, and he attempts to rectify this.[166] In his view indicators should be selected either on the basis of common universal values (for cross-national comparisons of QOL) or in relation to the culturally specific values of an individual nation (for a single nation study).[167]

- Subjective – objective debate. As writers differ on what they are trying to measure, therefore so do their methods. They may be trying to measure (a) solely a subjective perception of the external conditions of QOL, (b) subjective perception balanced against objective indicators, (c) subjective perception and objective indicators combined into a single index of QOL, or (d) solely objective indicators of external conditions of life. The divergence of opinion on these issues has been documented above. The most common critique is that social indicators may be good objective measures, but tell us little about how individuals actually feel about their lives. Whereas on the other hand, subjective measures of people's objective conditions are likely to be affected by their temperament and social expectations and may not provide a reliable indication of their actual circumstances. For this reason, Diener and Suh advocate the combined use of social indicator and subjective well-being measures. As the limitations of each type are different, they argue that,

   "they provide alternative views of societal quality that are unlikely to be affected by common errors of measurement".[168]

   Similarly, Schalock (1996) argues for a core set of QOL dimensions with both objective and subjective aspects – i.e. each dimension may lend itself to either

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[163] Haas (1999b), p. 7.
[164] Bowling (1997), p. 13.
[165] Diener and Suh (1997), p. 195.
[166] Diener (1995), p. 108.
[167] Diener (1995), p. 126.
[168] Diener and Suh (1997), p. 207.

subjective or objective assessment.[169] The advantage of this approach is it breaks down a rather false dichotomy between objective and subjective approaches.

- Weighting of QOL domains or indicators. Decisions about the weighting of indicators can have a huge effect on research outcomes. Methods of weighting variables are therefore of great importance and the subject of much debate.[170] For example, in a study of the QOL of over 300 city areas in the US, the authors found that, according to the weightings given to particular variables, 134 cities could be ranked first and 150 different cities could be ranked last.[171]

  Writers who acknowledge the importance of personal values to QOL agree that QOL domains should be weighted to reflect the relative importance that individuals place on each domain.[172] Felce and Perry argue that value-based weighting be applied to both subjective and objective measurements, while Cummins says that only the subjective measures should be weighted because the objective measures must be "primarily normative indicators of well-being" ie referenced to norms within the general population.[173] In his view it is important to be able to compare normatively linked objective measures with value weighted subjective measures, rather than combine them into one overall index of QOL.

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[169] Schalock (1996), p. 124.
[170] See Bowling (1997), p. 14.
[171] Diener and Suh (1997), p. 197.
[172] Cummins (1997), p. 122.
[173] Felce and Perry (1995), pp. 58-59; Cummins (1997), p. 135.

CHAPTER 1.6 THE CONTRIBUTION OF CULTURE TO QUALITY OF LIFE AND WELL-BEING

Introduction

6.1   Over the past ten years research studies have attributed a wide range of social impacts to participation in cultural programmes and activities.[174] Notably, Francois Matarasso's influential 1997 report *Use or Ornament?* identified 50 possible impacts deriving from involvement in participatory arts and found that the majority of adult participants in the arts projects he studied, reported, (via a closed question self-completion survey) that the experience had "added greatly to their QOL".[175] As we have seen, QOL is a multi-dimensional concept and many of the broad social impacts claimed by Matarasso and others for cultural participation fall within the most common domains of QOL[176]. For example, as Table 6.1 shows, there are clear similarities between the categories used by Coalter in his summary of the research findings on social impact of the arts and the QOL domains found in the general literature.[177] There are also parallels between the summary of impacts identified by the Health Development Agency from arts and health projects and QOL domains.[178]

6.2   Schalock's description of QOL as an "organising concept" or "unifying theme" is therefore very apt in relation to the social impact of cultural participation.[179] However, while we can *construe* a relationship between research into the wider social impact of cultural activities and QOL or well-being, the fact is that none of this research has *explicitly* aimed to investigate the effect of cultural participation on QOL. Certainly QOL and well-being are sometimes mentioned within cultural social impact research, but they are rarely defined.

6.3   Lack of research in this area is common to both QOL and cultural policy. Writing in 2004, Michalos reports that in the 63 volumes of Social Indicators Research published since the journal was established in 1974, that is, in 30 years of

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[174] Jermyn, Helen (2004) *The Art of Inclusion. Research Report 35.* London: Arts Council England; Jermyn, Helen (2001) *The Arts and Social Exclusion: a Review Prepared for the Arts Council of England.* London: Arts Council of England; Reeves, Michelle (2002) *Measuring the Economic and Social Impact of the Arts: A Review.* London: Arts Council England; Evans, Graeme and Shaw, Phyllida (2004) *Contribution of Culture to Regeneration in the UK, the: a Review of Evidence. A Report to the Department for Culture Media and Sport.* London: Department for Culture, Media and Sport.

[175] Matarasso, Francois (1997) *Use or Ornament? The Social Impact of Participation in the Arts.* Stroud: Comedia, p. viii.

[176] However just two of the 50 social impacts reported by Matarasso relate to the exact terms, and these are: "have a positive impact on how people feel", and "help improve the quality of life of people with poor health".

[177] Coalter, Fred (2001) *Realising the Potential of Cultural Services: The Case for the Arts. Research Briefing Twelve Point Four.* London: Local Government Association, p. 22.

[178] SHM Productions Ltd (2000) *Art for Health. A Review of Good Practice in Community Based Arts Projects and Initiatives Which Impact on Health and Well-being.* London: NHS Health Development Agency; Reeves (2002), p. 37.

[179] Schalock, RL (2000, p. 117; 2004, p. 205).

publication, not one article has looked at the impact of the arts on QOL, a fact that he finds surprising, "given the profoundly social impacts of the arts."[180]

Table 6.1. Comparison between arts impacts and Quality of Life domains

QOL domains	Health Development Agency (2000) Impacts of arts and health projects	Coalter (2001) Impacts of arts activity
Health	Health and well-being	Health and well-being
Material well-being		Alleviating poverty
Social relationships/ well-being/ inclusion	Social cohesion	Strengthening communities, social cohesion and inclusion
Emotional well-being	Health and well-being	Increasing personal confidence and self-esteem
Work and productive activity		Economic impact and employment
Rights or civic well-being		
Personal development	Changed perspective	
Self-determination/ level of independence	Community empowerment/ self determination	
Spiritual		
Personal safety		

Source: SHM Productions Ltd (2000); Coalter (2001).

6.4   The broader canvas of cultural social impact research provides the context for our concern here: the contribution of culture to QOL and well-being. The central issue for cultural social impact research remains the lack of both empirical evidence, and the lack of a theoretical basis with which to support the claims about the impact of cultural participation.[181] Notably Oakley identifies QOL (along with social capital and public value) as one of the areas in which the problem of lack of theory is "most acute" for cultural research.[182] Reporting the Urban Institute's literature review of the impact of cultural participation, Jackson also comments on how community development and social capital research have largely neglected the "unique and considerable role" of arts and cultural activity.[183]

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[180] Michalos, Alex C (2005) 'Arts and the Quality of Life: an Exploratory Study', *Social Indicators Research*, Vol. 71, Nos 1-3, p. 3.

[181] Reeves (2002), p. 31; Ellis, Adrian (2003) 'Valuing Culture', *Valuing Culture Conference,* London, 17 June 2003, p. 7; Oakley, Kate (2004) *Developing the Evidence Base for Support of Cultural and Creative Activities in South East England*, http://www.semlac.org.uk/docs/Oakley%20Report%2012.4.04.pdf [accessed 14 November 2005], p. 20; Belfiore, Eleonora (2002) 'Art As a Means of Alleviating Social Exclusion; Does It Really Work?', *International Journal of Cultural Policy*, Vol. 8, No. 1, p. 104; Matarasso, Francois (2001) *Cultural Indicators: A Preliminary Review of Issues Raised by Current Approaches* (Paper Drafted Following a Meeting Held at the Arts Council of England in September 2000). Online at www.comedia.org.uk/downloads/ACEIND-1.DOC [accessed 20 July 2005], p. 2; Merli, Paolo (2002) 'Evaluating the Social Impact of Participation in Arts Activities', *International Journal of Cultural Policy*, Vol. 8, No. 1, p. 115.

[182] Oakley (2004), p. 9.

[183] Jackson, Maria-Rosario and Herranz, Joaquin Jr. (2002) *Culture Counts in Communities: A Framework for Measurement*. New York: Urban Institute, p. 32.

6.5   The present situation is perfectly summed up by Jackson and Herranz, talking about research into community participatory arts in North America:

> *"Extensive documentation exists, complete with anecdotes, stories and testimonials to the varied contributions of arts and creative activities to both individual and community development.   Yet without a firm theoretical base and appropriate methods to anchor this material to that base, such narrative evidence cannot lead to generalisable conclusions."*[184]

6.6   Pre-dating current policy interest in QOL by almost 3 decades, the report "Leisure and the Quality of Life" evaluates a series of "experiments" undertaken in Britain in the mid-1970s. With the aim of improving the quality of urban life, local cultural, recreational and sporting activities were expanded and increased in four areas: Stoke-on-Trent, Sunderland, Clywd and Dumbarton in the West of Scotland.[185] The findings pre-empt those of much later studies, confirming the important relationship between these activities and the strengthening of both self-help and voluntary organisation at community level. So how has this been taken forward? What recent research is there investigating the contribution of culture to QOL? We can divide this into two categories: research focused at individual and at community level. Some of the key studies in each area over the past ten years are reviewed below, with a particular focus on the research methodologies and the definitions of QOL used.

Studies focused on individuals

6.7   Our search produced 8 culture-related QOL studies focusing on individuals, 5 of which were North American. Four used quantitative methods alone, one used solely qualitative methods, 3 used combination methodologies and one was a longitudinal study. The authors of most of these studies have identified their work as exploratory; early attempts at testing out methodologies and of searching the way forward towards a theory of cultural impact.   Four of the studies are concerned with the QOL of older people, where there is particular interest in the role of recreational or leisure activities.

6.8   Five of the studies investigated the impact on QOL of taking part in culture-related activities and 4 of these looked at the specific impact of music. These form part of a growing body of work examining the contribution of music listening and making to QOL upon which this literature review merely touches. The remainder of the studies did not have the impact of culture-related activities as their focus, but culture-related activities featured within broader studies exploring the QOL of individuals. They are included here because they provide a context for our concern

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[184] Jackson and Herranz (2002), p. 33.
[185] Central Steering Group on Four Local Experiments (1977) *Leisure and the Quality of Life: A Report of a Central Steering Committee on Four Local Experiments.* London: HMSO. The Experiments were conducted under the auspices of the relevant local authorities and initiated and part sponsored by four central government departments, in association with the Arts Council of Great Britain (including the Scottish and Welsh Arts Councils, and the Sports Councils.

with the relationship of culture to QOL, demonstrate the kind of methodologies that are being used and the different ways in which QOL is being conceptualised and measured.

Table 6.2. Culture-related Quality of Life studies reviewed: focused on individuals

Reference (date)	Discipline	Target population	Aims	Methodology	Sample
Coffman and Adamek (1999)[186] N. America	Music therapy/ gerontology	Older people active in music-making	To determine the influence of wind band participation on the QOL of active senior citizen band members.	Quantitative and qualitative, incl. content analysis. Postal survey, questionnaire using both open and closed questions.	52 wind band members (96% of the band membership)
Burack et al (2002)[187] N. America	Gerontology	Older people (nursing home residents)	To investigate the effect on immediate satisfaction and global QOL of providing cognitively intact nursing home residents with music of their own choosing	Quantitative and qualitative. Closed question survey instrument administered in face to face interviews, and structured open questions.	13 nursing home residents meeting study criteria.
Wood and Smith (2004)[188] U.K.	Human geography	Performers and audience members at live popular music concerts and events.	Live music performance as a context for exploring the "emotional content" of human affairs, specifically emotional well-being.	Qualitative, described as "experimental", including interviews, "observant listening" and "participant sensing".	Not sample based.
Michalos (2004) N. America	Social indicators/ QOL studies	Adult residents of Prince George, Canada	To measure the impact of the arts on the perceived QOL of residents	Quantitative. Statistical analysis using step-wise multiple regression. Postal survey : self-completion questionnaire.	315 residents representing 13% of the random sample of 2500 households to whom questionnaires sent.

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[186] Coffman and Adamek (1999).

[187] Burack, Orah R, Jefferson, Patrinila and Libow, Leslie S (2003) 'Individualized Music: A Route to Improving the Quality of Life for Long-Term Care Residents', *Activities, Adaptation & Aging*, Vol. 27, No. 1, pp. 63-76.

[188] Wood, Nichola and Smith, Susan J (2004) 'Instrumental Routes to Emotional Geographies', *Social and Cultural Geography*, Vol. 5, No. 4, pp 534 – 548.

Table 6.2. Culture-related Quality of Life studies reviewed: focused on individuals continued…

Michalos and Zumbo (2000)[189] N. America	Social indicators/ QOL studies	Adult residents of Prince George, Canada	To measure the mutual influence of people's leisure time activities on their overall health or well-being, and to explain the impact of such activities and health on the perceived quality of people's lives.	Quantitative. Statistical analysis using zero order correlations and multivariate regression. Postal survey – self-completion questionnaire	440 respondents representing 17% of the random sample of 2500 households to whom questionnaires sent.
Silverstein and Parker (2002)[190] N. America/ Sweden	Gerontology	Older people ("oldest old"	To test whether change in leisure activities over a 10 year period is associated with retrospectively assessed change in QOL among older people in Sweden	Longitudinal study. Survey questionnaire administered in 1981 and 1992. Quantitative. Statistical analysis using ordered logit procedure.	324 "oldest old" people - a nationally representative sample of individuals in the birth cohort 1906 to 1915.
Kelly et al (2001)[191] U.K.	Psychiatry/ mental health	Individuals with severe and enduring mental illness	To examine the relationship between involvement in activities and self-reported QOL amongst people with severe and enduring mental illness	Quantitative. Statistical correlation tested using Kendall's tau. Data collection face-to-face using structured interview schedule (closed questions).	92 individuals - a stratified random sample of the total population in one Health Board area identified by mental health professionals as meeting 3 criteria of severe and enduring mental illness.
Bowling and Gabriel (2004) U.K.	Health	Older people in Britain	To explore the constituents of perceived QOL in older age	Triangulated approach both quantitative and qualitative. Statistical analysis using multiple regression. In-depth interviews with sub-sample of respondents.	999 individuals aged 65+ living in their own homes representing 77% of eligible respondents from the ONS Omnibus Survey.

6.9   In her literature review for Arts Council England, Staricoff highlights music as the most researched area of the arts and health and refers to the extensive range of studies investigating the impact of music on different healthcare specialities.[192] She cites research demonstrating the benefits of listening to music, which include the prevention of stress, a reduction in the perception and physiological consequences of pain and anxiety, diminished levels of depression and increased satisfaction with the

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[189] Michalos, Alex C and Zumbo, Bruno D (2000) *Leisure Activities, Health and the Quality of Life*. British Columbia: Institute for Social Research and Evaluation, University of Northern British Columbia.

[190] Silverstein, Merril and Parker, MG (2002) 'Leisure Activities and Quality of Life Among the Oldest Old in Sweden', *Research on Aging*, Vol. 24, No. 5, pp. 528-547.

[191] Kelly, S, McKenna, H and Parahoo, K (2001) 'The Relationship Between Involvement in Activities and Quality of Life for People With Severe and Enduring Mental Illness', *Journal of Psychiatric & Mental Health Nursing*, Vol. 8, No. 2, pp. 139-146.

[192] Staricoff (2004).

quality of care received.[193] Michalos also refers to the sizeable literature on the use of music in therapeutic settings and reviews the very similar findings of a range of these studies.[194]

6.10   Coffman makes the link between these psychological, neurophysiological and physical outcomes and QOL issues.[195]   In his review of the music therapy, gerontology, medicine and music education literature, he describes a range of studies that address how listening to and actively taking part in music-making impact on two of the standard QOL domains: physical and emotional well-being. He comments that most of these studies have been concerned with the effect on mood and behaviour of passive listening to music, with very few examining the effect on well-being of music making.

6.11   Coffman's literature review outlines the areas that have been addressed by studies to date. The physiological effects of listening to music is one of these, and Coffman suggests that further research is needed to explore the link between these effects and subjective perceptions of well-being.[196]   Another focus has been on the psychological and social benefits of active music making, with a number of studies highlighting the value placed by participants on the "non-musical" benefits of music making.

> "The interaction of environment with music activity and on contingent perceptions of quality of life has not been researched in any substantial way.   A first step would be to identify relevant environmental factors through qualitative data gathering procedures, subsequently followed by hypothesis testing methodologies."[197]

6.12   In particular Coffman highlights the literature concerned with older adults and looks specifically at the relationship between active music making and the QOL of elders, most of which is highly relevant and worth detailing here.[198]

6.13   On the basis that absence of death is the most fundamental QOL, an independent study by Bygren, Konlaan and Johansson found that, after controlling for confounding variables,[199] individuals who participate in cultural activities "often had a better chance of survival" – i.e. lived longer – than those who rarely took part.[200] The study was based on a random sample of over 15,000 people aged 16 to 74 years. Of these, just under 13,000 were interviewed during 1982 and 1983 as part of the annual Swedish survey of living conditions, which, in these two years, asked detailed

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[193] Staricoff (2004).
[194] Michalos (2005), pp. 17-19.
[195] Coffman (2002), p. 82.
[196] Coffman (2002), p. 85.
[197] Coffman (2002), p. 85.
[198] Coffman (2002), p. 83 includes in his citation list studies by Clift and Hanox (2001); Coffman and Adamek (1999, 2001); VanderArk, Newman and Bell (1983); Wise, Hartmann and Fisher (1992).
[199] These were age, sex, income, education level, social network, long term disease, smoking and physical exercise. Bygren, Lars Olov, Konlaan, Boinkum B and Johannsson, Sven-Erik (1996) 'Unequal in Death. Attendance at Cultural Events, Reading Books or Periodicals, and Making Music or Singing in a Choir As Determinants for Survival: Swedish Interview Survey of Living Conditions', *British Medical Journal*, Vol. 313, No. 7072, p. 317.
[200] Bygren et al (1996) p. 2.

questions about leisure time activities – specifically, attendance at cultural events, reading books or periodicals, making music or singing in a choir. The 12,700 individuals interviewed were subsequently followed up for survival until the end of 1991 (by which time 847 had died). The findings indicated that cultural participation "may have a positive influence on survival". The authors describe this as a "fruitful line of research" and recommend a further longitudinal study with a large sample, in which confounding variables are well controlled for, to try to test the hypothesis. This is recommended by the authors as a possible way of producing empirical evidence on the effects of "cultural stimulation" on people who do not attend cultural events.

6.14   Other studies of music and QOL cited by Coffman include a study of the impact of choir membership. Clift and Hancox investigated the perceptions of choir members, using rating scales and musical background questionnaires, and identified six dimensions of perceived benefits, most of which relate to QOL domains. These are well-being and relaxation, breathing and posture, social significance, emotional significance, and heart and immune system.[201] Coffman refers to other early studies that involve the use of control groups. VanderArk et al selected a sample of nursing home residents, aged 60-95 years, and age-matched them with residents of another nursing home that had no music programme. Following exposure to 45-minute participatory music sessions, held weekly for five weeks, the residents in the experimental group had much improved ratings of "life satisfaction, attitude towards music, and music self-concept" compared with the control group.[202]

6.15   Other studies discussed by Coffman concentrate on the effects of music participation on dimensions of well-being. These investigated the meanings placed by participants on music making, and, through these, found that music has both a significance, and an effect, in terms of social relationships/connectedness and self actualisation/personal development and empowerment.[203] These findings fit well with Ruud's outline of a theory on music's contribution to QOL (which, in his view, means subjective well-being or happiness) based on his own empirical research on music and identity.[204] This comprises four strands: emotional well-being, an increased ability to experience and express feelings; an increased sense of "agency", sense of purpose, empowerment, and "social competence"; strengthened feelings of "belonging" and community identity; and the development of a sense of meaning and coherence in life.

6.16   Because our search strategy used the keyword "culture" this review includes a limited selection of literature specific to individual artforms. As a result our search produced two empirical studies investigating the relationship between music and QOL. Both of these concerned older adults, one in a residential care setting. The two studies took quite different approaches, not least to conceptualising QOL.

6.17   The first, by Coffman and Adamek, investigated the influence of active participation in music making on the QOL of individual members of a senior citizen wind band.[205] The senior citizens had an average age of 70 years, and were actively

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[201] Clift and Hancox (2001), cited in Coffman (2002), p. 83.

[202] VanderArk et al (1983), cited in Coffman (2002), p. 84.

[203] Coffman (2002), p. 84.

[204] Ruud, Even (1997) 'Music and the Quality of Life', *Nordic Journal of Music Therapy*, Vol. 6, No. 2, p. 9.

[205] Coffman and Adamek (1999).

committed to music-making, attending band practice twice weekly for 10 months of the year. The study objectives were achieved, first of all, by investigating the broad factors that the senior citizens themselves regarded as contributing to their QOL, and then by asking them why they chose to participate in the band, and what benefits they believed they gained personally from participation. The study investigated subjective perception of QOL, without reference to any "objective" indicators of band members' life circumstances.

6.18   The study found that many of the participants considered a desire for music making and for socialisation either "very important" or "essential" to their QOL, rating these as highly as family relationships and good health, and found that these desires were being met through band membership. The authors conclude that their findings confirm those of previous studies highlighting the importance of recreational activities to the QOL of older people, leading to concern that these opportunities are not always readily available, particular in care settings.[206]

6.19   The methodology for this study raises some concerns about the scope for generalisation. The authors developed the postal survey questionnaire following a review of the research literature on QOL, incorporating both closed and open questions and rating scales. An open question asked respondents to list the factors they believed contributed to their QOL and to rate each one according to importance. Eleven 5-point scales were used to ask respondents to rate the extent of the band's influence on aspects of their social interaction and musical development. The draft instrument was peer reviewed by research experts.

6.20   The authors acknowledge some limitations to their study. The study sample was selected in order to address an under-researched area, which is the motivation of older adults involved in music making. However, the characteristics of the survey sample mean that the findings are not generalisable. The sample is representative of the membership of the band itself, but not of the general population of older people, relative to whom band members were predominantly in good health, of upper-middle class status and with a higher level of educational qualification. The authors advise that similar research into QOL using samples with a different demographic profile "may find varying results about the relative influence of music making on quality of life".[207]   In other words, given the proven musical commitment of this sample it would have been surprising had music not been found important to QOL.

6.21   The second study, by Burack, Jefferson and Libow, looked at the effect of listening to music on the immediate satisfaction and global QOL of cognitively intact, nursing home residents.[208]   Before and after listening to their own selection of music for half an hour, the residents were asked a structured series of closed questions about their global QOL and asked open questions about their emotional response to the music. While the respondents all expressed positive emotions of satisfaction on listening to the music, there were no statistically significant differences found between the "before" and "after" tests relating to global QOL.

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[206] Coffman and Adamek (1999), p. 31.
[207] Coffman and Adamek (1999), p. 31.
[208] Burack et al (2003).

6.22   The study involved a small sample (13) of residents, aged from 64 to 93 years, in a large urban nursing home, all of whom were screened to ensure that they met the study criteria. The closed questions were adapted from the Quality of Life-Alzheimer's Disease measure (QOL-AD) specifically selected for suitability with this sample.[209]   This instrument presents respondents with a list of seven items, for example, physical health, energy, interest in life, and asks them to rate their "current situation" on a four point Likert scale for each item. They were also asked to rate to what extent they currently feel "anxiety or fear" or "depression or sadness", again on a four point scale. The authors again highlight some of the limitations. First, participants were self-selected to take part and all who took part enjoyed music and felt it to be important to them. Second, the small sample size means the results are not generalisable. The authors describe this as an exploratory study, and find it "not surprising" that one 30 minute period of passive music listening had no significant effect on perceived global QOL.[210]   They therefore recommend further studies to look at the effect "on overall well-being" of long-term availability of music, and of providing residents control over their own access to music.[211]   Given the effect on satisfaction, the authors also felt that the scope of future research could be widened, to examine the effect of offering a range of recreational activities to nursing home residents.

6.23   The third music study took a quite different approach. Wood and Smith used the context of live music performance as a vehicle for investigating the role the emotions play within human geography - what is termed "emotional geography" or "the affective content of social life".[212]   This was based on a body of empirical research that demonstrates the emotional dimension and effects of music.[213]   Of relevance here, Wood and Smith set out to understand

> *"...the issue of whether and in what ways emotions can also work – or be worked with – to enhance social well-being and promote quality of life."[214]*

6.24   In doing so, they acknowledged that, as well as having a positive influence on emotional well-being, music can also have an adverse effect: it can be oppressive, invasive and stress-creating. The authors clearly defined their object as the subjective phenomenon, "emotional well-being", and, implicitly, they defined this as a contributor to overall QOL.

6.25   The methodological challenge for the authors was to develop a way to access the inner world of human emotions, and to examine "how these "work" in the practice of everyday life" i.e. in relation to material circumstances. They arrived at a study

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[209] This measurement instrument was developed by Logsdon, RG, Gibbons, LE, McCurry, SM and Teri,L (1999) 'Quality of Life in Alzheimer's Disease: Patient and Caregiver Reports', *Journal of Mental Health and Aging*, Vol. 5, No. xxx, pp. 21-32.

[210] Burack et al (2003), p. 72.

[211] Burack et al (2003), p. 74.

[212] Wood and Smith (2004) p.534.

[213] See Duffy, M, Smith S and Wood, N (2001) *'Musical Methodologies'*, paper, *Annual Conference of the Association of American Geographers*, New York, February/March cited in Wood and Smith (2004), p. 534.

[214] Wood and Smith (2004), p. 541.

based on empirical research with both performers and audience members at live music concerts and festivals, that used a combination of different qualitative research strategies. These include interviews (using a range of styles) and methods which the authors described as "observant listening" and "participant sensing". In other words the dominant social science research model found in most studies was replaced with a quite different approach, suited to exploring the underlying processes, dynamics and relationships at work in live music performance that determine its impact on emotional well-being.[215]

6.26   Wood and Smith argue that the context of musical performance – set and programme design – is intended to produce emotional effects on the audience; that for performers the *act* of performance is itself *about* emotional engagement; and that the most effective performances are those which generate a sense of intimacy, an emotional bond between performers and audiences. Their findings demonstrate that musical performance produces "an injection of resilience" and a "sense of wellness", tapping into "those emotional qualities which have the capacity to enhance people's quality of life."[216] QOL is enhanced, they argue, because musical performances are "therapeutic in the broadest sense", they provide a space in which people can "immerse themselves completely" in their emotional beings and "attend to their own emotional well-being".[217] Citing research into music and both national and racial identity, they further argue that the feelings music kindles in people, "in turn… help individuals and groups shape and negotiate their identities" in both potentially positive and negative ways.[218]

6.27   In conclusion they argue that,

> *"Neither musical encounters not kindled emotions can make poor people rich, dying people live or risky environments safe. However, musical performances do contain clues about what emotional well-being is, what happiness, contentment and hope* feel *like, and they show how powerful these emotions can be. This, at least, is a step towards imagining knowing, or even creating a different kind of world."[219]*

6.28   Our search strategy produced just one other study, by Michalos, that focused specifically on participation in culture-related activities. In the remainder culture-related activities featured within a broader range of "leisure" activities, or "activities of daily life", with the studies looking at the relationship between these broader activities and QOL or well-being.

6.29   Michalos' exploratory study attempted to measure the impact of the arts "broadly construed" on the perceived QOL, happiness and subjective well-being of adult residents in one Canadian city.[220] The "arts" rather than "culture" was chosen as the focus because the latter is such a complex and difficult term to define. Michalos

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[215] Duffy et al (2001), pp. 543-544.
[216] Duffy et al (2001), p. 542.
[217] Duffy et al (2001), p. 543.
[218] Duffy et al (2001), p. 544.
[219] Duffy et al (2001), p. 544.
[220] Michalos (2005).

defined "arts" broadly "to include things such as music, dance, theatre, painting, sculpture, pottery, literature (novels, short stories, poetry), photography, quilting, gardening, flower arranging, textile and fabric art".[221] Members of the city's Community Arts Council collaborated in the definition and in developing the survey instrument. The study used a "bottom up" model of QOL in which QOL is operationalised as reported life satisfaction, and overall perceived QOL is an aggregate of satisfaction with each of a number of specific QOL domains.[222] The study also looked at the impact on happiness, and subjective well-being, using theory-based instruments to measure these. In a postal survey, respondents were asked about the frequency and intensity of their participation in 66 arts-related activities and asked to rate, on a 7 point scale, the satisfaction gained from each one.

6.30   The findings show that, relative to the satisfaction gained from other domains of life – such as friendships and family relationships - the arts have a very small impact on QOL. Using step-wise multiple regression analysis, arts-related activities were found to explain between 5-11% of the variance in four plausible measures of perceived QOL. Arts related activities were also found to have very little influence on happiness or subjective well-being. As with other studies, the results of this research are not generalisable. The survey sample was not representative of the adult population as a whole, being skewed towards females, married people and those with a college or university level education. The survey response rate was very low (13%) which the author attributes to the low level of interest in the arts on the part of most residents.[223] Accordingly, the sample are assumed to comprise individuals with an interest in the arts, in which case the results are perhaps surprising, although the author does not offer any critical reflection on these.

6.31   The three "broader" QOL studies in which cultural participation features are all concerned with perceived QOL, that is QOL self evaluated or self reported by individuals. The subjects varied, from the general population, to "oldest old" people, to people with severe mental illness.

6.32   Michalos and Zumbo investigated the impact of people's leisure time activities on perceived QOL, which was operationalised as satisfaction with life as a whole, happiness, and satisfaction with overall QOL.[224] In a postal survey of a random sample of 2,500 households in the Canadian city of Prince George, they asked adult residents to state which of a list of 54 seasonal recreational activities they participated in, and to state which of a list of 51 possible benefits of leisure they believed they accrued. This list of activities included some culture related activities (see Figure 6.1 below) however these made up a minority (10) of the total 54 recreational activities, and the specific effects of cultural participation were not analysed. The culture related activities were incorporated into two indexes of sedentary recreational activities, but while active recreational activity was positively related to some health dimensions, sedentary recreational activities had no impact. Neither of the two indexes of sedentary recreational activity were reported as having a significant influence on life satisfaction, happiness or satisfaction with the overall QOL, although several of the 13 indexes constructed measuring the degree to which residents felt

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[221] Michalos (2005), p. 4.
[222] Michalos (2005), p. 15.
[223] Michalos (2005), p. 22.
[224] Michalos and Zumbo (2000).

they benefited from leisure activities were found to have some explanatory power in relation to these. This study used a similar methodology to Michalos' study of the arts,[225] and as with this study the sample was not representative of the general population of adult residents of the city, being skewed towards women, married people, older people and those with a college or university education.

Figure 6.1. Cultural activities in Michalos and Zumbo's list of recreational activities

1. Listen to music
2. Watch television
3. Go to the movies
7. Dance
17. Play an instrument
31. Go to the theatre
40. Go to the symphony
41. Do arts and crafts
42. Go to the library
51. Go to concerts

6.33   A very different study by Silverstein and Parker tested whether change in leisure activities over a ten year period was associated with retrospectively assessed change in QOL amongst older people in Sweden.[226] The study involved a nationally representative sample of 324 of the "oldest old", all Swedes in the birth cohort 1906 – 1915 with an average age of 81. In 1981, and again in 1992, respondents were asked about the frequency of their participation in 15 different activities.[227]   Based on previous studies, leisure activities were categorised into six domains, with cultural activities present in three of these (see Figure 6.2 below). QOL was defined in terms of the subjective perception of global life circumstances, with respondents being asked "If you think back over the last ten years, do you think your life situation has become worse, improved, or remained the same?".[228] The study found that changes in participation in leisure activities over ten years markedly influenced how older people retrospectively evaluated the quality of their lives. The findings relate to the impact of participation in activities taken as a whole, and while changes in participation between and within different types of activity were reported, the study did not measure the specific impact of cultural participation. Indeed, people who raised their levels of activity – although the type of activity engaged in might change over time – were more likely to make positive assessments of how their QOL had altered.

6.34   The authors acknowledge that their QOL definition, which they describe as "simple and subjective, and… focuses on only one of many psychological and physical manifestations of QOL" is one limitation of their study. A uni-dimensional conceptualisation of QOL is acknowledged as lacking precision and having the

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[225] Michalos (2005).

[226] Silverstein and Parker (2002).

[227] The survey data was drawn from the Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD), which used a sample originated from the Swedish Level of Living Survey (SLLS), a national random probability study of 6000 adults - Silverstein and Parker (2002), p. 531.

[228] Silverstein and Parker (2002), p. 532.

potential for bias.[229] Because of the distinctive cultural features of Swedish society, including the value placed on social provision, egalitarianism and the effect of good pensions on reducing income inequality, the authors do not regard their results as generalisable to other countries.[230]

Figure 6.2. Silverstein and Parker – Six domains of leisure activity

Domain	Activities
Culture-entertainment	going to movies, theatre, concerts, museums and exhibits eating out in restaurants
Productive-personal growth	reading books participating in study circles or courses engaging in hobbies (such as knitting, sewing, carpentry, painting, stamp collecting.
Outdoor – physical	fishing or hunting working in the garden going for walks
Recreation – expressive	playing bingo dancing playing a musical instrument
Friendship	visiting friends having friends over to visit
Formal - group	belonging to organisations attending religious services

Source: Silverstein and Parker (2002), p. 532.

6.35   A study by Kelly et al is another example of research where cultural participation is included as part of a focus on wider activities, in this case activities of daily living.[231] However, again, the specific impact of cultural participation was not the focus of the study and is not therefore addressed in the findings. This research explored the relationship between involvement in the activities of daily life and self-reported QOL, hypothesising that there would be a positive correlation between involvement in activities and global QOL. The study sample comprised 92 individuals, representing a stratified random sample of the entire population in one Northern Irish health board area identified as suffering from severe and enduring mental illness. In a structured interview, individuals were asked about their participation in 15 activities, 3 of which were culture-related (see Figure 6.3 below). They were also asked to rate their satisfaction with four different activities of living on a 6 point Likert scale, and an overall satisfaction score along with an "activity score" were calculated from the earlier responses.

6.36   There were very high levels of non-participation in the majority of these activities and the study found no positive correlation between taking part in activities and global perceived QOL. The median for this was 6 on a scale where 10 was the best possible life imaginable. However a stronger correlation was found between satisfaction with taking part in activities and global QOL. This is similar to the findings of Michalos and Zumbo, discussed above, in which a perception of reported benefits gained from, or satisfaction with, activities participated in appears to

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[229] Silverstein and Parker (2002), p. 545.
[230] Silverstein and Parker (2002), p. 545.
[231] Kelly (2001).

influence perceived QOL to some degree. In common with most of these studies, the findings relate to a population with very specific characteristics, and are not generalisable.

Figure 6.3. 15 activities of daily living

Going shopping
Going to a restaurant/café
Taking a trip in a bus or car
Going for a walk
Doing laundry
Making a meal
Reading a newspaper/magazine
Cleaning room/flat/home
Going to see a film or play
Going out to watch or play sport
Going to the library
Watching TV/listening to the radio
Going out to a social activity
Participating in a hobby

Source: Kelly (2001).

6.37   A recent study funded by the UK Economic and Social Research Council and the Medical Research Council investigated the components of perceived QOL in older people resident in the UK.[232] The research methodology involved triangulating data drawn from 3 different sources. The study used a sample of individuals aged 65 and over, recruited from the quarterly waves of the ONS Omnibus Survey (April 2000 to January 2001). These were people who had agreed to be re-interviewed for a Quality of Life Survey following participation in the Omnibus Survey. The first data source was the Quality of Life Survey, in which overall QOL was self-evaluated through closed survey items and scales. The survey questions were based on a series of theoretically derived indicators, drawn from over 20 instruments developed to measure different aspects of subjective QOL. The second source was an investigation of respondents' own definitions of QOL, based on open ended survey questions, and the third source comprised data drawn from in-depth interviews with a sub-sample of respondents about their QOL. In other words, the study used a combination of quantitative and qualitative methods, with the qualitative data providing "context and meaning" for the quantitative data.[233]

6.38   The findings confirm the importance of personality effects on QOL. The "core components" of perceived QOL in older people were found to be psychological variables - examples being social expectations/comparisons and optimism-pessimism - health and functional status, and personal and external social capital. The qualitative research also emphasised the importance of financial circumstances, the effect of which may have been "flattened" out in the statistical analysis because differences in income tend to be less in older age.

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[232] Bowling and Gabriel (2004).
[233] Bowling and Gabriel (2004), p. 20.

6.39   Of most interest to us, sport and cultural activities featured in a variety of solo and social activities subjectively perceived by respondents as enhancing their QOL, shown below.[234] However sport and cultural activities are just a few of a very wide range of reported activities which, in themselves, form part of just one domain (social relationships) out of 10 constituent domains of QOL as perceived by older people.[235] (The other 9 domains are home and neighbourhood, psychological well-being, other activities done alone, health, financial circumstances, independence, other/miscellaneous, and society/politics). Nevertheless the results of the qualitative research show that, in evaluating their QOL, older people place a high importance on both social activities and solo activities, in which cultural activities figure (80% and 93% of respondents respectively described these as "good things that give my life quality").[236]

6.40   By demonstrating how multi-faceted the concept of QOL is, this research gives us a valuable insight on the challenge involved in isolating and empirically measuring the effect on QOL of cultural participation alone. These findings also demonstrate how the importance placed on different dimensions of QOL varies according to population demographics and how the dimensions of perceived QOL may therefore shift over time, according to changing circumstances, or changing life stage. This raises important questions. Can we hypothesise that cultural activity will have the same importance to or influence on QOL for all people? Are there particular life stages or life circumstances in which cultural activity is most likely to have a positive impact on perceived QOL?

Figure 6.4. Summary of older people's models of quality of life[237]

> **Social relationships (good only):** *(italics added)*
> *Social roles and social activities*
> –   Helps friends, family, neighbours
> –   Does voluntary work
> –   Committee member of local group
> –   *Performs in arts, drama, music group, choir*
> –   Attends local events/meetings/education classes
> –   Attends age related clubs
> –   Has holidays/weekends away
> –   Goes on outings/day trips/shopping with someone else
> –   Has meals/drinks out
> –   Gambles (e.g. horses, bingo)
> –   *Goes to cultural events (e.g. theatre/concerts/cinema)*
> –   Attends place of worship
> –   Mental pursuits to keep mind alert (evening classes, quizzes, bridge)
> –   *Does sport/exercises/dancing activities*
> –   Solo pursuits (e.g. crafts, cooking, TV, crosswords, gardening)
> –   Walking dog – helps to meet others/caring for pet

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[234] Bowling and Gabriel (2004), p. 29.
[235] Bowling and Gabriel (2004), p. 19.
[236] Bowling and Gabriel (2004), p. 19.
[237] Bowling and Gabriel (2004), appendix three, p. 28.

Solo activities (alone) – mostly good:
- Crafts, including woodwork, embroidery, sewing, restoring antiques, knitting, crochet, painting, flower arranging
- Hobbies including stamp, coin, book other types of collecting
- Maintaining cultural interests in art/theatre/architecture
- Technical hobbies including photography
- Home improvement activities (DIY)
- Cooking, eating new foods, diet
- Having a drink at home
- Watching sport on TV
- Listening to music on audio-cassettes/radio; watching TV/videos
- Playing a musical instrument alone (e.g. piano, organ)
- Reading books, poetry
- Reading newspapers
- Mental pursuits including crosswords, jigsaws, competitions, writing
- Gardening or allotment
- Watching wildlife (e.g. feeding and watching birds, badgers, squirrels etc)
- Doing (solo) physical activities, exercise, keeping fit, walking, jogging, walking the dog for exercise

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Summary of studies focused on individuals

- In summary, very few studies have investigated the impact of cultural participation on the QOL and well-being of individuals. With the exception of Michalos' recent work, the subject has been neglected by academics studying QOL. However a body of literature exists that looks specifically at the contribution of music making and listening to QOL, and this may benefit from a dedicated literature review[238].

- Of the studies that look specifically at the relationship between cultural participation and QOL just one found evidence of a substantial contribution, and this was in a sample of committed musicians. The other studies either found no effect on the QOL of subjects, or evidence of a very small contribution to QOL.

- The studies that have been undertaken are often exploratory in nature and most investigators have stressed the need for further research in order to test the findings. In the majority of cases (5 out of 7) the findings were not generalisable to a wider population, most commonly because of the unrepresentative-ness of the sample used, small sample size, or for reasons of cultural specificity. Investigators recommended a variety of measures to rectify these issues, including larger sample sizes and longitudinal studies.

- It is interesting to contrast the different ways in which QOL is defined and measured in these studies. Coffman notes how gerontological studies examining

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[238] The music and QOL literature has a considerable overlap with health, and some of this has therefore recently been reviewed in Staricoff (2004) as referred to above.

the social benefits of music making and listening often use other concepts interchangeably with QOL, including "life satisfaction, meaning of life, meaning in life, sense of purpose, successful ageing, well-being (mental, emotional, social, spiritual) and wellness".[239] Referring back to the earlier discussion of QOL measurement, several of the studies reviewed here used uni-dimensional or multi-dimensional single scale measures of QOL.

- Whether explicitly or implicitly, these studies defined QOL as subjectively perceived well-being and operationalised this in terms of satisfaction either with life as a whole, or as satisfaction with a series of aspects or domains of life, asking respondents to rate on a scale their level of satisfaction with each one. Some studies used both of these.[240] For example Michalos operationalised QOL as satisfaction with particular domains of life, *and* satisfaction with life as a whole, while also including measures of overall happiness, and subjective well-being, using established instruments to measure each of these.[241] The domains of life with which respondents were asked to rate their satisfaction were pre-determined by the researchers, although in most cases using theoretically grounded instruments.

- Few of the studies discussed the way in which they had defined and operationalised QOL or gave any critical assessment of this, for example acknowledging that they were conceiving of QOL in a limited way, in terms of subjective perceptions only.[242] In view of the widely accepted lack of correlation between subjective and objective dimensions of QOL, one has to question whether the use of satisfaction alone is a helpful way of defining and measuring QOL, and perhaps ask whether researchers should admit that they are investigating determinants of life satisfaction rather than QOL.

- In contrast to this approach, two of the studies used a multi-dimensional definition of QOL and involved respondents in the identification of QOL domains, which they were asked to rank in order of importance.[243] One of these studies combined this approach with a wide range of measures of subjective QOL, but which did not include "straight" life satisfaction.[244]

- Bowling and Gabriel's study is of particular significance because it allows us to consider the role of cultural participation within the context of the multiplicity of socio-economic variables influencing QOL.

- In short, this is an area of research in its infancy: there are very few studies and those that exist have limitations. The empirical evidence for culture's contribution to the QOL of individuals is very thin. In a nutshell, this is the fundamental problem encountered in attempts to develop cultural indicators of QOL or well-being at community level, to which we now turn.

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[239] Coffman (2002), p. 76.
[240] Michalos (2005); Kelly (2001).
[241] Michalos (2005).
[242] Studies that can be excepted from this finding are: Bowling and Gabriel (2004); Silverstein and Parker (2002); and Kelly (2001).
[243] Bowling and Gabriel (2004); Coffman and Adamek (1999).
[244] Bowling and Gabriel (2004).

Studies focused on communities and cultural indicatiors

6.41   At a policy level, throughout the English speaking world, the concept of QOL is currently intertwined with those of sustainable development and community well-being, reflected in efforts to measure and track the well-being and QOL of communities using indicators.[245]   Oakley describes the policy focus on "quality of life", "public value" and "social capital" as "struggling to express a notion of "economic growth…plus", the "plus" being variously environmental or social sustainability, combined with some notion of happiness or quality of life." She predicts that cultural research "will increasingly become embedded in and part of these larger research efforts".[246]   This certainly appears to be the case, with a body of research emerging in the past few years focused on the development of "cultural indicators."[247]

6.42   Occasionally, but increasingly, cultural indicators[248] are being included as part of broader frameworks of socio-economic indicators measuring the QOL/well-being/sustainability of communities.[249]   However, to a large extent, culture has been off the policy radar when it comes to these broader policy issues, and many indicator systems are only, belatedly, redressing this situation.[250]   An example is the Federation of Canadian Municipalities' Quality of Life Reporting System, which, when first published in 1999, did not include cultural or leisure indicators.   An independent evaluation subsequently recommended these be developed for inclusion.[251]   Community cultural indicators are also being developed "in their own right", attempting to monitor the QOL/health/well-being of communities through measures of the "vitality" of local cultural activity, often as part of a "cultural planning" approach.   As we shall see, much of this work is being developed in North America.

6.43   As seen from the general QOL literature, these approaches are not "new", but draw on a tradition of social indicator research spanning over 30 years.   Efforts to develop frameworks of cultural statistics at national and international level, involving UNESCO, the EU, etc have a similar time span.   These are now catching a new policy "wave" as pressure to develop cultural indicators has emerged from a number of

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[245] Duxbury, Nancy (2003) *'Cultural Indicators and Benchmarks in Community Indicator Projects: Performance Measures for Cultural Investment?', Accounting for Culture: Examining the Building Blocks of Cultural Citizenship Conference,* Gatineau, Quebec, 13-15 November 2003, pp. 2-4; Oakley (2004), p. 9.

[246] Oakley (2004), p. 9.

[247] Baeker, Greg (2002) *Measures and Indicators in Local Cultural Development.* Online at http://www.culturalplanning.ca/mcpp/mcpp_indicators.pdf [accessed 14 November 2005], p. 14.

[248] IFACCA define a cultural indicator as "a statistic that can be used to make sense of, monitor, or evaluate some aspect of culture (such as the arts, or cultural policies, programs and activities)", International Federation of Arts Councils and Culture Agencies (IFACCA) (2005) *Statistical Indicators for Arts Policy.* Sydney: IFACCA, p. 11.

[249] Duxbury (2003), p. 2; The Boston Foundation (2005) *Thinking Globally/Acting Locally. A Regional Wake-Up Call. A Summary of the Boston Indicators Report 2002-2004.* Boston, Massachusetts: The Boston Foundation.

[250] Baeker (2002); Duxbury (2003).

[251] See Janzen, Bonnie (2003) *An Evaluation of the Federation of Canadian Municipalities Quality of Life Reporting System.* Saskatchewan, Canada: CUISR, University of Saskatchewan.

directions. Baeker has identified three of these as being, first, pressure on governments to provide evidence of effective investment; second, pressure on institutions, public bodies and local authorities to evaluate progress towards policy goals; and, third, "to build an evidence base related to the benefits of cultural development to communities".[252] Most of the recent "cutting edge" cultural policy research internationally has been in this area, clearly driven by national and local government policy interest, and some, although a minority, of this work on cultural indicators overlaps with issues of QOL and well-being.[253] Our interest is with this subset of cultural indicators work, and we will briefly review some of the key work in North America and the UK, considering the approaches and methods adopted.

6.44   Table 6.3 gives an overview of the 9 articles considered. Seven of these are North American and seven are concerned with the development of cultural indicators, either at community, city or local authority level.

Table 6.3. Culture related QOL studies reviewed: community level

Reference (year)	Title	Type	Funders
Jackson and Herranz (2002); Jackson et al (2003)[254] N. America	Arts and Culture in Community Building Project (ACIP) est.1996 Urban Institute	Development of cultural indicators for inclusion in community indicator systems to assess QOL	Rockefeller Foundation
Stern and Seifert (1998)[255] Stern and Seifert (2002)[256] N. America	Social Impact of the Arts Project (SIAP) est. 1994 University of Pennsylvania Culture Builds Community Cultural Participation in Philadelphia	An affiliate of ACIP and involved in the above project. Research focus on cultural participation and social capital/community building	Rockefeller Foundation Pew Charitable Trusts William Penn Foundation
Knight Foundation et al (2001)[257] N. America	Listening and Learning: Community indicator profiles of Knight Foundation communities and the nation	Culture as part of community indicators	Knight Foundation
Cultural Initiatives	Cultural initiatives	Cultural indicators at	Knight Foundation

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[252] Baeker (2002).

[253] IFACCA (2005), p. 3.

[254] Jackson, Maria-Rosario, Herranz, Joaquin Jr., and Kabwasa-Green, Florence (2003) *Art and Culture in Communities: A Framework for Measurement. Policy Brief No.1 of the Culture, Creativity, and Communities Program*. Washington DC: The Urban Institute.

[255] Stern, Mark J and Seifert, Susan C (1998) *Working Paper 7. Cultural Participation and Civic Engagement In Five Philadelphia Neighborhoods*. Pennsylvania: University of Pennsylvania, School of Social Work.

[256] Stern, Mark J and Seifert, Susan C (2002) *Culture Builds Community Evaluation: Summary Report*. Pennsylvania: University of Pennsylvania, School of Social Work.

[257] John S and James L Knight Foundation, Princeton Survey Research Associates International, and The Urban Institute (2001) *Listening and Learning: Community Indicator Profiles of Knight Foundation Communities and the Nation*. Miami: John S and James L Knight Foundation.

Silicon Valley (2003)[258] N. America	Silicon Valley – Creative Community Index	community level	
Swain (2005)[259] N. America	2004 Quality of Life Progress Report Jacksonville Community Council Inc	Culture as part of community QOL indicators	Jacksonville CCI, City of Jacksonville, United Way of Northeast Florida
Essex County Council (2003)[260] UK	Creative Consequences: the Contribution and Impact of the Arts in Essex Colin Mercer, Consultant	Cultural indicators at local authority level,	Essex County Council
Morris Hargreaves McIntyre (2005)[261] UK	The value of culture – Shropshire County Council Morris Hargreaves MacIntyre	Culture indicators at local authority level	Shropshire County Council C
Kopczynski and Hager (2003)[262] N. America	Denver Performing Arts Research Coalition The Urban Institute	Cultural indicators at city level	The Pew Charitable Trusts
Center for Arts and Public Policy, Wayne State University (1996)[263] N. America	Arts & Culture and the Quality of Life in Michigan, Part I: The Influence of the Arts and Michigan's Anchor Organisations	Arts impact study linked to QOL	Michigan Council for Arts and Cultural Affairs

6.45   Our review of these community level studies begins with two key questions. What does the community cultural indicators research tell us about culture's contribution to QOL? Has it advanced either the theory or the empirical evidence for culture's impact on QOL?

6.46   In North America, charitable foundations – in particular the Knight Foundation and the Rockefeller Institute - have played a major role in funding the development of culture-related QOL indicators.

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[258] Cultural Initiatives Silicon Valley (2003) *Creative Community Index: Measuring Progress Toward a Vibrant Silicon Valley*. Silicon Valley: Cultural Initiatives Silicon Valley.

[259] Swain, David (2005) *2004 Quality of Life Progress Report: a Guide for Building a Better Community*. Jacksonville: Jacksonville Community Council Inc.

[260] Essex County Council (2003) *Creative Consequences: The Contribution and Impact of the Arts in Essex: 2001/02*. London: Local Government Association.

[261] Morris Hargreaves McIntyre (2005) *The Value of Culture*. Shropshire: Shropshire County Council.

[262] Kopczynski, Mary and Hager, Mark (2003) *Denver: Performing Arts Research Coalition Community Report 2002. First Year Findings From the Denver Household Survey*. Denver: Pew Charitable Trusts.

[263] Center for Arts and Public Policy of the College of Fine, Performing and Communication Arts Wayne State University (1996) *Arts & Culture and the Quality of Life in Michigan Part I: The Influence of the Arts and Michigan's Anchor Organizations*, Michigan: Michigan Council for Arts and Cultural Affairs.

6.47   The Urban Institute's Arts and Culture Indicators in Community Building Project (ACIP) was established in 1996 in collaboration with the Urban Institute's National Neighbourhood Indicators Partnership (NNIP).[264] NNIP aims to assist with the development of neighbourhood indicators systems around the United States, the aim being to monitor QOL at community level. ACIP is funded by the Rockefeller Foundation to investigate how arts and culture-related measures can be integrated into these neighbourhood indicator systems.

6.48   At the start of the project the key issue confronting ACIP was the lack of theory relating cultural participation to QOL. Consequently developing a "grounded theory" of cultural impact, with which to underpin community cultural indicators, has been a central concern of ACIP's endeavours. ACIP describes arts, culture and creativity as:

> " 'essential factors in community building processes' but acknowledges that the precise impacts on community building 'are not well documented or understood...' ".[265]

6.49   The early years of the project involved a literature review of cultural impacts, and a phase of extensive fieldwork to both investigate and map what communities themselves recognise and understand as cultural activity and to observe in detail community arts and community building practices. In doing this ACIP has worked in close collaboration with community builders, artists and arts administrators in its affiliated organisations in seven US cities: Boston, Chicago, Los Angeles, San Francisco Bay Area, Providence, Washington DC and Philadelphia. The project has utilised predominantly qualitative methods: in the first two years of the project 140 face-to-face interviews and 23 focus group discussions were conducted in mostly moderate and low income communities. A range of research projects exploring different methodologies within many different types of arts project and communities have been undertaken by affiliates focused on:

> "building grounded theory, developing data collection instruments, and actually collecting data about the potential contributions of cultural participation to various aspects of community life".[266]

6.50   Amongst other things this has resulted in a list of "potentially important impacts" – both direct and indirect - that community cultural participation may have including:
- supporting civic participation and social capital
- catalyzing economic development
- improving the built environment
- promoting stewardship of place
- augmenting public safety
- preserving cultural heritage

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[264] The Urban Institute is a non-profit non-partisan policy research and educational organisation concerned with social, economic and governance issues. Web site - http://www.urban.org.
[265] Jackson et al (2003), p. 1.
[266] Jackson and Herranz (2002), p. 35.

- bridging cultural/ethnic/racial boundaries
- transmitting cultural values and history; and
- creating group memory and group identity[267]

6.51   At each stage ACIP has reviewed, discussed and debated its findings with its affiliates, refining and distilling these into a framework for arts and culture research and measurement. The framework is intended as a guide for organisations wishing to develop cultural QOL indicators within their own communities. The framework (see Figure 6.5 below) comprises four "guiding principles" and the mapping of four "domains of inquiry and dimensions of measurement".[268]

6.52   According to ACIP the four principles give:

> *"an indication of the possible breadth, depth and value of the arts and cultural participation in neighbourhoods. They make it easier to see the possible connections between cultural activity and community building processes.   Moreover   they   suggest   categories   of measurement."[269]*

6.53   Firstly, ACIP emphasise the need for a very broad definition of cultural participation using a "bottom up" approach rooted in the community.   Secondly, they stress that "the concept of cultural participation includes a wide array of ways in which people engage in arts, culture and creative expression" beyond consumerism or being an audience member.   What follows is the need to "map" and develop inventories of forms of cultural activities within communities.[270]   The third principle emphasises that, in practice, cultural activities are not only valued within communities for aesthetic reasons but because they are "embedded in or tied to other community processes", and therefore valued because they engender things such as community pride. Finally, ACIP stresses the many different types of organisation at community level involved in supporting cultural activity, many of which are not arts or culture specific, for example churches, children's and youth organisations, charities etc.

6.54   The findings of their fieldwork suggest that not only is cultural activity in its many diverse forms part of the social fabric of communities, contributing to its social capital, but there is a complex relationship between cultural and other types of organisation and activity within communities. ACIP highlights the lack of theoretical models describing and explaining the complex systems of support for arts and cultural activity within communities and this is one line of research they have been developing further with the help of affiliates.[271]

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[267] Jackson and Herranz (2002), p. 33.

[268] Jackson and Herranz (2002); Jackson et al (2003).

[269] ACIP 'principles for measurement', Urban Institute website http://www.urban.org/nnip/acipprinciples.html [accessed 18 August 2005].

[270] ACIP 'principles for measurement'.

[271] Jackson and Herranz (2002), p. 38.

Figure 6.5. ACIP's Framework for Arts/Culture Research and Measurement

Guiding principles	Domains of inquiry and dimensions of measurement
1. Definitions depend on the values and realities of the community	Presence Identification, documentation and measurement of art or creative expressions that are defined and valued by a given community as cultural assets
2. Participation spans a wide range of actions, disciplines, and levels of expertise	Participation Identification, documentation and measurement of the ways in which people participate in cultural activity (as creators, teachers, consumers, supporters etc)
3. Creative expression is infused with multiple meanings and purpose	Impacts Identification, documentation and measurement of impacts or the relation of arts and cultural participation to various community outcomes such as creation of neighbourhood pride, stewardship of place, inter-racial and inter-ethnic tolerance or acceptance, improved public safety etc.
4. Opportunities for participation rely on arts-specific and other resources	Systems of support Identification, documentation and measurement of a community's capacity to support art and cultural opportunities – the resources (financial, in-kind, organisational and human) required to bring opportunities for participation to fruition.

Source: Jackson et al (2003), p. 4.

6.55   Drawing on their experience to date, ACIP raises some highly pertinent issues for researching the impact of cultural participation on QOL, succinctly described by Jackson:

> *"There are two main theoretical and methodological challenges to documenting arts/culture/creativity impacts. The first is having definitions that are either too narrow to capture what we are looking for or too broad for policy use. The second is trying to establish simple causal relationships in an area that is inherently complex – with many interacting forces and about which not enough is yet known to justify efforts to build formal causal models, even complex ones."[272]*

6.56   In other words, while their extensive community based research has concluded on the need for a very broad definition of cultural participation and for an understanding of the complex way in which cultural activities mesh within communities:

> *"...the very broadness of ACIP's definition – combined with the fact that arts, culture and creativity are operating in an environment in which many other factors are operating simultaneously – vastly*

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[272] Jackson and Herranz (2002), p. 34.

complicates the task of pinpointing the contribution of arts-related activities to the overall impacts observed."[273]

6.57   These are the key challenges posed for the design of research aimed at measuring impact on QOL. But Jackson goes further. Public policymakers world-wide require research that demonstrates causal relationships between cultural participation and desired policy outcomes, and for these to be single-cause relationships. ACIP's research findings to date suggest that reality is quite different from this - these demands may therefore be based on an incorrect understanding or conception of cultural activity at community level. Jackson writes,

> *"Such overemphasis on single-cause relationships can derail inquiries that may more appropriately identify ways in which cultural participation contributes, along with other social and economic dynamics, to particular outcomes".[274]*

6.58   Finally, ACIP has concluded that one of the key barriers to developing the type of data collection and research activity needed to underpin theoretical development in this area is the lack of funding available to cultural organisations for this purpose.   It recommends that practitioners ("community workers, arts administrators and artists") be acknowledged as key players in these efforts, and that:

> *"policymakers and funders must acknowledge and facilitate this component of a practitioner's job, by incorporating resources to support theory development and data collection into grants for practitioners and program guidelines."[275]*

6.59   The ACIP research project continues, and a number of research publications reporting on more recent work are due to be published in Autumn 2005.

6.60   The Social Impact of the Arts Project (SIAP) at the University of Pennsylvania is an affiliate of ACIP. Since 1994, with the aid of funding from a range of charitable foundations, it has undertaken a range of research projects investigating the role of culture in metropolitan Philadelphia and its suburbs. Most recently it has been involved in the Benchmark Project, a "multi-year" study of cultural participation in two neighbourhoods of Philadelphia, funded by the Knight Foundation, which aims to "broaden, deepen and diversify resident participation in arts and cultural activities".[276] Some of the findings of this benchmark study confirm those of the ACIP project, particularly regarding the very broad way in which cultural activity is conceived at community level; the multiple meanings, values and significance with which cultural

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[273] Jackson et al (2003), pp. 3-4.

[274] Jackson and Herranz (2002), p. 37.

[275] Jackson and Herranz (2002), p. 43.

[276] Stern, Mark J and Seifert, Susan C (2005) *Philadelphia and Camden Cultural Participation Benchmark Project. Final Report*. Pennsylvania: University of Pennsylvania, School of Social Work, p. 1.

activities are imbued; and the strong inter-relationship between community cultural activity and non-cultural organisations, particularly religious ones.[277]

6.61   An earlier SIAP project was a long-term evaluation of the William Penn Foundation's *Culture Builds Communities* (CBB) initiative that ran between 1997 and 2002.   The initiative aimed to test a variety of strategies to increase cultural participation and strengthen community cultural organisations.   To this end, 29 projects involving 38 organisations were funded towards a range of objectives, including "expanding cultural opportunities, enhancing artistic quality, or fostering community-based collaborations with a focus on young people".[278]   SIAP's evaluation of the initiative assessed, amongst other things, whether it had achieved its objectives in terms of "improving the role of cultural organisations in building community".[279]   The first major part of its evaluation strategy therefore involved researching "the nature of the community cultural system and its connection with other institutional and demographic features of neighbourhoods" and, thereafter, looking at whether the initiative had any impact upon this.[280]   This ties neatly with one of the key lines of research enquiry highlighted above in the ACIP research.

6.62   SIAP chose to focus on the ecology of the local cultural system rather than the traditional focus on cultural institutions, because it allowed them to understand more clearly the "relationships and networks" in operation, and not just the "individual agents".[281]   They argue that

> *"this perspective is particularly important when studying the arts because of the strong relationship between level of cultural engagement and other measures of the quality of life of urban neighbourhoods".*[282]

6.63   Based on field research SIAP mapped a neighbourhood cultural ecology populated by a variety of agents including non-arts community based organisations, for-profit community cultural firms, non-profit community cultural institutions, cultural participants, artists, funders and resource networks, regional cultural institutions and regional cultural audiences and described the complex network of relationships by which these are connected.[283]   It emphasises that many of the links between organisations are at the level of individual members or participants, and organisational leaderships may not even be aware of them.

6.64   By mapping a time series of cultural data against other indicators of QOL, they claimed a correlation at neighbourhood level between:

    –   presence of cultural organisations over time and both decreasing levels

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[277] Mundell, Leah, Suess, Grethen, Gold, Eva and Simon, Elaine (2005) *Meanings of Cultural Participation at the Neighbourhood Level: a Focus Group Analysis*. Pennsylvania: University of Pennsylvania, School of Social Work.
[278] Stern and Seifert (2002), p. i.
[279] Stern and Seifert (2002), p. i.
[280] Stern and Seifert (2002), p. 1.
[281] Stern and Seifert (2002), p. 5.
[282] Stern and Seifert (2002), p. 5.
[283] Stern and Seifert (2002), p. 20.

of poverty, and stable or increasing population;

- amongst disadvantaged neighbourhoods, higher levels of cultural participation and lower rates of juvenile delinquency and truancy;
- cultural participation and subjective perception of community QOL as "excellent"
- presence of cultural organisations over time and neighbourhood "diversity" (including ethnic diversity and household type)

and used this as evidence that community cultural systems "build social fabric and community capacity" and "contribute to neighbourhood revitalisation".[284]

6.65   To evaluate whether the Culture Builds Community (CBB) initiative had helped build community capacity/social capital, SIAP collected data against three indicators, selected on the basis of published research findings (a) cross-participation - community residents who took part in both cultural and other types of local activities; (b) networks and contacts between community institutions, and (c) the views of non-arts community-based organisation leaders towards those cultural organisations receiving project grants from the CBB Initiative.[285]   Research methods included questionnaire surveys of resident participants and community organisations and interviews with leaders of organisations.

6.66   The findings showed that:
- On "cross-participation" – considered by previous research as being one of the critical ways in which culture contributes to community capacity building[286] - people involved in cultural activities were found to be more likely to be involved in their community in other ways, most commonly in religious services (50% of respondents), home-and-school associations (33%), recreational activities (30%), and libraries (28%), with at least 10% involved in civic associations, continuing education and special interest groups (although whether this had changed over time, as a result of the initiative, was not reported).
- There was a clear relationship between cultural participation and satisfaction with the QOL of the community
- Networks between community institutions grew rapidly during the CBB initiative, from 1,124 relationships in 1997 to 1,729 in 2000. One quarter of all relationships with non-arts institutions were with educational establishments.
- The network of institutional relationships maintained by grantees grew stronger as it grew larger, with a distinct shift from passive to active relationships, as collaborators on projects.
- The network of institutional relationships shifted from a hierarchical to a flatter, more democratic structure, as the number of links between organisations grew to encompass all levels of the organisation.
- In terms of how cultural organisations are regarded, the study found that while they are considered an asset, they are not seen as important in terms of community development. [287]

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[284] Stern and Seifert (2002), p. 8.
[285] Stern and Seifert (2002), p. 14.
[286] Stern and Seifert (1998).
[287] Stern and Seifert (2002), pp. 14-16.

6.67   One of the strengths of this research was that the evaluation was built into the design of the initiative from the outset. Secondly, the initiative took place over a number of years, and the evaluation team was therefore able to assess impact over a far longer period of time than is usually available. This proved extremely important as Stern and Seifert note that,

> *"building cultural participation, community partnerships, and community capacity are incremental, interdependent processes requiring a long-term commitment"* and that *"some of the outcomes of the initiative were not visible until its third year".*[288]

6.68   The John S. and James L. Knight Foundation has supported a Community Indicators project, helping to develop social indicators for each of the 26 "Knight communities" [289] across the United States. The Knight Foundation itself acknowledges that this is one of around 200 indicators projects ongoing in the United States, "varying in size, scope and topic focus".[290] The first Knight Foundation social indicators report, published in 2001, uses a number of terms inter-changeably including civic health, community vitality, well-being and QOL, without offering an explicit definition. The report highlights the factors affecting the "civic health" of communities and comments on how the Foundation hopes the social indicators will be used by communities. It is based on thousands of interviews with residents, and draws together quantitative data from official and un-official sources.

6.69   The Knight Foundation indicators include a focus on "the vitality of cultural life" as one of six areas of civic life considered to have a key influence on community QOL. (The other areas are well-being of children and families, housing and community development, civic engagement, education and community conditions (demographic and socio-economic profiles)). These areas were selected explicitly because they relate most closely to the Foundation's interests and objectives, expressed in its mission statement, "investing in the vitality of the 26 communities".[291] The Foundation's social indicators start from the explicit premise that culture "improves our lives and enriches our communities" citing its investment of over $100m in arts and cultural activities over the past 50 years, including funding for projects that promote civic engagement and tackle racial prejudice.[292]

6.70   The quantitative indicators selected to reflect the vitality of cultural life are shown below.

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[288] Stern and Seifert (2002), p. 17.

[289] The so-called 'Knight communities' are the 26 communities across the USA where the Knight brothers published newspapers during their lifetime, and where their charitable foundation "has an enduring commitment to support non-profit efforts to improve the quality of life" - John S and James L Knight Foundation et al (2001), p. 11.

[290] John S and James L Knight Foundation et al (2001), p. 13.

[291] John S and James L Knight Foundation et al (2001), p. 14.

[292] John S and James L Knight Foundation et al (2001), p. 135.

Figure 6.6. Knight Foundation indicators - current community conditions - vitality of cultural life

Indicator Area	Indicators
Types of arts and cultural organisation These indicators "provide a measure of the size and variety of the arts sector" in an area and therefore differences in "opportunities to participate" between geographic areas.	• Numbers of arts and culture organisation • Types of organisations identified • % of organisations with $500,000 or more in annual expenses • Numbers of arts and culture organisations per 10,000 residents • Assets of arts and culture organisations per capita
Finances of arts and culture organisations These indicators "provide quantitative measures of the stability and financial capacity of the arts sector".	• % of arts and culture organisations reporting a deficit • Median deficit of arts and culture organisations • Median surplus of arts and culture organisations

Table based on John S and James L Knight Foundation et al (2001), pp.136-141.

6.71   In addition, for the 2001 report, a residents survey was carried out in each of the 26 communities to gather data about a range of other culture-related indicators of community QOL. The report claims, without supporting references, that "community support of nonprofit arts and cultural organisations is often considered an important dimension of overall community health".[293] The survey asked a series of questions about satisfaction with the level of cultural provision in the local area, use of and satisfaction with these cultural services, attendance at nonprofit arts and cultural events, barriers to attendance and participation, and attitudes towards cultural activities, involvement in nonprofit cultural organisations (through volunteering, donations etc).

6.72   Significantly, the Knight Foundation survey sample was sufficiently large to allow findings to be compared between groups within most communities, something not often achieved by social surveys or residents' surveys at community or local authority level in the UK. An important finding was that race or ethnicity has a "profound effect" on how individuals view the availability of cultural resources within the community. Even controlling for other socio-economic variables, dissatisfaction with levels of cultural provision was high amongst Afro-Caribbean and other non-white ethnic groups compared with white Americans. Non-white ethnic groups were also far less likely to attend the type of cultural events asked about in the survey.[294] These findings were strongly associated with responses to the attitudinal question "If you are looking for a cultural event to attend, how important is it that the event reflects your ethnic or racial background?".[295] Those who felt this was important were least likely to attend cultural events on offer, and more likely to be dissatisfied with levels of cultural provision in their area.

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[293] John S and James L Knight Foundation et al (2001), p. 142.
[294] John S and James L Knight Foundation et al (2001), p. 142.
[295] John S and James L Knight Foundation et al (2001), p. 150.

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6.73   In its most recent Social Indicators report, *Listening and Learning*, published in 2004, the indicators of cultural vitality have been revised and consist of the following:

Figure 6.7. *Listening and Learning* Indicators of Cultural Vitality

Indicator Area	Indicators (based on administrative records)
Access to arts organisations Description: "a measure of the access of community members to arts or cultural activities".	Number of arts organisations per 10,000 residents
Financial well-being of arts organisations Description: "a measure of the stability of the arts sector"	Assets of arts and cultural organisations per capita
Indicators Area	Indicators (based on community surveys)
Concern about the lack of arts and cultural activities Description: "a measure of concern about the issue"	Percent of residents who say that the level of availability of arts or cultural activities is a "big problem"
Attendance at arts or cultural activities Description: " a strong indicator of the vitality of the cultural life of a community"	Percent of residents who say that they attended a movie, a live music event, a play, dance, or other theatre performance, an art museum or a symphony in the past 12 months
Giving back to the arts and cultural life Description: "one measure of community support for the arts" "one measure of community engagement in arts and cultural activities"	Percent of residents who say that they donated money or personal belongings to an arts or cultural organisation in the past 12 months Percent of residents who say they volunteered their time to an arts or cultural group in the past 12 months

Source: John S and James L Knight Foundation, American Institutes for Research, and Princeton Survey Research Associates International (2004) *Listening and Learning 2004: Community Indicator Profiles of Knight Foundation Communities and the Nation*. Miami: John S and James L Knight Foundation, p.106.

6.74   In association with Americans for the Arts, the Knight Foundation has also funded pioneering work in communities to develop quantitative indicators of "the health and vitality" of their arts and culture sectors.[296] One of these involved Cultural Initiatives Silicon Valley (CISV) and resulted in a *Creative Community Index* for the Santa Clara region.   As with the original Knight Foundation study, the explicit premise of this indicators project was that culture and creativity *is* a key determinant of QOL, thus, the "basic tenet" of the project was:

> "...to insure the future prosperity, vitality and overall quality of life of our region, we must intelligently leverage (sic) our most valued assets of creativity and cultural participation.".[297]

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[296] Three Knight Foundation communities were selected for this work – Fort Wayne, Indiana; Charlotte, North Carolina; and San Jose. Cultural Initiatives Silicon Valley (2003).
[297] Cultural Initiatives Silicon Valley (2003), preface.

6.75   Motivating the project was the concern that although the region was home to thousands of highly skilled creative industries workers from around the globe, the "social connectedness" of its communities was very poor. A comparative study of 40 metropolitan areas of the US ranked Silicon Valley at or near the bottom of a variety of measures of social capital.[298] The aim was therefore to use the creativity of the resident workforce as a tool to build both a sense of community and community social capital, thereby improving QOL.

6.76   The first step in the indicators project was the development of a theoretical model of how the region's arts and cultural sector works and how it interacts with broader community life. A conceptual framework was established "based on a causal theory of the impact of the cultural sector on a community".[299] This is presented as a research hypothesis about the impact of arts and culture, which the *Creative Communities Index* is designed to test:

The "assumptions" and "beliefs" that underpin the framework are outlined in detail (see below). The report refers to "what we know" about creativity, connectedness, cultural participation and social capital, and "contribution" on the basis of existing cultural research in these areas, a variety of which is cited.

"Assumptions underlying the Framework

- The vision of Silicon Valley is that of a creative, connected, contributing region with a prosperous economy and an attractive QOL
- Cultural participation is a key element of Silicon Valley's general QOL
- Participation in cultural life can enhance people's connections to each other and to place
- Creativity is important to Silicon Valley's future. Cultural participation can enhance creativity.
- Silicon Valley should aspire to contribute to the world, going beyond its contributions in technology. Cultural participation can produce new ideas and expressions that contribute to global well-being.
- Twenty-first-century Silicon Valley will define "desired outcomes of cultural life differently than other regions and generations."[300]

6.77   The *Creative Community Index* report is exemplary in presenting the theoretical framework in which its indicators have been selected, and from which they gain significance and meaning. The indicators have been chosen to test the validity of the hypothesis that arts and cultural participation impact positively on creativity, contribution and connectedness, as defined in the report, and are presented in four categories: outcomes, participation, assets and levers. The indicators themselves draw on data from 3 different sources: an interview-based residents' survey, a survey of local arts and cultural organisations, and official data. In terms of content, the indicators cover fairly familiar ground. Creativity indicators include participation in cultural and creative activities and how people view the importance of this, as well as trends in patent activity. Indicators of contribution relate to the activities of local arts organisations, measures of participation in arts and cultural activities, residents' views and opinions. The indicators also cover areas such as community cultural assets,

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[298] Cultural Initiatives Silicon Valley (2003), p. 13.
[299] Cultural Initiatives Silicon Valley (2003), p. 5.
[300] Cultural Initiatives Silicon Valley (2003), p. 5.

venues and facilities, civic aesthetics, creative education, leadership, policies and financial investment. While the indicators are all quantitative, CISV report that they have initiated a complementary programme of qualitative sociological field research into more informal participatory arts in the region, looking at how people get involved, and the impact on their lives.[301]

6.78   The format of the *Creative Communities Index*, which has a strong "advocacy" feel to it, unfortunately does not lend itself to critical reflection on the approach and methodology. There is therefore no assessment of whether the hypothesis is proved or disproved by the indicators. Instead, findings are reported that illustrate and support the underlying assumptions of the proposed model.

6.79   One of the earliest attempts to develop community QOL indicators in the US was in Jacksonville, where the Community Council Inc (JCCI) and Chamber of Commerce established a project twenty years ago using quantitative measures to systematically track the QOL of the community.[302] Over the years the indicators framework has expanded, as have the range of institutional sponsors, which now include the local authorities. Many other communities within the US have used it as a model. The 2004 Jacksonville Quality of Life Progress Report describes the indicators as measures of QOL, which it defines as

> *"a feeling of well-being, fulfilment or satisfaction resulting from factors arising in the external environments".[303]*

6.80   It acknowledges that personal relationships play a determining role in QOL for many people, but clearly states that it is taking a "community perspective" by choosing to focus on external factors. The results of the annual Quality of Life Progress Report are used to identify issues for examination by community research projects that may seek, for example, to understand the causes or processes behind changes in the indicators.

6.81   Thus 119 indicators are presented within the framework of 9 "external environments": education, economy, natural environment, social well-being and harmony, arts, culture and recreation, health, government, transport and community safety. The indicators are drawn from secondary sources - administrative records and official data – and from an annual survey of residents' opinions, conducted by telephone interview. The selection of indicators is explained not in relation to an underlying theory of QOL, but in relation to a set of criteria guaranteeing (amongst other things) the meaningfulness, validity, reliability and timeliness of the measures chosen. In the absence of any explicit theoretical basis, the inclusion of arts and culture appears to be on the basis of the assumption or belief that these are "a good thing" and important external contributors to QOL. Significantly, the report acknowledges that some important dimensions of QOL are omitted from the report because quantitative measures are not available, suggesting that the selection of indicators is, to some extent, "data driven". The arts and culture indicators, shown in

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[301] Cultural Initiatives Silicon Valley (2003), p. 7.
[302] Swain (2005).
[303] Swain (2005), p. 5.

Table 6.4 below, appear to reflect this, and bear a resemblance to local authority performance indicators, or at least indicators of public service provision.

Table 6.4. Jacksonville Community Council Inc 2004 Quality of Life Progress Report. Enjoying Arts, Culture and Recreation – indicators

Indicator	Why is it important?
Number of public performances/events at selected facilities	"Opportunities for entertainment and cultural enrichment are essential ingredients in the quality of life of the community"
Public and private support per person for the arts	"Most arts organisations rely on a combination of public funding and private financial support in order to provide art and cultural services to the community"
Public-park acreage per 1,000 people	"The availability and ease of access to public parks provide opportunities for relaxation and community recreation"
Number of participants in sports activities at parks and pools	"Supervised sports activities provide opportunities for youth recreation, build character, and decrease the risk of youth involvement in delinquent activities"
Attendance at musical shows per 1,000 people	"Increased attendance at musical performances is evidence of strength in performing arts in the community"
Attendance at sports facilities per 1,000 people	"Attendance at sports events provides a shared sense of community among fans"
Attendance at selected events per 1,000 people	"Participation in community events strengthens the sense of place and quality of life of a community"
Library use (as measured by circulation per person)	"Public libraries provide an opportunity for all residents to enjoy free use of books, videotapes, CDs, and other materials"
Recreation expenditures for activities/maintenance	"While money itself does not guarantee improved service, increased funding for activities and maintenance is an indicator of priorities and commitment to quality"
Boat ramps per 100,000 people	"The river and ocean are natural assets in Jacksonville, and the community benefits from access to these assets"

Source: Swain (2005), pp. 47-51.

6.82   The approach of using indicators as a tool to develop an evidence base showing the linkages between culture and other policy areas has been attempted recently in the UK. The local authorities in Essex worked with consultant Colin Mercer, using survey methodology originally developed by Francois Matarasso of Comedia, to produce an "ongoing knowledge base about the economic and social impact of the arts" in the county.[304] In particular, the local authorities wished to evaluate the contribution of cultural provision to "the cross-cutting policy agendas of social inclusion, health, crime, education, regeneration, and quality of life".[305] The

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[304] Essex County Council (2003), p. 7.
[305] Essex County Council (2003), p. 7.

report, *Creative Consequences: the contribution and impact of the arts in Essex: 2001/02*, specifically identifies "quality of life" as the most useful organising principle for understanding the contribution of culture to other policy and planning fields but makes clear that:

> *"What we are dealing with here, then, is not just the 'warm and fuzzy' sense of well-being produced by access to, and participation in, culture and the arts but also – in joined up mode – the connections between culture, social and economic development and, quite simply, sustainability".* [306]

6.83   The study acknowledges the necessity of measuring QOL using both objective, quantitative, and subjective, perceptual indicators, and developed a methodology that combined both types. Data collection was organised through three types of survey activity.   A comprehensive database of arts organisations was compiled, and all 881 of these organisations were surveyed to collect quantitative data about inputs and outputs. A survey of participants in arts projects and workshops collected data on both quantitative and qualitative outcomes, and an audience survey captured "value judgements" from audiences at arts performances and events. [307]

6.84   Data from the organisational survey was analysed in order to map the scale and depth of activity by arts organisations at small area level. Data was presented relating to the diversity and volume of cultural production, consumption – numbers of people attending or participating in cultural activity, organisational longevity, cultural employment, voluntary work, organisational size, staff training and development, work experience, financial turnover, income by type, sources of public funding, and partnership activity.

6.85   The surveys of participants and audiences aimed to "quantify the benefits gained by people participating in the arts and the experiences of arts audiences" through self-report via a questionnaire tool. These provided quantitative evidence of impact, so avoiding the often-criticised, "anecdotal", case study approach often used to gauge social impact. The authors acknowledge some of the limitations of their methodology, which include reliance upon the subjective perception of respondents, with no attempt to "externally verify" this through the use of objective measures. Second, they acknowledge that the outcomes of arts participation may not be immediate, and therefore may not be possible to detect at this stage. Thirdly there is the problem of establishing cause and effect. Arts participants may perceive positive outcomes, but how do we know that these are the result of the arts intervention and not other influences?   Despite these constraints, the authors maintain that the "consistent and undeniable message" of the survey evidence is of positive association between arts participation and beneficial outcomes. [308]

6.86   The participants' and audience survey questionnaires each contained a series of questions using a combination of closed multiple-choice and open-ended questions. The participants survey was designed to capture outcome measures in three areas:

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[306] Essex County Council (2003), p. 9.
[307] Essex County Council (2003), p. 16.
[308] Essex County Council (2003), p. 37.

human capital, social capital, and attitudes towards the Essex arts sector, with a section covering demographic background. The audience questionnaire was designed to capture value judgements relating to levels of satisfaction with events attended, and attitudes towards the Essex arts sector relating to value for money, accessibility and other aspects of service quality, as well as the importance of the arts to local QOL, again with a series of demographic questions.

6.87   This is a far-sighted and pioneering piece of work by a UK local authority, which paves the way for others to follow. The report critically reflects on its methodology and proposes a number of changes for the future. With specific reference to cultural QOL research a number of observations can be made. First, the findings are presented as a step towards meeting the need for "integrated and sophisticated cultural QOL indicators". However elsewhere in the report it is clear that this is not the only impetus behind the research. To this is added the need for advocacy to justify spending on what are, in England, still discretionary services (with the exception of libraries), the need for greater accountability as part of the modernising government agenda, and the need to develop a performance framework. One suspects that, in practice, these other considerations may have dominated the research agenda. Although the concept of QOL has been skilfully used to frame the findings, the research objective was to "provide a statement of the diversity, sustainability, economic and social impact of the arts".[309]

6.88   The study appears to begin from the premise that the positive impact of the arts in society are a given. The selection of measures is not presented in relation to an explicit theory of impact, nor is the stated aim to test a hypothesis. We have to deduce that the survey questionnaires were designed to capture data about *assumed* areas of impact. This is particularly evident in relation to QOL, of which the report does not offer an explicit definition. In its key findings under the heading "quality of life and social capital" the report quotes survey evidence that since taking part in arts activities 83% of participants have developed a more active social life, 75% have decided to start some training or a college course, and 81% have become involved in other community projects.[310]   This suggests a partial conception of how cultural participation might affect QOL, yet the report does not acknowledge or discuss this aspect of the research design.

6.89   In the report, Mercer describes how local authorities are ideally placed to tap into "how and why and on what terms people actually engage with culture. These are indicators which local government, because of its proximity to people's daily lives, can develop on a special and privileged basis."[311]   At the same time, the pressure on local authorities to focus on their own service provision and performance results in a conception of culture in these terms. As we observed with some of the US research, there is always the possibility of excluding aspects of cultural involvement recognised by communities within the population of Essex, but which do not figure within local authority supported provision.

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[309] Essex County Council (2003), p. 7.
[310] Essex County Council (2003), p. 8.
[311] Essex County Council (2003), p. 10.

6.90   Lastly, consultants Morris Hargreaves McIntyre have developed for Shropshire County Council a methodology that allows them to measure the impact of cultural provision on QOL, community safety and healthy lifestyles.[312] Shropshire already monitors QOL more broadly and was one of the pilot authorities in the Audit Commission's national QOL indicator project. However culture was a neglected area within the existing QOL monitoring. The council wished to redress this, but to do so in a way that related to both central and local government policy agendas and to the many varying needs for Performance Indicators. The main challenge in developing indicators and measures to assess cultural impact on QOL was therefore that the council needed a framework,

> *"capable of embracing the complex ecology of varied definitions of quality of life and multiple aims and objectives from central government, local government and NDPBs."[313]*

6.91   The resulting methodology is therefore very much policy- rather than theory-based. The indicators and measures proposed for culture are rooted in the definitions and themes of QOL identified in national and local policy documents, including the Government's seven "Shared Priorities for Central and Local Government". It places the measurement of cultural impact within the council's framework of performance information and management systems. Where possible existing performance indicator data has been incorporated into the measures of impact, and, in turn, the measurement system devised is intended to meet the PI needs of the local authority, Non Departmental Public Bodies (NDPBs) and central government.

6.92   The "Outcome Measurement Framework" has four tiers: it establishes the context in which cultural services operate, and then monitors: inputs (the investment of labour, finances etc), outputs (what is actually delivered) and outcomes. The importance of the inter-relationship between these four factors is emphasised. The outcomes, the difference cultural services make to individuals and communities, are described as the key and the outcome indicators and measures are shown in Table 6.5 below. The main report details the range of ways in which culture contributes to each of the QOL themes. The basis for these claims is not explained in the report, but these appear to summarise the wide range of suggested impacts outlined in the existing body of research and advocacy on cultural social and economic impact, which was reviewed as part of the research programme.

6.93   Data for the measures is to be drawn wherever possible from existing performance indicators. But a range of new measurement tools will also be developed including questionnaires for user/attenders of cultural events, participants in activities, cultural organisations, and group/group leaders, each to be administered in separate surveys.[314]

6.94   While the indicators and measures in this study are based on *assumed* areas of impact, a strength of this indicator framework, at least at a conceptual level, is that it links the *quality* of inputs, including funding and resources, and outputs – the quality

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[312] Morris Hargreaves McIntyre (2005), appendix one, p. 7.
[313] Morris Hargreaves McIntyre (2005), p. 37.
[314] Morris Hargreaves McIntyre (2005), p. 13.

of the cultural experience – to the outcomes/impacts. However, in practice, it is not clear how the quality of cultural provision – including participatory projects – can be evaluated and incorporated within this quantitative framework.

Table 6.5. Shropshire County Council Outcome Measurement Framework

Outcomes: what difference did the services make to individuals and communities?	
Indicators	**Measures**
Achieve potential	Feel achieved potential Achieved QOL Have aspirations Realise can make a difference See the world differently
Stimulation	Aesthetic pleasure Enjoyment Inspiration Escapism Creativity
Economic impact	Direct/indirect Raised profile Employment created Value for money Leverage Cultural tourism motivated Spend/multipliers Economic/business development
Education, experience, learning, skills	Learning assisted Skills developed/increased/preserved Excellence Learning aspirations and action Career aspirations and action Enabling Human capital
Esteem	Self-esteem – feel good about self Self-confidence – increased self-confidence Sense of achievement Feel in control – made choices Influences decisions/effected change Feel valued and respected
Community cohesion and well-being	Social capital – value and trust between communities Inclusion for all Diversity – cultural inclusion/celebration Sense of identity/history/place Interaction with others/reduced isolation Community group development and capacity building
Safety	Increased awareness Feeling safer Changed perceptions Reduction in fear of crime Safer communities
Mental and physical health	Changes/progression in activity/behaviour Improved physical and mental health Increased sense of physical and mental well-being Contribution to prevention - action taken
Natural environment	Knowledge and understanding of the natural world Understanding of environmental impact Ownership/empathy with the natural environment

	Changed behaviour
Built environment	Increase in knowledge/understanding of built environment
	Change in attitudes or values to the built environment
	Feel culture has contributed to quality of built environment
	Ownership/empathy with the built environment

Source: Morris Hargreaves McIntyre (2005), appendix 1, p. 7.

6.95   Finally, separate to the work on indicators, there are examples of studies that have looked in different ways at the impact of culture on QOL or aspects of QOL.

6.96   These include studies that have attempted to measure the effect of arts or culture on the global QOL of communities, often as part of work with a wider research focus. These often use uni-dimensional, single scale instruments to measure the subjective perception of individuals in a given community.

6.97   One example is the research carried out by the Urban Institute on behalf of the Denver Performing Arts Research Coalition (PARC).[315] The research was part of a three-year project to investigate the level of participation and support for the arts in 10 communities across the US. One aspect of this was a household survey conducted by telephone interview in five communities: Denver, Alaska, Cincinnati, Pittsburgh and Seattle. The survey aimed to look at the wider social and economic contribution of the performing arts. It therefore looked not only at attendance at and participation in the performing arts, but sought householders' attitudes towards the value of the performing arts to their personal lives and to their community. Of particular interest to us, the results were analysed by key demographic characteristics.

6.98   The survey found that Denver residents had even more positive opinions about the value of the performing arts to their community than about the value to their own lives. More than half of respondents strongly agreed that the performing arts "improve the quality of life in the greater Denver area", with a further 32% "somewhat" agreeing. Denver residents with higher levels of education, frequent attenders, and those with no dependent children at home were more likely to agree, and those under 25 years were less likely to agree.[316] The survey also found a strong relationship between attending live performing arts events frequently and volunteering in community organisations.[317]

6.99   Another example is the study *Arts and Culture and the Quality of Life in Michigan* which similarly used survey questions to gauge perception of the contribution of culture to community QOL.[318] The study uses a range of

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[315] Denver was one of 10 pilot communities selected for research by the national Performing Arts Research Coalition (PARC), which includes five major national performing arts service organisations. The overall aims of the project are to help performing arts organisations across the US improve their management, collaborative work, advocacy, and responsiveness to their communities.

[316] Swain (2005), pp. 35-40.

[317] Swain (2005), p. 42.

[318] Center for Arts and Public Policy of the College of Fine, Performing and Communication Arts Wayne State University (1996) *Arts & Culture and the Quality of Life in Michigan Part I: The*

methodologies including secondary data analysis, literature reviews, a residents' survey and case studies. It focuses on three areas in which the arts are credited with "a substantial measurable effect on quality of life issues", these being education, crime and social cohesion.[319] However the approach to each of these areas is largely descriptive. The section on education and achievement, for example, reviews the literature linking creativity to educational achievement and skills development, and supports this with anecdotal evidence from Massachusetts based educationalists and case study descriptions of education-based initiative involving local arts organisations.

6.100   In addition, an attitudinal survey was carried out on two groups: a sample of attendees of Michigan's 26 anchor arts organisations and the executives of all 26 organisations, the findings of which were compared. The survey instrument comprised 10 questions relating both to global community QOL, and the three dimensions of QOL selected for the study. This was used as evidence of subjective perception of the impact of arts and culture on QOL in Michigan. Not surprisingly, both groups were found to have "a similar, positive perception about the impact of arts and cultural activities on their communities". Some 96.9% of attendees and 100% of executives agreed with the statement that "Overall arts and cultural organisations contribute to the QOL in the community."[320] The study appears to be largely designed for advocacy purposes rather than an attempt to empirically measure cultural impact on QOL.

Summary of studies focused on communities and cultural indicators

The development of cultural indicators of QOL requires a theory based on empirical evidence. All attempts to do so have had to square up to the lack of such evidence, and they have done so in a variety of ways.

- One option is to try to develop, through intensive qualitative fieldwork over a period of years, the type of empirical evidence required to establish a theory of cultural impact. This is the "grounded theory" approach taken by the Urban Institute and the Social Impact of the Arts Project.[321]
- Another is to use cultural indicators as a research tool, as attempted by Cultural Initiatives Silicon Valley.[322] In this a model of cultural impact is proposed and a set of cultural indicators is used to test this out.
- And lastly, one can take as a given that culture plays a key role in QOL, based either on *beliefs*, or on the body of existing research that *suggests* social impacts. For pragmatic reasons, and because the time-scales and budgets of most cultural research are limited, this is the approach adopted by most cultural indicators

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Influence of the Arts and Michigan's Anchor Organizations. Michigan: Michigan Council for Arts and Cultural Affairs.

[319] Center for Arts and Public Policy of the College of Fine, Performing and Communication Arts Wayne State University (1996), p. 5.

[320] Center for Arts and Public Policy of the College of Fine, Performing and Communication Arts Wayne State University (1996), p. 22.

[321] Jackson and Herranz (2002); Jackson et al (2003); Stern and Seifert (1998); Stern and Seifert (2002).

[322] Cultural Initiatives Silicon Valley (2003).

projects, including the Knight Foundation and Essex and Shropshire County Councils.[323]

The definitions of cultural participation adopted by these indicator studies are either "top down" or "bottom up". Some studies stress the importance of taking a broad, inclusive definition of culture, using qualitative research to explore how specific communities understand and engage with culture and the significance they attach to it. The methodological problems for researching QOL that a broad definition presents have been noted above. So, for pragmatic reasons, other indicator studies have defined culture in a narrower way, to correspond with local authority cultural provision, or attendance and participation at a selected range of arts events.

Cultural indicator studies also vary in how they define the concept of QOL:
- In 4 of the studies the focus is on one dimension of QOL – described variously as social capital/community building/community development. Notably, there is a wide variation in how these studies operationalise and measure this – there is no common method.
- In contrast, one study attempts to measure the influence of culture on each of 10 domains of QOL at community level;[324]
- and two studies – Knight Foundation and Jacksonville Chamber of Commerce Inc start from the premise that culture is a vital part of QOL and that high levels of cultural participation and activity are an indicator, in themselves, of QOL. The way that they measure this has been discussed above.[325] The two UK local authority studies are also based on the premise that the positive impact of culture in society is a given.

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[323] John S and James L Knight Foundation et al (2001); Essex County Council (2003).
[324] Morris Hargreaves McIntyre (2005).
[325] John S and James L Knight Foundation et al (2001); Swain (2005).

CHAPTER 1.7. THE CONTRIBUTION OF SPORT TO QUALITY OF LIFE AND WELL-BEING

Introduction

7.1   There is a limited literature on QOL and well-being as it relates to sport. While most, if not all, of what we understand as sport involves exercise, not all exercise is sport. Our brief is to focus on the literature as it relates to sport, QOL and well-being, and not exercise or physical activity.[326] However, in the absence of sport-specific literature, the main sporting agencies - for example **sport**scotland and Sport England - have drawn on the wider exercise literature to underpin policy making.

7.2   In order to provide context to this area of policy making, we have included references to exercise and its relation to well-being where these references were identified through searches for sport and quality of life or where they were highlighted via the sports agencies' web sites. Sport England, for example, has a specific section in its research database, *Value of Sport Monitor* on health and psychological health and well-being. All the references in this are concerned with exercise.[327] Having examined these, we then look at what literature does exist that is specifically related to sport. The majority of the studies included are from the literature in sports psychology, sociology, psychology and health sciences. However we begin this section by reviewing how QOL is defined within the sport and exercise literature.

Definitions

7.3   As concluded earlier, there does not exist a common cross-disciplinary definition of the concept of QOL and, as already noted, it is often used interchangeably with the term Health–Related Quality of Life. The majority of studies into exercise are about psychological condition and are concerned with tackling or controlling aspects of ill-health. What is striking about the literature is that (with the exceptions discussed below) there is usually little or no attempt to define QOL or well-being. There is an assumption that the terms are known and understood and/or that the methods of measurement provide an implicit definition.

7.4   Within the literature it is argued that QOL is related, on the one hand, to subjective well-being "related to present affect and emotion" and, on the other, to life satisfaction "related to past, expectations about the future and goals attained", but most of the studies are concerned with specific psychological states – anxiety, depression, moods etc.[328] The term health-related QOL is used in these studies with reference to health-related issues – as opposed to wider QOL issues. For Biddle,

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[326] For a policy definition of physical activity and health see Physical Activity Task Force (2003) *Let's Make Scotland More Active: A Strategy for Physical Activity*. Edinburgh: Scottish Executive, p. 12.
[327] http://www.sportengland.org/vosm
[328] Rojas, R, Schlicht, W and Hautzinger, M (2003) 'Effects of Exercise Training on Quality of Life, Psychological Well-Being, Immune Status, and Cardiopulmonary Fitness in an HIV-1 Positive Population', *Journal of Sport & Exercise Psychology*, Vol. 25, No. 4, p. 441.

health-related QOL is regarded as being subjective, concerned with patient/participants' measures of their own health.[329]

7.5   It is only in the studies specifically related to sport that we start to find QOL defined and discussed in relation to other QOL domains such as interpersonal relations, self-determination, social inclusion and rights – although this is limited given the paucity of the literature.

7.6   Rejeski and Mihalko offer a detailed discussion on definitions.[330]   Reviewing the exercise and physical activity literature the authors conclude that there is a lack of consistency in the use of the term, "quality of life".   They examine various applications of the term in psychology where QOL is "defined as a conscious cognitive judgement of satisfaction with one's life".   This is measured using recognised psychological scaled instruments such as the Satisfaction With Life Scales (SWLS).[331]   In their critique, the researchers favour the definition provided by psychology as being the "only definition appropriate for elevating the term QOL to the level of a physiological construct" but they point out that integrating different areas of study is impossible because of the conflicting and inconsistent use of the terms.[332] They highlight differences in methodological approaches – some using the SWLS but others employing other indices such as Life Satisfaction Index or the Life Satisfaction in the Elderly Scale.   The inevitable conclusion is that a lack of definition leads to a range of approaches with an inconsistency in methods and measurement which in turn makes comparison problematic.

7.7   The authors also examine how the term QOL is used within the literature on ageing and explore how QOL is used as an umbrella term to describe a range of desired outcomes. They quote Stewart and King who identify two major outcomes for QOL in older adults: functioning and well-being.[333] The former is concerned principally with physical abilities while the latter is related to emotional well-being, self concept and global perceptions. As the article indicates this is very close to the use of the term health-related QOL which is measured, in a large number of studies, using an instrument called SF-36. This is a generic index of health status based on information on broadly two areas, namely physical and mental health.[334]

7.8   The authors' challenge is as much conceptual as methodological. They argue that in the health-related literature physical function or symptom reporting become important but as they argue, "there are many examples of people who report high quality in their lives with significant functional deficits".[335]   QOL is not a set of objective measures, they argue, but related to one's subjective perception of satisfaction.

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[329] Biddle, Stuart JH (2000) 'Emotion, Mood and Physical Activity' in Biddle, Stuart JH, Fox, Kenneth R, and Boutcher, Stephen H (eds) *Physical Activity and Psychological Well-being* , London: Routledge, p. 63.
[330] Rejeski and Mihalko (2001).
[331] Rejeski and Mihalko (2001), p. 23.
[332] Rejeski and Mihalko (2001), p. 24.
[333] Stewart, AL and King AC (1991) 'Evaluating the Efficacy of Physical Activity for Influencing Quality-of-Life Outcomes in Older Adults', *Annals of Behavioural Medicine*, Vol. 13, No. xxx, pp. 108-116.
[334] Rejeski and Mihalko (2001), p. 24.
[335] Rejeski and Mihalko (2001), p. 28.

Studies focused on exercise

7.9   The studies on exercise, QOL and well-being fall broadly into the following categories:

- Reviews of literature relating to psychological benefits of exercise or specific interventions;[336]
- Surveys of populations in relation to exercise and mental health including longitudinal studies;[337]
- Surveys of specific groups within the general population;[338]
- Experimental work with (usually) smaller groups looking at specific conditions or illnesses: for example, exercise and HIV;[339] multiple sclerosis patients and exercise;[340] participation in the Cardiac Transplant Games;[341] and, a swimming programme for children with asthma.[342]

7.10   While, as indicated above, these studies were primarily concerned with exercise, some did review the benefits of exercise in a sports context.

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[336] Scully, D, Kremer, J, Graham, R and Dundgeon, K (1998) 'Physical Exercise and Psychological Well-Being: A Critical Review', *British Journal of Sports Medicine*, Vol. 32; Lawlor, DA and Hopker, SW (2001) 'The Effectiveness of Exercise As an Intervention in the Management of Depression: A Systematic Review and Meta-Regression Analysis of Randomised Controlled Trials', *BMJ*, Vol. 322.

[337] Brown, WJ, Mishra, G, Lee, C and Bauman, A (2000) 'Leisure Time Physical Activity in Australian Women: Relationship With Well-Being and Symptoms', *Research Quarterly for Exercise and Sport*, Vol. 71.

[338] Alfermann, D and Stoll, O (2000) 'Effects of Physical Exercise on Self-Concept and Well-Being', *Activities, Adaptation & Aging*, Vol. 31.

[339] Sutherland, G, Andersen, MB, and Stoove, MA (2001) 'Can Aerobic Exercise Training Affect Health-Related Quality of Life for People With Multiple Sclerosis?', *Journal of Sport & Exercise Psychology*, Vol. 23, No. 2.

[340] Rojas et al (2003).

[341] McGee, Hannah M. (1996) 'Participation in the Cardiac Transplant Games: Impact on Health-Related Quality of Life', *British Journal of Health Psychology*, Vol. 1, No. 3.

[342] Wardell, Colleen P and Isbister, Clair (2000) 'A Swimming Program for Children With Asthma. Does It Improve Their Quality of Life?', *The Medical Journal of Australia*, Vol. 173, pp. 647-648.

Table 7.1. Exercise-related QOL studies reviewed

Reference (date)	Discipline	Target population	Aims	Methodology	Sample
Brown et al (2000) Australia	Health	Australian women	To explore what constitutes a healthy level of physical activity for young, middle-age and older women	Survey using instrument with questions on exercise, physical and mental well-being. To be followed up with longitudinal research.	Sample drawn from participants in the Australian Longitudinal Study on Women's Health, stratified by age.
Edwards et al (2004)[343] S. Africa	Psychology	Students	To examine the relationship between mental health and diverse types of exercise	Quantitative. Used control group to compare change in psychological well-being between exercising and non-exercising subjects.	N/A
Hills & Argyle (1998)[344] U.K	Psychology	Members of leisure groups, resident in Oxfordshire	To explore relationship between personality and happiness, and the impact of leisure participation as a variable	Quantitative. Used Oxford Happiness Inventory as a measure of happiness. Factor analysis.	275 participants aged between 18 – 82 years, mainly professional, graduates and living with a partner.
Currie and Develin (2002)[345] Australia	Health	New mothers	To examine the effects on the physical and mental well-being of new mothers of exercise via pram walking groups	Combination – qualitative and quantitative via telephone survey and focus group discussions	Survey of 450 mothers of children under 5 years. Focus groups with 50 mothers
Fisher (2004)[346] N. America	Leisure research	Older people (65 years and over)	To evaluate the effects of a neighbourhood walking programme on senior residents	Quantitative. Used control group to compare the physical and mental well-being and life satisfaction of subjects.	582 residents in 56 neighbourhoods of Portland, Oregon

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[343] Edwards, David J (2004) 'Psychological Well-Being and Physical Self-Esteem in Sport and Exercise', *International Journal of Mental Health Promotion*, Vol. 6, No. 1.

[344] Hills, P and Argyle, M (1998) 'Positive Moods Derived From Leisure and Their Relationship to Happiness and Personality', *Personality and Individual Differences*, Vol. 25, No. 3.

[345] Currie, Janet L and Develin, Elizabeth (2002) 'Stroll Your Way to Well-Being. A Survey of the Perceived Benefits, Barriers, Community Support and Stigma Associated With Pram Walking Groups Designed for New Mothers, Sydney, Australia', *Health Care for Women International*, Vol. 23, No. 8.

[346] Fisher, K. J. (2004) 'A Community-Based Walking Trial to Improve Neighborhood Quality of Life in Older Adults: A Multilevel Analysis', *Annals of Behavioral Medicine*, Vol. 28, No. 3.

Methods

7.11   As argued above, the absence of a single definition of QOL along with the different approaches taken in different disciplines, mean that the methodological approaches are also varied. They include:

- Measurement of physical fitness and physiological conditions (sometimes specific to illness such as multiple sclerosis or HIV);
- Self-completion surveys to attest to mood states, sense of well-being or view of QOL – these studies employ psychological instruments, for example SWLS, as discussed above;
- In-depth interviews;
- Random controlled trials;
- Survey of participants drawn in some cases from the population at large (using sampling methods) but often from specific groups (such as college students).

7.12   The systematic reviews raise a number of issues about methods and approaches. For example, Scully et al in reviewing the relationship between physical activity and psychological well- being, conclude that there are three main reasons why more definitive conclusions about the existence of a causal relationship cannot be reached. These can be summarised as:

- The research base is "thin": lack of empirical data;
- It is not clear how psychological and physiological variables interact to produce the result; and
- The primary mechanisms that underlie the relationship between exercise and psychological well- being remain poorly understood.[347]

7.13   In their review of the literature, Biddle et al focus on establishing the link between exercise and the promotion of psychological well-being.[348]   The papers included in the publication were commissioned by the Somerset Health Authority thus indicating the growing interest amongst policy makers in evidence of a link between psychological health and exercise.

7.14   However again the authors argue that there are gaps in the research – specifically with regard to implementation and the impact of short and long-term exercise; differences in self- generated activity and that which relies on facilities; the social effects of exercise and well being and the relationship with self efficacy. They also point to a lack of analysis of the cost effectiveness of physical activity as a treatment for mental illness.[349]

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[347] Scully et al (1998), p. 117.

[348] Biddle, Stuart JH, Fox, Kenneth R, Boutcher, Stephen H, and Faulkner, Guy E (2000) 'The Case for Exercise in the Promotion of Mental Health and Psychological Well-Being' in Biddle, Stuart JH, Fox, Kenneth R, and Boutcher, Stephen H (eds) *Physical Activity and Psychological Well-being* , London: Routledge, pp. 1-6.

[349] Biddle, Stuart JH, Fox, Kenneth R, Boutcher, Stephen H, and Faulkner, Guy E (2000) 'The Way Forward for Physical Activity and the Promotion of Psychological Well-Being' in Biddle, Stuart JH, Fox, Kenneth R, and Boutcher, Stephen H (eds) *Physical Activity and Psychological Well-being,* London: Routledge, pp. 162-163.

Discussion of articles based on primary research

7.15   Edwards et al, in studying the relationship between mental health and diverse types of exercise (hockey and health club activities), found that participation in either activity promoted psychological well being in comparison with the control group of non-exercising students.[350]   The researchers in this case developed a scale of measurement of QOL by combining two existing approaches by Ryff and Fox.[351] They quote Ryff's six dimensions of psychological well-being: self acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth.[352] As the paper points out, Fox argues that physical self-perception is related to self-esteem, well-being, health and life.[353] The physical self-perception profile developed by Fox from this link measures self-perception in five categories: sports competence, physical condition, body attractiveness, physical strength, and physical self worth.   In combining both these approaches to measurement (using questionnaires) the research team argued that the two scales were "brief, easy to use, reader-friendly and comparable"[354].

7.16   Hills and Argyle undertook a comparative study of the positive moods generated by four common leisure activities: sport/exercise, music, church and watching TV soaps.[355] The study was part of a project looking at personality and measurement of happiness, as part of the Oxford Happiness Project.   One of the questions explored was, "Is there a difference between those who participate in leisure activity and those who do not?" The study also looked at the range of "dimensions" of happiness and the different aspects of happiness generated by participation in different leisure activities.   Some 275 participants aged 18 to 82 were invited to indicate the intensity of their personal, positive feelings for the items of four measures designed to be representative of each of the activities.

7.17   It was found that each activity was a significant source of positive moods. Factor analysis of the measures showed that they each contained a strong social component, as well as a factor characteristic of each activity.   Using the Oxford Happiness Inventory (OHI) as a measure of happiness, only sport/exercise appeared to result in increased happiness, and the authors explain the reasons for this in terms of the several components of the OHI. The significance of this particular study is that it does attempt to compare engagement in different types of cultural and sporting activities.   However, while the results suggest that simply being involved does contribute to feelings of happiness, the difference between different activities is, arguably, related to the methods and may also be linked, as the paper goes on to argue, to differences in personality.

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[350] Edwards (2004).

[351] Edwards (2004), pp. 25-26.

[352] Ryff, CD (1989) 'Happiness is Everything, or Is It? Explorations on the Meaning of Psychological Well-being', *Journal of Personality and Social Psychology*, Vol. 73, pp. 1069-1081, cited in Edwards (2004), p. 25.

[353] Fox, KR (1990) *The Physical Self-Perception Profile Manual*, Northern Illinois University: Office for Health Promotion; Fox, KR (ed) (1997), *The Physical Self: From Motivation to Well-being*. Champaigne, Illinois: Human Kinetics, cited in Edwards (2004), p. 26.

[354] Edwards (2004), p. 30.

[355] Hills and Argyle (1998).

7.18   Another approach to researching the link between exercise and well being is to be found in a study by Currie and Develin in New South Wales, Australia.[356]   This looked at the benefits for new mothers of participation in pram walking groups. In this case the researchers undertook a telephone survey of 450 mothers with children aged from birth to 5 years old to identify levels of exercise in the group; the perceived benefits of pram walking, as well as the barriers to undertaking this kind of activity. Further research with focus groups involving a total of 50 mothers identified more precisely the barriers to participation and issues around postnatal depression and exercise. While the survey found that 87% believed that pram walking could benefit mothers with postnatal depression, the focus groups expressed less confidence in the programme's ability to do so and explored issues of stigma and the need for targeted promotion.

7.19   While the authors admit that there are limits on the usefulness of self-reported data obtained through this type of survey work, they argue with reference to Tone (1997), that the mixture of qualitative and quantitative data sources is "an appropriate method of evaluating complex health promotion initiatives".[357]   It might also be argued to be a useful approach for policy development in this area and we return to this below.

7.20   Fisher's study, which this time looked at community benefits, evaluated the effects of a neighbourhood walking programme targeted at senior residents (aged 65 and over) in Portland, Oregon.[358]   This trial drew on 582 residents in 56 neighbourhoods in the city. Half the neighbourhood took part in "leader-led walking group activities" over a period of six months; the other areas acted as a control and received information about the benefits of exercise on health. The study measured the physical, mental and life satisfaction scores and, as a secondary measure, the amount of neighbourhood walking activity. Improvements were recorded across the board as a result of this experiment. The authors argue that while their study, "did show a significant improvement in QOL in terms of physical functioning, mental well-being, and life satisfaction among the intervention neighbourhoods", there were limitations in interpretation.[359]   As they point out, the intervention covers one group only (i.e. over 65 year olds) and the QOL indicators excluded environmental factors such as air quality and neighbourhood aesthetics. They also suggest that 56 may be too small a number of neighbourhoods and there was an attrition rate of 24%, making some aspects of their analysis very difficult. Their final comment echoes that made in other reports: namely the protocol did not allow for the wider effects of taking part, in itself, on QOL and well-being. As they argue, "the social support of group members, feelings of belonging, and the personalised attention from the walk leaders" are all factors that may have influenced the outcomes.[360]

What this literature tells us

7.21   Throughout the literature there is a commonly held position that exercise is good for physical health and has a key role to play in tackling health problems related,

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[356] Currie and Develin (2002).
[357] Currie and Develin (2002), p. 884.
[358] Fisher (2004).
[359] Fisher (2004), p. 192.
[360] Fisher (2004), p. 193.

for example, to coronary conditions, some forms of cancer and type II diabetes. Previous literature reviews undertaken for **sport**scotland have argued that there is also an association between exercise and improved mental health.[361] Similarly Mutrie's work points to a *causal* link between exercise and the alleviation of depression and the case is made for the use of exercise as a form of treatment.[362] Biddle et al find that research indicates that there is a relationship between exercise and relief of low/moderate anxiety, promotion of positive mood effect, and increase self-esteem and cognitive function.[363]

7.22   Based on their findings, Alfermann and Stoll maintain that exercise is one, but not the only strategy to improve mental health.[364] This underlines a key issue: the fact that causality, and the direction of causality, is not always clear.

7.23   If we accept that exercise is a key part of sport and that psychological well-being (related to the relief of depression and anxiety) is a key part of QOL, then it can be argued that sport has a role to play in the promotion of QOL. Of course psychological well-being is just one dimension of QOL. The contribution of exercise to other QOL domains is scarcely addressed by the literature. Other neglected issues concern the precise nature of any causal link and how and where the two agendas of sport and exercise or health meet.

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[361] See Nicholson, Linda (2004) *Older People, Sport and Physical Activity: A Review of Key Issues.* Edinburgh: **sport**scotland, pp. 27-28; Coalter, Fred (2005) *Social Benefits of Sport. An Overview to Inform the Community Planning Process*. Edinburgh: **sport**scotland, pp. 12-13.

[362] Mutrie, Nanette (2000) 'The Relationship Between Physical Activity and Clinically Defined Depression' in Biddle, Stuart JH, Fox, Kenneth R, and Boutcher, Stephen H (eds) *Physical Activity and Psychological Well-being ,* London: Routledge, p. 62.

[363] Biddle et al (2000c), pp. 155-159.

[364] Alfermann and Stoll (2000).

Studies focused on sport

Table 7.2. Sport-related Quality of Life studies reviewed

Reference (date)	Discipline	Target population	Aims	Methodology	Sample
Snyder and Spreitzer (1974)[365] N. America	Sociology	Residents of Toledo, Ohio	To investigate whether involvement in sports leads to improved perceived life satisfaction and happiness	Quantitative Using established measurement instruments for psychological well-being	Systematic probability sample based on city street directory – sample size 510
Wankel and Berger (2005)[366] N. America	Leisure studies	N/a	To investigate the benefits of sports and exercise participation at individual and community level	Review of primary studies	N/a
Townsend et al (2002)[367] Australia	Health	Residents of rural communities	To assess residents' perceptions of the contribution of sport participation to individual and social well-being	Qualitative using face to face interviews	2 groups of 23 and 20 people self selection & targeted selection from sports and leisure groups
Cook and Ledger (2005)[368] UK	Health	Female users of mental health services	To investigate the effects of dance on the mental and emotional well-being of participants	Qualitative Participatory research model using qualitative methods – interviews, personal diaries, postal questionnaire, focus groups, peer pair interviews	12 – 20 people self selected, but meeting key criteria

7.24 An early paper by Snyder and Spreitzer examined the relationship between participation in sport with psychological well-being in adults (based on a self-completion questionnaire sent to a sample of households in Ohio).[369] This study makes the link between sport and other voluntary and leisure activities and includes

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[365] Snyder, EE and Spreitzer, EA (1974) 'Involvement in Sports and Psychological Well-Being', *International Journal of Sport Psychology*, Vol. 5.

[366] Wankel, LM and Berger, BG (2005) 'The Psychological and Social Benefits of Sport and Physical Activity', *Journal of Leisure Research*, Vol. 22, No. 2.

[367] Townsend, M, Moore, J, and Mahoney, M (2002) 'Playing Their Part: the Role of Physical Activity and Sport in Sustaining the Health and Well Being of Small Rural Communities', No. 109.

[368] Cook, Sarah and Ledger, Karen (2005) 'A Service User-Led Study Promoting Mental Well-Being for the General Public, Using 5 Rhythms Dance', *International Journal of Mental Health Promotion*, Vol. 6, No. 4.

[369] Snyder and Spreitzer (1974).

watching sport as well as participation in sport. The findings support the thesis that there is a positive relationship between sports involvement and psychological well-being. The authors reflect on whether sports participation provides a "cathartic function", which, as they point out, is rooted in the ancient Greek philosophers' understanding of the effect of drama, in the form of tragedy, on an audience.[370]

7.25   Wankel, and Berger take as their starting point Csikszentmihalyi's (1982) research to develop a model of sport values, and review the research evidence within this framework.[371] The four areas explored are personal enjoyment, personal growth, social harmony and social change. They argue that there is evidence that personal enjoyment or "fun" is derived from participating in sport under certain conditions - the most significant of these being the development and testing of one's skills, with challenge remaining intrinsic to the motivation. The question of how far "self efficacy" and other social factors has on the anxiety - reducing effects of exercise is an issue raised by Taylor.[372] He argues that few studies have been undertaken into the issue of "perceived competence, goal-setting, feedback, attentional focus" in exercise setting and reduction.

7.26   Positive adult involvement is also viewed as an important factor in the psychological and social benefits of sport. However the research has some limitations. For example, there is little or no work on adult involvement in sport. And again the issue of causality is raised: how do we know that it is sport that is making the difference? Taylor argues that there is a need to investigate further "how separate enjoyment interludes relate to the overall quality of life".[373]

7.27   Turning to the link between sport and personal growth, Wankel and Berger have both reviewed the literature relating to psychological well-being and looked at the effect of exercise on anxiety reduction and depression. As we have seen, this subject is also covered in the exercise literature. The authors highlight the general lack of research in this area and the lack of evidence about causality in particular.[374]

7.28   Finally, in reviewing the link between social integration and sport, the authors assert that despite the "widespread belief that sport has a positive value both for the individual and the society […] there is little empirical evidence".[375] They reference an earlier study (Segrave 1983) on the relationship between delinquency and athletic involvement, which argues that the statistical link between sport and a decrease in delinquency is not proved.[376] They also point to the negative models of sports – in relation, for example, to aggression and drug taking - and conclude that, although much has been written about the social benefits of sport, the impact has been under

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[370] Snyder and Spreitzer (1974), p. 37.
[371] Csikszentmihalyi, M (1982) *Beyond Boredom and Anxiety: the Experience of Play in Work and Games*, San Francisco: Jossey-Bass, cited in Wankel and Berger (2005).
[372] Taylor, Adrian (2000) 'Physical Activity, Anxiety and Stress ' in Biddle, Stuart JH, Fox, Kenneth R, and Boutcher, Stephen H (eds) *Physical Activity and Psychological Well-being ,* London: Routledge, p. 42.
[373] Taylor (2000), p. 172.
[374] Wankel and Berger (2005).
[375] Wankel and Berger (2005), p. 175.
[376] Segrave, J (1983) 'Sport and Juvenile Delinquency' in Terjung, R (ed) *Exercise and Sport Science Review Vol 11*, Philadelphia: Franklin Institute Press, pp. 181-209, cited in Wankel and Berger (2005), p. 175.

researched. They reach a similar conclusion on social change - as seen by examining socialisation, social integration and social mobility. While sport may indeed have an impact on these areas, again the evidence is lacking. In conclusion the authors argue for more longitudinal research on the physical, psychological and social benefits of sport.

7.29   More recent work carried out in New Zealand again focuses on the area of psychology. Chalip and Thomas reviewed the research on sport and psychology, specifically linking it with policy implementation.[377] The publication looks at several research studies. The first looked at the involvement of young people in sport and the relationship between self-management of sports activity and motivation to participate.[378] This research involved a qualitative study of adolescents who established and ran a sports centre. Based on interviews with the teenage committee, the research concluded that it is not the sport *per se* as much as the opportunity to control their own area of activity that attracts the young people in the first place. The authors argue for greater involvement of young people in the decision-making and day-to-day management of sports and leisure facilities.

7.30   A survey by Chalip et al of 700 residents in the town of Hamilton, North Island, examined the motivations and benefits of participation in sport and recreation.[379] Relaxation, social contact and intrinsic pleasure topped the list of "reasons for enjoyment" ahead of physical activity. This was compared with a study of university students. In this group social contact and emotional release are given as important benefits - although enhancement of fitness and health came top of the list.[380] Chalip et al also examined research into the relationship between the migrant workforce and sport. They argued that engagement in sport can provide social support, in other words sport can help immigrants establish (new) social networks.[381]

7.31   In arguing that well being is enhanced through participation in recreation and sport, the authors also pointed out that the existence of sport facilities is insufficient on its own. They identified the need to structure activities to "enhance the participants" sense of self-efficacy", create positive experiences and encourage progress.[382] However again they returned to the role of sport as a way of building friendship and social networks, belonging and identity – a role that could also be argued for other cultural and leisure activities.

7.32   The role of sport in supporting well-being in the community was explored in a study undertaken by Townsend et al in rural Australia.[383] The study took as its starting point the relatively poor health record of rural Australians in comparison to their urban counterparts and acknowledged a positive link between physical activity and health. The authors investigated the links between physical activity and health/

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[377] Chalip, L, Thomas, DR, and Voyle, J (1992) 'Sport, Recreation and Well-Being' in Vend, A (ed) *Psychology and Social Change,* Palmerston North, New Zealand: The Dunmore Press.
[378] Chalip et al (1992), pp. 135-142.
[379] Chalip et al (1992), pp. 142-147.
[380] Chalip et al (1992), p. 146.
[381] Chalip et al (1992), p. 147.
[382] Chalip et al (1992), pp. 147-148.
[383] Townsend et al (2002).

well-being in rural areas with particular reference to the literature on social capital. The objectives of the study were:

- To ascertain the extent and nature of community involvement in sporting associations and physical activity groups within the selected communities;
- To assess residents' perceptions of the extent to which participation in sporting associations and physical activity groups contributes to individual and social well-being.[384]

7.33   This was a qualitative study based on face-to-face interviews with a sample of individuals in two small towns (23 in one and 20 in another). The semi-structured interviews covered a range of issues including participation in sport, changes in local community sports organisations and the influence of these organisations on the community. From the responses the researchers concluded that sports organisations have an important role to play in the "physical, mental and social" health and well-being of small rural towns and were vital to the sustainability of these communities. However the research did not attempt to answer the question "how?" In what ways does sport contribute to the health and well-being of a community, and are there other interventions which might have similar impacts?

7.34   Cook and Ledger took a different approach in their study of "5 Rhythms Dance" and its effect on the mental well-being of a group of women in the UK.[385] (Dance is considered sport as part of the National Curriculum which is why this study is included here, rather than with the cultural studies). The researchers used a "participatory research" approach. They recruited nineteen women in total to attend four dance workshops on 5 Rhythms dance. As the name suggests this is a form of dance which incorporates five different forms of movement. 90% of participants had a past mental health problem and 74% had a current mental health problem or distress. While the workshops were not targeted at any particular group, it was made clear in advance that the workshop was not suitable for people "who could not at this time take responsibility for their well-being".[386]

7.35   Trained teachers rather than therapists led the workshops, as this was specifically not a dance therapy project. Participants completed questionnaires and diaries and participated in peer pair interviews, focus groups and group discussion. Through the qualitative data it was established that the workshops were acknowledged as having had specific effects on the mental health and emotional well being of the participants, with participants experiencing a genuine sense of progress. There were also physical benefits gained from exercise. Although not seen as a therapy, dance was regarded as a tool, which the participants used to look after themselves and their well-being. Usually this was related to dealing with life trauma such as divorce or job interview.

7.36   The use of participatory research marks this study out from others in this review and a larger study might help to confirm the outcomes. The research team acknowledge that the participants' expectations might also play a part in the study outcomes.

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[384] Townsend et al (2002).
[385] Cook and Ledger (2005).
[386] Cook and Ledger (2005), p. 43.

Summary of Quality of Life studies focused on sports

The following conclusions emerge from this review of the sport and exercise literature:

- There is a lack of research on the contribution of sport to QOL and well-being. Most of the existing research relates to exercise, and even in this area there are significant gaps, and many of the studies undertaken have specific limitations.

- Within the existing sports and exercise literature there is no clear common definition of QOL and well-being. This lack of conceptual clarity and consistency has led to inconsistent methodological approaches, with widely varying objects of measurement and, subsequently, a lack of comparability between studies.

- A large number of the studies into exercise are in the area of psychology and the conceptualisation and methods found in these are therefore consistent with that discipline. This literature is mainly concerned with psychological well-being, and therefore deals with just one dimension of overall QOL.

- The research findings indicate an association between and aspects of mental/psychological well-being such as the alleviation of depression and anxiety, and the promotion of self-esteem and positive affect. There may also be links between exercise and other aspects of mental health. However there is not sufficient evidence to confirm a causal relationship. There is also a consensus within the literature about the positive association between exercise and physical health.

- Several of the studies have highlighted the probability of more than one variable contributing to causality, and have indicated that exercise or sports participation may play a role in combination with other social factors, for example through the social support, friendship and collective identity gained through participation. Several reviewers argue for longitudinal studies to help explore this issue further, and to allow for the outcomes of participation to emerge over a longer time frame.

- In the sports literature (as opposed to the exercise literature), there is a wider case made for the link between participation in sport and other outcomes such as personal growth, social integration, social support, and community well-being. However, overall, there is neither the empirical evidence to support a causal link nor to help us understand *how* sports participation, working with other processes, might lead to these outcomes, or whether participation in other types of leisure activity might produce the same type of outcome.

CHAPTER 1.8. CONCLUSIONS: LESSONS FOR FUTURE RESEARCH

8.1   This literature review highlights a range of issues for defining and measuring QOL in relation to culture and sport. It flags up the paucity of empirical research in this area, and the need to fund well-designed, large scale research to explore and test the impact of culture and sport on QOL.   The evaluation of the *Culture Builds Community* initiative in the US demonstrates the value of longitudinal studies that enable longer term outcomes to be identified.[387]   While common in other policy areas, notably health, and in the US, where charitable foundations provide substantial funding for cultural policy research, research on the scale required is rarely sponsored within UK cultural policy.   As it is, the findings of the studies reviewed here demonstrate that cultural and sport participation have a very small influence on the overall QOL of individuals.

The absence of research creates a theoretical vacuum, which poses a problem for developing indicators.   One of the desired outcomes of this research was the establishment of social and economic indicators to measure QOL and well-being in relation to culture and sport.   On the basis of current research evidence, this is obviously not possible.   This is because:

- The evidence base supporting a causal link (rather than an association) between culture and sports participation and QOL does not yet exist.   The economics literature suggests that the general benefits of participation and voluntarism for individual subjective well-being may apply to culture and sport, but as yet there is too little evidence to support a causal link.   Elsewhere, the expectation of establishing a causal link has been questioned by experts, for reasons that are discussed below.

- Suitable datasets with which to investigate the link between culture and sports participation and subjective well-being have not yet been identified by economists (See Annex 3);

- The small body of existing studies tend to concentrate on one or two individual aspects of QOL rather than embracing the concept of QOL as a whole.   As a result we currently have just a partial view of the possible impact of culture and sports participation on QOL.

- Without this type of evidence it is difficult to develop meaningful indicators, ones that are rooted in a theory of cultural or sporting impact;

- The question of how indicators might take account of the *quality* of cultural and sports interventions has yet to be resolved.

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[387] Stern and Seifert (2002).

8.2   However the review has highlighted two possible alternative approaches used elsewhere:

- to base indicators on areas where existing cultural impact research suggests an impact

- to regard cultural indicators as a "research tool" as demonstrated by Cultural Initiatives Silicon Valley, and proposed by Jackson and Herranz

> *"The context of community indicators may provide a research setting to develop 'theoretical or empirical research that speaks to how arts and cultural participation contribute to social dynamics'".[388]*

8.3   A key concern of public policy in all areas is the wish to demonstrate *causality*. The review raises some important issues with respect to this. The findings of several of the sports/exercise and community level cultural studies certainly suggest that it is very difficult to identify a single cause relationship between participation and impact on QOL. They conclude that in practice a complex combination of variables are involved in determining impact, in other words, it is unlikely to be sporting or cultural participation alone that produces a particular outcome. In addition to this, Bowling and Zahava emphasise how

> *"...influencing variables can include a dynamic interplay between people's individual characteristics and their surrounding social structures...".[389]*

8.4   Another key issue for public policymakers is the need for research whose results can be extrapolated or *generalised* to the population as a whole. As we have seen, the majority of individual level studies of culture and sport and QOL do not allow this. In some of these cases this is explained by methodological weakness. However there is a much more fundamental issue about the generalisability of QOL research. As we have seen, QOL is a shifting, dynamic and culturally specific concept. In other words what contributes to the QOL of one person may change according to life stage, and circumstance. There will be differences in what constitutes QOL to populations living in countries at varying stages of economic development or with varying social and cultural values. Defining QOL involves ethical and political considerations and both community indicator and intellectual disability researchers stress the importance of identifying the dimensions of QOL that are important and valued either by a *particular* community or by individuals *themselves*. The relative importance of cultural participation to the QOL of individuals and communities may also vary widely. The scope for generalising from QOL research findings is therefore clearly limited. This is one of the drawbacks of the concept of QOL, and why some regard it as a not particularly helpful concept.[390]

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[388] Jackson and Herranz (2002) quoted in Duxbury (2003), p. 6.
[389] Bowling and Gabriel (2004), p. 22.
[390] Baeker (2002).

These points could lead us to the view that QOL is just not a fruitful subject for research: useful as an "organising concept", but just too complex to be "do-able". Alternatively, these points might lead to the view that the natural science research model, of which notions of "causality" and "generalisability" are part, may not be the most useful for this type of research subject. Perhaps the question to explore is, what other types of research approaches might best fit this purpose? The literature review points us in this direction, with the example of the grounded theory approach pioneered by The Urban Institute. Are there other research models that might help us study the underlying social mechanisms that determine cultural impact? For example, this might involve developing a theoretical model to explain the impact of culture or sport on QOL, or a dimension(s) of QOL, and both collecting data and using observation to test this out.[391] Would these other types of approaches meet policymakers' needs?

8.5   The discussion of the issues involved in defining QOL leads to the conclusion that a "standard definition" of QOL for use in culture and sport research is perhaps not a realistic goal. As we have seen, there is no definitive definition of QOL that applies in all contexts. Instead this review has demonstrated that working definitions are shaped by research purposes and policy objectives. For this reason experts have focused instead on developing "guiding principles" for QOL researchers.[392] So, while this review flags up some "bigger issues" to consider, it also points to more practical recommendations for future culture and sports research in this area. These might be viewed as lessons for "best practice":

- First, there is a requirement for conceptual clarity. Researchers need to state explicitly what kind of definition of QOL they are using, and what they intend to measure. In the first instance, they need to decide whether they are investigating QOL as a multi-dimensional or uni-dimensional concept. If the former, they need to decide whether they are investigating QOL as a whole, or whether they are focusing on one or more individual domains of QOL. If they are concerned with subjective well-being, using life satisfaction as an indicator, then they need to acknowledge that they are taking a partial view of QOL, focused on one aspect only. The same applies to studies focusing on social capital/community development.

- Related to this, if the objective is to pursue evidence of a single cause relationship between culture or sports participation and QOL, then the methodological challenges and complexities of measuring the multi-dimensional concept of QOL in its entirety, may mean that it is simpler in practice to measure subjective well-being alone, using satisfaction or happiness as a proxy. This is the route taken by most sports and culture studies reviewed here, but it does raise wider issues. Happiness research promotes the idea that this should be the ultimate objective of public policy, an idea taken up and promoted by the Cultural Commission in its Final Report.[393]   Given what is known about the determining influence of psychological factors on perceived well-being, some experts have questioned

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[391] Cultural Initiatives Silicon Valley (2003), p. 11.
[392] Schalock (1996); Cummins (1997).
[393] Cultural Commission (2005) *"Our Next Major Enterprise..." Final Report of the Cultural Commission*. Edinburgh: Scottish Executive.

whether "engineering gains in subjective quality of life" is a "realistic policy goal".[394] Moreover, there is a body of research that distinguishes between a (temporary) change in affect and lasting changes in levels of subjective well-being – how do we take this into account in research design, and, given that it rarely defines it, which type of well-being does public policy seek to address?

- Second, cultural and sports researchers need to consider how to define cultural participation. How culture is defined has a practical impact on the "do-ability" of research. Definitions of cultural activity or participation are either too narrow or "top down" to capture the full range of what people on the ground understand and engage with as culture, or they can be too broad for policy use and therefore compound the problems involved in identifying causality.[395] As Bygren et al have suggested: "Perhaps cultural behaviour is so intermingled with life as a whole that it is impossible to discern its influence".[396] This is an issue that has to be confronted.

- Thirdly, another issue is the need to counter any tendency to assume, or expectation, that every experience of cultural participation will produce similar outcomes. The way in which cultural or sports projects or events are organised, managed, delivered – all the variables that determine the nature or quality of the participants' experience – help to determine the outcomes.[397] This is rarely acknowledged in research design. Researchers need to consider how to allow for the variable quality of culture or sports projects in QOL research.

8.5 Finally, two pointers on the question of measurement.

- A key criticism of social impact research is the strong use of narrative and anecdotal evidence, and reliance on the "uncorroborated" self-report of participants. Given, as we have seen, that the subjective perceptions of subjects play a key role, sometimes the dominant role, in much QOL research, we should perhaps reflect on the standard dismissal of such data in the context of culture. The issue is perhaps not self-reporting, but *how* self-report data is collected, and whether this should involve more rigorous, theoretically based, measurement instruments, rather than reliance on a passive "yes/no" response to a prescribed list of statements into which participants have had no input. The application or adaptation of standardised instruments developed in other disciplines might be explored, but clearly there are many issues to be considered here that require specialist knowledge and expertise.

- A large number of QOL researchers argue that both combination and multiple methodologies best suit the multi-dimensional nature of the concept being studied. Such methodologies overcome the bias and constraints inherent in solely quantitative or qualitative techniques and produce stronger results on the basis of triangulating data from multiple sources. We need to explore more complex types

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[394] Bowling and Gabriel (2004), p. 22.
[395] Jackson and Herranz (2002).
[396] Bygren et al (1996).
[397] SHM Productions Ltd (2000); Merli (2002); Coalter (2001).

of research design and learn from some of the large scale QOL studies conducted in policy areas such as health.

ANNEX 1: REVIEW OF RESEARCH INTO SUBJECTIVE WELL-BEING AND ITS RELATION TO SPORT AND CULTURE

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1. Introduction

This chapter reviews literature on subjective well-being (SWB), quality of life and the valuation of non-market goods from the perspective of economics.

2. A general perspective

The traditional approach to economics tends to think of well-being (also described as happiness, welfare or utility) as pertaining to the individual. Economists tend to argue that there is no meaningful way to make comparisons of welfare between different individuals: there is no metric for comparisons of well-being.

The first theorem of welfare economics, which essentially argues that competitive markets can yield the highest possible levels of individual welfare only requires the assumption that individuals can register a preference for one state of the world over another and that they generally prefer more of a good to less of it. A state of the world in this context will mean the consumption of a bundle of goods and services. The theorem does not rely on comparisons of welfare between individuals. For the theorem to work, however, there must be a *market* for each of these goods and services being considered.

The study of subjective well-being focuses on the measurement of well-being or utility. Traditional economics would hold that this is unnecessary: consuming more beer is bound to make an individual happier, because more is always preferred to less. One does not therefore need to calibrate happiness – much easier to observe that the individual is consuming more beer.

The focus on the individual also implies that economists will tend to be suspicious of concepts such as quality of life. Often constructed by geographers, quality of life indices are used to compare the attractiveness of different areas by forming a composite index based on objective measures that are thought to determine attractiveness. These might include crime rates, average rainfall, congestion, availability of healthcare, quality of landscape etc. The question that economists would immediately pose is – attractiveness to whom? Some individuals may prefer high rainfall; a certain section of the population almost certainly prefers a high crime rate. The economist would suggest that quality of life indices simply reflect the values of those who construct them. And, in contrast, they would suggest that their arguments supporting market-based systems are value free. Quality of life indices are so far from traditional economic approaches to well-being that they do not warrant further discussion.

What this review *does* concentrate on are two issues that follow from this discussion. The first is that the direct measurement of well-being has now gone so far in other disciplines that economists can no longer afford to ignore it. Second there is the issue of how to deal with goods for which there is no market. Examples of these might be the enjoyment associated with hill-climbing, attending a free theatre group performance or visiting a free museum. The participant does not pay for these activities but this does not mean that they are of no value. Economists have developed a number of techniques for valuing such non-market activities. The techniques include contingent valuation and conjoint analysis, both of which have been widely utilised in health and environmental economics.

The structure of this review is therefore as follows. In the next section we describe the economists approach to the measurement of SWB, acknowledging that this is taking economics away from its traditional roots. We then consider domain satisfaction – assigning wellbeing measurements to different aspects of life. We then describe the socio-economic factors that economists have found to explain SWB fairly consistently – both through time and across cultures. An important distinction is drawn in this analysis: we first describe the individual attributes that are associated with higher levels of SWB and then we consider those characteristics *of a society* that are associated with higher SWB.

Next we consider *non-market* issues. Among the methods we examine is contingent valuation as described above. This technique can be used wherever markets are absent. But economists have developed some particular techniques for dealing with the absence of markets in the area of health care. We also describe these in this section. Finally we consider what an economist might take from these discussions when considering the analysis of policy in relation to sport and culture.

3. Defining well-being

We begin with a definition of SWB: it is a simply a measure of the responses to a question such as: "How dissatisfied or satisfied are you with your life overall?" This is the question used in the British Household Panel Survey (BHPS) and respondents are asked to respond on a seven point scale that ranges from 1 - Not satisfied at all to 7 – Completely satisfied. This is not directly at odds with traditional economics which holds that individuals can rank outcomes: it is simply that the possibility of directly measuring such rankings was not, until recently, considered very interesting.

Responses to the SWB question for the most recent BHPS are shown in Figure 1. This sample is representative of Great Britain as a whole, and the distribution indicates that most individuals respond to the question by indicating that they are fairly well satisfied with their lives.

Figure 1: Responses to Question on Subjective Well-Being from BHPS Wave 13 (2003-04)
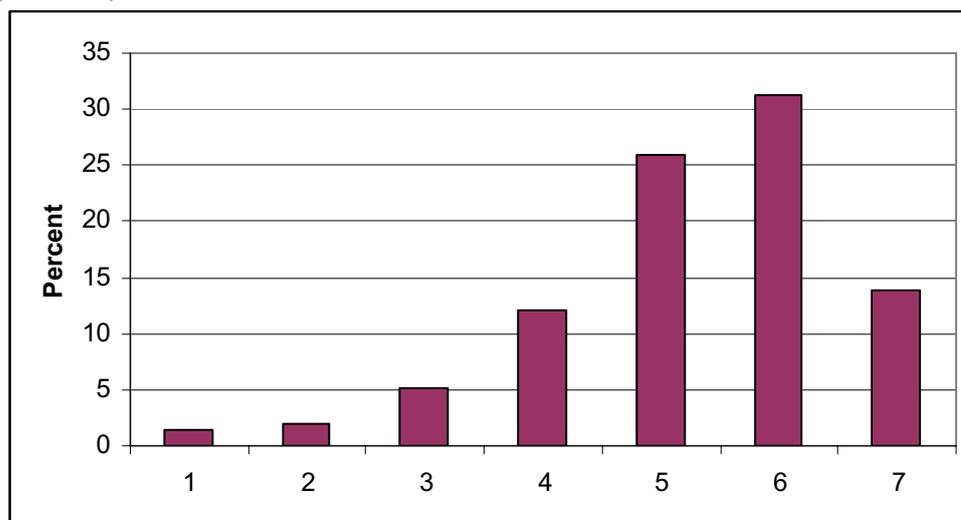
Other surveys use slightly different wording for the question and some use a different number of points on the "satisfaction" scale, but they are all broadly trying to capture an individual's self-evaluation of their own well-being at that moment. Alternatively, rather than focussing on a single point in time, the experience-sampling method (ESM) assesses respondents' SWB at random times usually over a period of one to four weeks. This response might give an indication of a person's average level of SWB that is not affected by daily or weekly mood swings.

Is SWB Meaningful?

The next question to ask is whether responses to questions on SWB are meaningful. Economists are not really equipped to answer this question. Instead many economists have been influenced by results from other disciplines such as psychology and neuroscience. For example, a group of psychologists, Sandvik, Diener, and Seidlitz (1993) find that one-time self-reported life satisfaction, ESM measures of life satisfaction, reports by friends and relatives, and people's memories of positive versus negative life events show a moderate to strong positive correlation. People who say they are happy are perceived by others as being happy.

Moum (1996) finds that low life-satisfaction reports are good predictors of suicide over the following five years. Layard (2003) argues that what individuals report in terms of well-being is strongly correlated with objective measures of positive or negative brain activity. *Economists have generally come to accept that SWB measures are of some use in understanding how individuals feel about their situation.*

However, it would be an oversimplification to suggest that answers to questions on SWB simply reflect satisfaction with *current* or *instantaneous* consumption of goods services or amenities, as some economists might assume. Psychologists would argue that responses to questions about wellbeing can reflect different aspects of individuals' self-perception. In responding, individuals may place different weights on "inner" or "outer" aspects of well-being, and on the opportunity set that they face

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or the outcomes they have experienced. One way of conceptualising this is illustrated in Table 1.

Table 1: Four Kinds of Being "Well"

	Outer Qualities	*Inner Qualities*
Life Chances	Living in a good environment	Being able to cope with life
Life Results	Being of worth for the world	Enjoying life

Source: Veenhoven (1998)

These are important distinctions which we now examine in more detail to extend our understanding of how economists analyse SWB:

Living in a good environment

Politicians typically stress this concept of well-being. They stress the need to mould policy to move society towards their preconceptions of what a good living environment is like – e.g. high incomes, social inclusion, having access to culture, sport etc. This factor is determined by circumstances outside the psychological state of the individual. Economists can measure aspects of the external environment and try to measure how closely these are associated with individual responses to questions about SWB.

Being of worth in the world

This depends on some subjective view of what constitutes "worth" – it implies a recognition of some external standards by which it may be measured – such as service to the community. These standards will inevitably reflect the individual's own values and preconceptions of what constitutes "worth". This concept does not sit easily with an economics approach. The reason is that economics tends to be present and future focussed: positive events that may have happened in the past are difficult to accommodate within the "classical" approach to economic theory as exemplified in the first theorem of welfare economics..

Being able to cope with life

Psychologists would describe this as psychological health. It may be also, of course, by influenced by physical health. Again, this does not sit easily within an economics-based approach, which tends to assume that consumers and producers are rational and always able to make the best decision, given the information that is available to them.

Enjoying life

Enjoyment is what is taken to be synonymous with well-being or happiness. It is essentially a utilitarian concept and perhaps come close to what economists describe as welfare – the outcome of the consumption of goods and services. It may be assumed that this is what many individuals base their assessment of well-being on, but there is no evidence of its importance compared with the other facets of well-being that have been discussed above.

From a psychological standpoint, Diener's description of SWB describes each of these aspects of well-being as follows:

> *"People experience abundant SWB when they feel many pleasant and few unpleasant emotions, when they are engaged in interesting activities, when they experience many pleasures and few pains, and when they are satisfied with their lives."* Diener (1998)

Notice also that as described, SWB is a *democratic* concept in the sense that it gives each individual the right to decide whether his or her life is worthwhile.

4. Economics and well-being

We now examine the specifically economics literature on well-being. An excellent review of this literature is contained in Oswald (1997). The earliest contribution was that of Easterlin (1974), but his work was hardly taken forward until the early 1990s. Much of this early literature focussed on the issue of whether there had been an upward trend in US SWB to accompany the rapid post-war rise in US GDP per head. Blanchflower, Oswald and Warr (1993) argued that Easterlin's original assertion of no change in wellbeing was incorrect and that there had been a small but significant upward trend in well-being.

In what follows, we shall concentrate on individual and cultural/national characteristics that have been shown to be related to individuals' assessments of their own SWB. A considerable volume of research has shown that both types of characteristics are systematically related to SWB. However, such results are contingent on constancy of the internal factors affecting SWB. For example, any deterioration in average psychological health would affect the interpretation of the relationship between SWB and cultural factors. We begin, however, by considering whether SWB can be subdivided into different components associated with different parts of an individual's life experience. These subdivisions of general SWB are known as domain satisfactions.

5. Domain satisfaction

SWB can be applied at a level to the generality of an individual's view of their own existence; it can also be applied to different aspects of that experience. Economists describe these aspects as domain satisfactions. Thus, for example, in addition to its question about overall life satisfaction, the BHPS asks individuals about the domains listed in Table 2:

Table 2: Domain satisfaction questions in British Household Panel Survey

income of household
house/flat
spouse/partner
job
social life
amount of leisure time
use of leisure time

In a sense these relate well to the traditional economic approach to welfare because much of economics is concerned with the issue of allocation – how individuals choose between goods that yield different welfare outcomes. They would argue that different individuals will ascribe different "value" to different domains. Some will consider enjoying their job of paramount importance while others will focus on their social life. Thus domain satisfactions may each influencing overall SWB but with different "weights" (van Praag, Frifters and Ferrer-i-Carbonell, 2002), Domain satisfactions may themselves be inter-related. For example, satisfaction with health may influence job satisfaction because ill health may adversely affect perceptions of the working environment. Using a longitudinal dataset from Germany, these authors construct a model that explains satisfaction in each domain in terms of individual and external characteristics. We will discuss such models subsequently. They then extend their model to explain overall SWB in terms of the domain SWBs and show that, the most important domain satisfactions contributing to overall SWB are *finance, health,* and *job satisfaction*. Note that this implies that the major influences on individual SWB are essentially *personal* rather than *social* characteristics. Individuals are mainly concerned with their own circumstances: thus one must be careful about expecting issues such as the cultural or sporting environment to have a large direct impact on SWB. The literature on job satisfaction is also extensively reviewed in Clark (1996).

Health is viewed by individuals as one of the most important "domain satisfactions". However, we postpone discussions of health at this stage since it has also been a focus for some of the other issues which we mentioned in the introduction – such as contingent valuation.

6. What "explains" subjective well-being?

Now we consider the external, measurable factors that are associated with variations in the level of individual SWB. A vast literature has grown up on this issue: but there is a reasonable degree of consensus about some key observable characteristics that are associated with SWB. In the language of Section 2, we are exploring which "outer qualities" are statistically linked with SWB. Note that there is no presumption of the direction of causality. For example, almost every survey in every country or time period shows that marriage and higher levels of SWB are positively associated. But it does not follow that marriage will make people happy, nor is it therefore correct to argue that a government policy of supporting marriage will help maximise national SWB. Causality may run in the opposite direction - it may be that those whose satisfaction with life is low do not make attractive partners. Individuals with high SWB find it easy to find partners: those with low SWB are more likely to remain single.

However, there is a set of well-established associations; these are constructed using statistical analysis of large scale surveys. The general approach is to try to statistically explain individual responses to the SWB question in terms of their observable characteristics. The normal technique for doing this is known as "ordered logit" – the term "ordered" refers to the fact that SWB is measured on an "ordered" rather than a "cardinal" scale. In Appendix 1, we reproduce the results of such an exercise using the Eurobarometer survey conducted by Bell and Blanchflower (2004). The results show:

- the *direction* of the effect of each of the "explanatory" variables on SWB (indicated by a positive or negative sign associated with the relevant variable)
- the *size* of the response – indicated by the size of the coefficient value associated with each variable
- the *significance* of the effect – indicated by the size of the t statistic, which is shown within the brackets alongside each coefficient. Generally, t statistics whose size (either positive or negative) is greater than 2 are significant at a five percent level

The models cover the UK as a whole and Scotland on its own over various time periods, which are shown in the header of each column. The table is useful to confirm the general findings on the impact of observable characteristics on SWB both for the particular case of Scotland and for the UK as a whole. We now discuss these findings:

Gender

The evidence that women have higher levels of SWB than men is almost universal and since gender is not, in general, a characteristic that can be selected, it would seem that there is a clear direction of causality. However, the policy prescription that to increase overall SWB the government should change the gender balance of the population is perhaps a little extreme!

Age

There is a well established finding that SWB is "U shaped" in age. This has been established by a number of studies including Bell and Blanchflower (2004). That is, SWB is relatively high among the young and older age groups, but low among the middle aged. Helliwell (2001) finds that those in the next three age groups are less happy than those aged 18-24. Then after reaching a low point among the 35-44 year-old group, SWB rises systematically and significantly, with those 55 to 64 as happy as those aged 18 to 24, and those aged 65 and over happier still. The size of the changes is large, with those over 65 having SWB more than one-half point higher (on the ten-point scale) than those 35 to 44, a difference almost as great as that between the employed and unemployed.

Family status

Results from a variety of analyses of SWB show that those who are married are happiest, followed by those living together, widows or widowers, the divorced, and finally the separated. Helliwell (2001) uses the World Values Survey (WVS) to conduct an extensive analysis of influences on SWB. He shows that the difference between being married and separated amounts to almost three-quarters of a point on the ten point scale used in the WVS, or more than being unemployed. The fact that being separated is worse than being divorced may reflect "habituation" in the sense that the divorced will, on average, have had more time to adjust to the negative effects of separation. Habituation is an important concept that we subsequently used to explain the relationship between income and SWB.

Unemployment

The relationship between happiness and unemployment is analysed in Clark and Oswald (1994). It tends to be the case that unemployment is associated with lower levels of SWB. Psychologists have examined the reasons why this might be the case. Their arguments tend to centre round the notion of the "locus of control" – whether individuals feel that they are shaping their life experiences themselves, or that they are being formed by external forces over which they have no control. A variety of studies have shown that the employed are more likely to have an internal locus of control than the unemployed. The corollary would seem to be that having an internal locus of control is likely to be positively associated with SWB. Policies to reduce unemployment are one of the most obvious ways that government can influence SWB.

Figure 2 shows the relative size of the impacts of different relationship and job characteristics in Scotland from Bell and Blanchflower (2004). These show that unemployment has a much larger negative impact on SWB than any other characteristics. Even separation, the worst relationship outcome, is associated with a much smaller negative impact on well-being than does unemployment.

Figure 2: Individual Characteristics and Subjective Wellbeing from Bell and Blanchflower (2004)
(Relative to female, employed, single person)
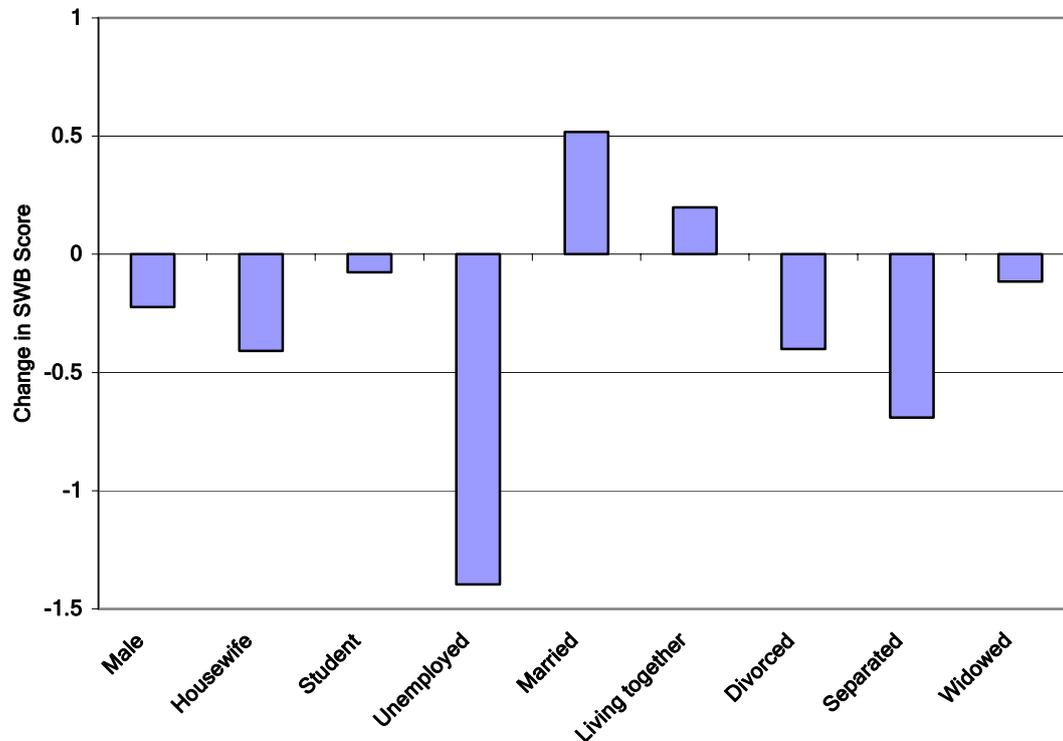
Source: Bell and Blanchflower (2004)

Self-employment

What about those who work for themselves? There is a perception that the risks associated with self-employment would make it less desirable than employment. However, Frey (2002) has examined SWB among the self-employed and found that they have significantly higher levels of SWB than the employed. His argument is that the self-employed are free to make their own decisions rather than be subject to decisions made by others. He finds that, irrespective of income or hours worked, the self-employed have more work-related SWB than people employed by an organization. He argues that this suggests that SWB is influenced by *processes* as well as outcomes. Irrespective of outcomes, individuals prefer processes where they are independent and less subject to hierarchy. The finding of higher levels of well-being among entrepreneurs is confirmed in Blanchflower and Oswald (1998).

Income

The relationship between income and SWB is very important, since economists have traditionally argued that higher incomes will lead directly to higher levels of well-being. Politicians have accepted this argument and focussed on economic growth as a primary policy objective. But over time, even though economic growth has substantially increased average incomes, industrialised societies have not grown any happier. Yet at any point in time, it is true that rich people are happier than are the poor. This pattern is repeated in many countries, including the UK. The explanation of this seeming paradox is that at any point in time, individuals compare their income with some benchmark or "norm". They have an expectation of what this benchmark income is and if their income falls below it, they feel less happy. In contrast, earning an income above the benchmark will make give them greater SWB.

However, what people view as "normal" income tends to increase through time, driven upward by rising expectations. Individuals become "habituated" to their income. Increased incomes tend to lead people to expect more. Layard (2003) cites the US Gallup Poll which has been taken over a number of years and which asks 'What is the smallest amount of money a family of four needs to get along in this community?' The responses tend to grow in line with incomes, so that goods that were previously seen as luxuries become classified as necessities.

Clark (2003) adds an interesting twist to this debate. In trying to explain individual SWB, he finds, in line with the argument above, that the income of others in a similar situation has a negative impact. But he also finds that a higher level of income inequality among this group has, surprisingly, a positive effect on SWB. This runs contrary to the notion that individuals would prefer a more equal distribution of income. Instead, he argues that people may believe there are more opportunities for advancement when inequality is higher.

Education

The impact of education on SWB *per se* is controversial. Wilson (1967) suggests that the happy people are generally well-educated? But more recent evidence is more equivocal, suggesting that it is not education *per se* that leads to higher SWB, but

rather the things which follow from education, such as participation in the labour market and other activities, health, perceived trust, and higher incomes.

Social capital: voluntary organisations

What about the impact of being a member of a voluntary organisation on SWB? Here we use the evidence of Helliwell (2001), who has conducted one of the most comprehensive analyses of this issue. The evidence shows that those who are involved in more voluntary associations report higher average satisfaction with their lives. Being a member of a voluntary group increases SWB about a tenth as much as marriage. As with marriage, however, one must be careful not to infer causality because more optimistic individuals may join voluntary institutions. There has been no research in Scotland on the links between SWB and membership of voluntary bodies. However, given that many other results have been found to cross national boundaries, there is at least prima facie evidence in favour of a positive association for Scotland.

This completes our discussion of the impact of individual's *own characteristics and attitudes* on SWB. We now switch to considering the research evidence on the impact of *the social environment* on individual SWB.

Nationality

There is abundant evidence that political, social and economic environment affects well-being. That is, there are external factors other than observable individual characteristics, which impact on SWB. Questions on SWB have been asked in British surveys for many years and have also been incorporated in surveys in many countries outside the UK. Figure 2 shows that there are considerable international variations in SWB, with developed countries tending to have relatively high SWB, developing countries somewhat less, while SWB in former Soviet bloc republics are substantially lower than anywhere in the rest of the world. Figure 2 also illustrates that there is no simple relationship between per capita GDP and SWB. This is particularly true if one examines the group of developed countries with income per capita of around $17,000 per annum and above. For example, per capita income is substantially higher in the USA than in New Zealand, but levels of SWB are almost identical in both countries. This might suggest that there is a threshold level of income beyond which any further increases do not lead to increased SWB.

One might expect that international comparisons would be subject to uncertainty because language and culture would heavily influence responses. However Layard (2003) points out that the inhabitants of Switzerland, who speak three languages – German, Italian and French – all report around the same level of SWB and higher levels than their neighbours with whom they share a language. In addition, students who have been asked about SWB in more than one language tend to respond consistently, whichever language is used. This suggests that place, culture and institutions may have important influences on SWB and that language is not necessarily a barrier to international comparisons.

Of course the national variability in SWB should come as no surprise, given the findings on the importance of quality of governance in affecting SWB. And, in line

with previous findings, there may be international differences in opportunities for joining voluntary organisations etc. We now consider how such factors can be incorporated in the analysis of individual SWB. The way this is done is to distinguish between an individual's *own* views of some social capital variable and the *national average* view. For example, an individual's SWB may be lowered because they have a low level of trust in others, but at the same time it is enhanced by the fact that the country in which he/she lives has generally high average levels of trust compared with other countries. Helliwell (2001) uses this principle to investigate whether national averages of social capital variables affect individual well-being.

Interpersonal trust

The issue of trust and economic performance was first noted by John Stuart Mill, who argued that

> *Conjoint action is possible just in proportion as human beings can rely on each other. There are countries in Europe, of first-rate industrial capabilities, where the most serious impediment to conducting business concerns on a large scale, is the rarity of persons who are supposed fit to be trusted with the receipt and expenditure of large sums of money. (Mill 1848)*

Societies with higher levels of interpersonal trust tend to have higher SWB. Knack (2001) has shown that international differences to question about interpersonal trust are good predictors of international differences in the proportion of experimentally dropped money-filled wallets that are returned with their contents intact.

Social capital: quality of governance

The World Bank constructed measures of the quality of governance for more than 150 countries in the 1990s. An aggregate index of quality was constructed based on six different aspects of government: voice and accountability, stability and lack of violence, government effectiveness, the regulatory framework, the rule of law, and the control of corruption. This index ranged in value from 1.72 for Switzerland at the top to -1.00 for Nigeria at the bottom. Better quality of governance is likely to result in a better provision of public goods for a given level of expenditure. The political environment will also provide a large component of the framework for daily living and therefore is likely to impact on their wellbeing. Thus it is not surprising that, other things being equal, those living in a country with a higher score on the World Bank quality of governance measure tend to report higher levels of SWB.

Taken together, the now extensive literature in economics on SWB has convincingly demonstrated important associations between how individuals describe their level of satisfaction and observable characteristics of both themselves and the society that they live in.

Social capital: social responsibility

Social responsibility has many dimensions. But one of the most commonly used indicators is how individuals view the trade-off between making private gain or contributions to the general good. One of the best ways of summarising this is to ask

individuals whether or not they would be prepared to cheat on their taxes. It is clear from the responses that different societies have different attitudes to cheating on their taxes. Individuals who believe that one should never cheat on taxes report themselves more satisfied with their lives. The same is true for those who think that, in general, people can be trusted, rather than that one should be careful when dealing with people. Thus trustworthiness has both individual and societal benefits in that individuals who have greater trust in others have higher SWB and those who live in societies with high levels of are likely to have higher SWB, irrespective of their own views about trust.

These results are adjusted to ensure that causality flows from trustworthiness to wellbeing and therefore there are real SWB benefits from living in an environment where people can be trusted.

Church attendance/voluntary organisations

Church attendance tends to enhance SWB of the individual that attends church, but this does not rub off on other members of society. High national levels of church attendance do not have a positive impact on individual well-being. But membership of other voluntary organisations cuts both ways: it improves both the individual's well being and it contributes to the overall wellbeing of those who are not members. This issue is addressed in Helliwell (2003)

Direct democracy

A final piece of evidence comes from Frey and Stutzer (2002). This concerns the impact of democratic institutions on SWB. They argue that SWB is positively related to political, economic and individual freedoms. But they particularly focus on the impact of direct democracy (referenda) on SWB. They argue, based on data from Swiss cantons, that average levels of SWB are higher in those cantons that regularly employ referenda to change the canton's constitution or laws. They argue that this may not only be because the outcomes of referenda are more generally acceptable, but that feelings of greater involvement and participation in the political process are empowering and themselves are associated with enhanced wellbeing.

6. Goods for which there is no market

In the introduction, we argued that the first theorem of welfare economics only applies to goods and services for which there is a market. The key role of the market is to place a value on the commodity or service. But suppose that no market exists for a service which is of direct policy significance: how can informed policy choices then be made? For example, how does one value Scotland's scenery? Or its cultural heritage? The response of many economists is to consider other means by which one might attach value to the commodity or service.

The best known approach to this issue is called "contingent valuation", which surveys people to find out how much they would be willing to pay for a specific state of the world to exist e.g. there being a population of beavers on Mull. A good survey of the

contingent valuation literature is contained in Hanemann (1994). It is called "contingent" valuation, because people are asked to state their willingness to pay, contingent on a specific hypothetical scenario It is described as a "stated" preference method rather than a "revealed" preference method which relies on observing what people give up in order to acquire some of the good or service. Carson et al. (1994) list 1600 studies of contingent valuation studies in environment, transport, education, the arts and health. The method has been used quite extensively in Scotland and one recent applications include valuing the impact of renewable energy investments on scenery (Bergmann et al).

There are important issues that have to be addressed in contingent valuation studies. These include:
• Survey design – the sample frame must be carefully designed and the scenario presented in the questionnaire should be as specific as possible.
• Individuals normally find it easier to answer "closed" rather than "open" valuation questions (where the individual is asked to select between a number of given amounts rather than choose a value for themselves)

Hanemann argues that there is sufficient evidence to argue that well constructed contingent valuation studies provide generally sound estimates. This finding would not be wholly accepted by all economists – there are some who would argue that stated preference methods will always be less accurate than revealed preference. But this does not help when trying to value states of the world for which no revealed preference method can be found.

Conjoint analysis is a more sophisticated technical means to calculate contingent valuations. It uses a more complex survey method than the simple contingent valuation described above. In a conjoint analysis, the respondent may be asked to rank a list of combinations of attributes of the good being valued. Once this ranking is obtained, an algorithm can be used to determine values of each of these attributes.

Both contingent valuation and conjoint analysis have been applied in relation to health outcomes. In the next section, we consider how health outcomes fit within the issues that we have previously discussed and what tools can be used to measure value in this area.

7. Health and well-being

Health care markets are characterised by poor information, particularly among the purchasers of health care – whether these are individuals or public bodies acting on behalf of individuals. In the UK, health care tends to be rationed rather than allocated by demand and supply. There is no market mechanism to allocate the considerable amounts of resources that are provided for health care. To compare how a market outcome might compare with existing methods, some value has to be allocated to the outcomes of health care interventions. This is where techniques such as contingent valuation can be applied and in particular, it can be used to estimate the value that the consumers of health care place on different health care interventions. Thus, for example, one might use this technique to "value" a new treatment for cancer.

But there is another approach to evaluating health care interventions. One can choose those interventions that return the largest number of quality adjusted life years (QALYs) for a given financial outlay. A QALY is an additional year of life *weighted* by health status during that year. Thus an individual has full health for a year would be counted as one QALY, whereas spending the year with a serious disability mighted only be counted as 0.5 QALYs.

The concept of a QALY is related to that of *healthy life expectancy* which is a measure of how long an individual can expect to live while enjoying full health. The difference between total life expectancy and healthy life expectancy is a measure of the number of years that the average individual will live while experiencing some form of illness or disability. Clark, Mckeon, Sutton and Wood (2004) provide estimates of healthy life expectancy in Scotland.

Healthy life expectancy is normally self-assessed and often based on responses to a question about individuals perceptions of one of the following:
- Limiting long-term illness
- Self-assessed health
- Activities of Daily Living

This finally brings us back to one of the original concepts we associated with SWB. These questions used in self-assessment of health are quite similar to those used in domain satisfaction measures of health. For example, interviewees are typically asked to rate their health status on a scale typically ranging from 'Good' or 'Poor'. This question is asking interviewees for an objective assessment of health status, whereas the domain satisfaction question on health is seeking individuals' views about how satisfied they are with their health status. Thus someone might regard their health status objectively as good, but not be particularly satisfied with it. In general, however, one would expect strong overlaps between these measures.

This section has illustrated the links between domain satisfaction, healthy life expectancy, quality-adjusted life years and contingent valuation in the context of health. Domain satisfaction is a measure of SWB defined over a subset of experience: it is a subjective evaluation of well-being. Contingent valuation is a survey-based objective method of valuing non-marketed goods. Quality adjusted life years and healthy life expectancy are also objective measures. The former is used to measure the impact of medical interventions, while the latter is a measure of the expected duration of good health and will indirectly be associated with lifestyle, health interventions, genetic endowments etc.

We now consider the implications of this proceeding discussion foe the way in which economists might approach the issue of SWB and quality of life in relation to policy for culture and sport.

8. Policy discussion

What does this discussion of an economist's approach to analysing SWB, quality of life and contingent valuation imply for cultural and social policy in Scotland? A number of points have emerged:

1. As far as economists are concerned, wellbeing is an individualistic concept. On the other hand, economists view quality of life measures as aggregate indices measured over groups of individuals. Standard economic theory cautions against such aggregation because there is no metric which can be used for such aggregation. Thus quality-of-life hardly figures amongst economists discussion of welfare and well-being.

2. Economists accept that measurable individual characteristics affect SWB. These include: (a) state of health, (b) employment status, (c) financial status, (d) marital status, (e) income relative to others. Clearly some of these are amenable to government intervention e.g. economic and health policy.

3. There are also societal characteristics which affect SWB. Many of these are linked with participation, trust and openness. Societies that exhibit these characteristics tend to have better *individual* SWB outcomes. The higher SWB may result both from more positive *outcomes* associated with such societies, but also because participation – being involved – in social *processes* has a positive impact on SWB.

4. Economists have not investigated the impact of sport and culture on SWB. It is perhaps unclear how one might measure these since these activities are multifaceted.

5. Economists might accept that the general benefits of participation and voluntarism mentioned above would apply to sporting or cultural activities. Clearly, these would have to be argued on a case by case basis and set against the relevant opportunity costs. Certainly, the research described here is not inconsistent with sport and culture having positive effects on SWB. But there is, as yet, too little evidence to positively argue in favour of a causal link.

6. Economists have developed tools to measure non-market values such as contingent valuation. Unlike SWB, these are likely to have important uses in policy analyses associated with sport and culture. Parts of these industries are in the private sector and have no difficulty in identifying the values of associated goods and services. But there are extensive aspects of sport and culture that rely on public sector funding due to some form of market failure. These are amenable to techniques based on stated preferences such as contingent valuation.

7. Thus in conclusion, sport and cultural activity may well affect individual subjective well-being, But economists have not identified appropriate statistical information which allow one to identify such linkages in the way that it is possible with individual characteristics such as employment and marital status.

8. On the other hand, economics has developed a number of techniques that could assist in revealing the value that individuals implicitly hold for non-marketed aspects of sport and culture. These include contingent valuation and its various technical developments such as conjoint analysis.

**Figure 2 Subjective Well-Being and GNP per capita**
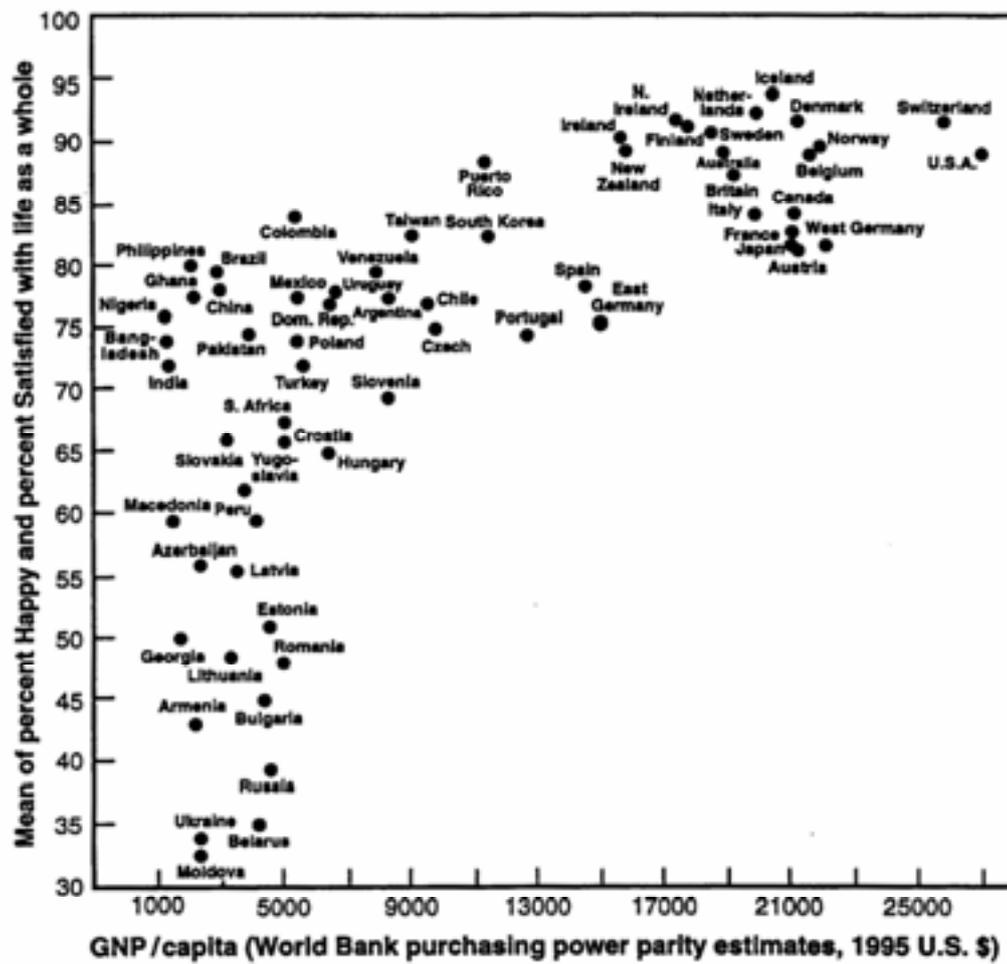
Figure 7.2
Subjective well-being by level of economic development ($R = 0.70$, $N = 65$, $p < 0.0000$).
Source: World Values Surveys; GNP/capita purchasing power estimates from World Bank, World Development Report, 1997.

ANNEX 2 - HEALTH RELATED QUALITY OF LIFE

The establishment in 1948 of the World Health Organization (WHO) definition of health was an important milestone in the development of QOL studies within health care. WHO defined health as not only being the *absence* of disease, but the *presence* of physical, mental and social well-being.[398]

Reflecting the growing interest in QOL within healthcare, between 1973 and 1993 the number of articles in the Medline database listing "quality of life" as a reference key word increased from 5 to 1252.[399] Armstrong and Caldwell report that over 5000 medical papers on QOL measurement are currently being published each year, "as new measures are tested and refined and old ones applied to more and more clinical situations".[400] As advances in medical technology and new and more aggressive treatments succeeded in increasing survival rates, attention increasingly turned towards the QOL of patients rather than longevity alone. Today QOL assessment measures are now routinely used to evaluate the human and financial costs and benefits of different health programmes and medical interventions.

Health-related QOL is concerned with QOL within the specific context of health. Slightly facetiously, Michalos, a critic of the term, suggests that health-related QOL

> "...may be regarded as a particular species of the genus domain-related quality of life. Other species would include, for example, job-related quality of life and marriage-related quality of life...".[401]

As with the wider term, there is no uniform definition of health-related QOL, merely competing views. The debate around the definition of health-related QOL centres upon two issues. (1) differing conceptions of "health", that can be summarised as the "medical" definition, based on the absence of disease, as against the "positive" definition advanced by the WHO, and (2) the relationship and distinction between "health" and "quality of life". These fundamental questions remains unresolved, resulting in contradictory definitions of the concept health-related QOL.[402]

One type of definition sees QOL as the effect of disease or illness on both the physical functioning and subjective well-being of patients, in other words health is regarded as a determinant of QOL, using a medical model of health. In contrast a competing conceptualisation of health-related QOL accords with the World Health Organization definition of health, in which QOL is regarded as a key *determinant* of overall health.[403] The US Department of Health definition accords with this, describing health-related QOL as

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[398] See constitution of the World Health Organization in World Health Organization (1952) Handbook of basic documents. 5th ed. Geneva: Palais des Nations, pp. 3 – 20, cited in Testa (1996), p. 835.
[399] Testa (1996), p. 835.
[400] Armstrong and Caldwell (2004), p. 361.
[401] Michalos (2004), p. 58.
[402] Haas (1999a) p.730.
[403] Bowling (1997), p. 5.

> *"those aspects of overall quality of life that can be clearly shown to affect health – either physical or mental".[404]*

And within these overall definitions of the concept of health-related QOL, the emphasis placed on either physical functioning or subjective well-being also varies according to the focus of specific investigations. As a result there are a wide range of different interpretations of health-related QOL, each tailored to specific purposes, and resulting in an even wider range of measurements that relate to these. For example, Raphael regards health-related QOL research as dominated by the psychological approach,[405] it is about

> *"individual responses to the physical, mental, and social effects of illness on daily living that influence the extent to which personal satisfaction with life circumstances can be achieved".[406]*

Alternatively, Rejeski describes the move from QOL to health-related QOL as "designed to emphasise an interest in the functional effects on patients of an illness and its consequent therapy" and notes the interchangeable use of the terms "health status" and "quality of life" – like health-related QOL, health status "defines function at either a generic or disease-specific level".[407] Understandably opinion is divided amongst researchers on the need for a separate health-related concept of QOL, but the concept is now extremely influential and most accept that it is here to stay.[408] However the confusion over definitions has resulted in a plea for health researchers to make their definitions explicit and for journal editors to reject articles that do not do so.[409]

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[404] Michalos (2004), p. 63.

[405] Raphael (1996), p. 149.

[406] Bowling (1991) p. 9 quoted in Raphael (1996), p. 149.

[407] Rejeski and Mihalko (2001), p. 24.

[408] Haas (1999b), p. 3; Michalos (2004), p. 58.

[409] Farquhar (1995).

ANNEX 3 – EXAMPLES OF QUALITY OF LIFE DEFINITIONS REVIEWED

a) Definition	Reference
"QOL is a multidimensional evaluation of an individual's current life circumstances in the context of the culture in which they live and the values they hold. QOL is primarily a subjective sense of well-being encompassing physical, psychological, social and spiritual dimensions. In some circumstances, objective indicators may supplement or, in the case of individuals unable to subjectively perceive, serve as proxy assessment of QOL."	Haas (1999b)
"Quality of life is multidimensional in construct including physical, emotional, mental, social, and behavioural components"	Janse (2004), p. 654[410]
"'Quality of life' and more specifically, 'health-related quality of life' refer to the physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person's experiences, beliefs, expectations and perceptions (which we refer to here collectively as 'perceptions of health'. Each of these domains can be measured in two dimensions: objective assessments of functioning or health status, and more subjective perceptions of health."	Testa et al (1996), p. 835[411]
"Quality of life is a feeling of overall life satisfaction, as determined by the mentally alert individual whose life is being evaluated. Other people, preferably those from outside that person's living situation, must also agree that the individual's living conditions are not life-threatening and are adequate in meeting that individual's basic needs."	Meeberg (1993), p. 37
"A multi-faceted construct that encompasses the individual's behavioural and cognitive capacities, emotional well-being, and abilities requiring the performance of domestic, vocational, and social roles".	Tartar et al (1988) quoted in Meeberg (1993), p.33[412]
"The satisfaction of an individual's values, goals and needs through the actualisation of their abilities or lifestyle".	Emerson (1985) quoted in Felce and Perry (1995), p. 58[413]
"A subjective matter, reflected in a sense of global well-being".	Lehman (1983) quoted in Oliver et al (1995), p. 1[414]
"Personal values as well as life conditions and life satisfaction interact to determine quality of life. The significance of either the objective or subjective assessment of a particular life domain is interpretable only in relation to the importance the individual places on it."	Cummins (1992) referenced in Felce and Perry (1995), p. 58[415]

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[410] Janse et al (2004).

[411] Testa (1996).

[412] Tartar, RE, Erb, S, Biller, PA, Switala, J and Van Thiel, DH (1988) 'The Quality of Life following Liver Transplantation: A Preliminary Report', *Gastroenterology Clinics of North America*, Vol. 17, No. 2) pp. 207-17, cited in Meeberg (1993), p. 33.

[413] Emerson, EB (1985) 'Evaluating the Impact of Deinstitutionalisation on the Lives of Mentally Retarded People'*, American Journal of Mental Deficiency*, Vol. 90, p. 282, cited in Felce and Perry (1995), p. 58.

[414] Lehman, AF (1983) 'The Well-Being of Chronic Mental Patients. Assessing Their Quality of Life', *Archives of General Psychiatry*, Vol. 40, pp. 369-373, quoted in Oliver et al (1995), p. 1.

[415] Cummins, RA (1992) *Comprehensive Quality of Life Scale – Intellectual Disability*, Melbourne: Psychology Research Centre, referenced in Felce and Perry (1995), p. 58.

"Quality of life is defined as an overall general well-being that comprises objective descriptors and subjective evaluations of physical, material, social and emotional well-being together with the extent of personal development and purposeful activity, all weighted by a personal set of values".	Felce and Perry (1995), p.60
"Quality of life is a concept that reflects a person's desired conditions of living related to eight core dimensions of one's life: emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, self-determination, social inclusion, and rights."	Schalock (2000), p. 121
"A conscious cognitive judgement of satisfaction with one's life."	Rejeski and Mihalko (2001), p. 23
"Community QOL is a function of the actual conditions in the environment as well as a function of how these conditions are perceived and experienced by the individual residing within the community".	Proshanky and Fabian (1986) cited in Sirgy (2000), p. 283[416]
"Quality of life is a term that implies the quality of a person's whole life, not just some component part. It therefore follows that if QOL is to be segmented into its component domains, those domains in aggregate must represent the total construct."	Hagerty et al (2001), p. 7
"Quality of life is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." It is a broad-ranging concept incorporating in a complex way the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of the environment. This definition reflects the view that QOL refers to a subjective evaluation which is embedded in a cultural, social, and environmental context. As such, QOL cannot be simply equated with the terms "health status", "life-style", "life satisfaction", "mental state", or "well-being". Rather, it is a multidimensional concept incorporating the individual's perception of these and other aspects of life."	The WHOQOL Group (1995)
"Quality of life is properly defined by the relation between two subjective or person-based elements and a set of objective circumstances. The subjective elements of a high quality of life comprise (1) a sense of well-being and (2) personal development, learning growth […] The objective element is conceived as quality of conditions representing opportunities for exploitation by the person living a life"	Lane (1996) quoted in Christoph and Noll (2003), p. 197[417]
"Quality of life is both objective and subjective, each axis being the aggregate of seven domains: material well-being, health, productivity, intimacy, safety, community and emotional well-being. Objective domains comprise culturally relevant measures of objective well-being. Subjective domains comprise domain satisfaction weighted by their importance to the individual"	Cummins (1997)

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[416] Proshansky, Harold M and Fabian, Abbe K (1986), 'Psychological Aspects of Quality of Urban Life', in Frick, Dieter (ed) *The Quality of Urban Life*, New York: Walter de Gruyter, pp. 19-29, cited in Sirgy, M Joseph (2000) 'A Method for Assessing Residents' Satisfaction With Community-Based Services: A Quality-of-Life Perspective', *Social Indicators Research*, Vol. 49, No. 3, p. 283.
[417] Lane (1996), quoted in Christoph and Noll (2003), p. 197.

ANNEX 4 –EXAMPLES OF WELL-BEING DEFINITIONS REVIEWED

Definition	Reference
"The individual's experience, or perception, of how well he or she lives is taken as the criterion of quality of life".	Naess (1999), p. 115
"Subjective well-being research is concerned with individuals' subjective experience of their own lives".	Diener and Suh (1997), p. 191
"Subjective well-being consists of three interrelated components: life satisfaction, pleasant affect, and unpleasant affect. Affect refers to pleasant and unpleasant moods and emotions, whereas life satisfaction refers to a cognitive sense of satisfaction with life." Distinguishes this from the "traditional clinical models of mental health, subjective well-being does not simply refer to an absence of negative experiences."	Diener and Suh (1997), p. 200
"We find that surveys of well-being utilise one or more of three definitions: (1) satisfaction with life, (2) health and ability/disability, and (3) composite indexes of positive functioning."	Kahn and Juster (2002), p. 630
"Well-being has been defined by individual characteristics of an inherently positive state (happiness). It has also been defined on a continuum from positive to negative, such as how one might measure self-esteem. Well-being can also be defined in terms of one's context (standard of living), absence of well-being (depression), or in a collective manner (shared understanding)."	Pollard and Lee (2003), p. 60
"Well-being stems from the degree of fit between individuals' perceptions of their objective situations and their needs, aspirations or values".	Andrews and Withey (1976); Campbell et al (1976) cited in Felce and Perry (1996), p. 67

ANNEX 5 – LITERATURE SEARCH METHODOLOGY

The literature search involved three stages:
- Stage One: identification of potential references using a range of search strategies and exclusion criteria
- Stage Two: retrieving references identified in stage one and reading pages 1-2 to ensure relevance
- Stage Three: using references retained in stage two as the basis for the literature review

The process of identifying relevant research for this review was twofold: general Quality of Life (QOL)/well-being literature and studies of culture and sport activities with objectives or evaluations related to the concepts of QOL/well-being.

STAGE ONE

Searches were conducted as follows:
- electronic database searches
- web searches
- review of web sites of key organisations/research centres
- contact experts
- posts to lists
- journal searches
- bibliography reviews

Electronic databases
We searched the following four electronic databases: BIDS, Medline, PsycINFO and the Value of Sport Monitor:

Database	Limits	Search term	Results
BIDS	title, English language, 1995-	"quality of life"	1538
BIDS	title, English language, 1995-	well-being	345
Medline	title, humans, English language, review articles, systematic reviews, 1995-	"quality of life"	140
Medline	title, humans, English language, review articles, systematic reviews, 1995-	well-being or well-being or "well being"	27
PsycINFO	title, humans, English language, 1995-2005	"quality of life"	3383
PsycINFO	title, humans, English language, 1995-2005	well-being	129
Value of Sport Monitor	none	"quality of life"	7
Value of Sport Monitor	none	well-being	24

Database	Limits	Search term	Results
BIDS	title, abstract, keywords, English language, 1995-	"quality of life" and sport	2
BIDS	title, abstract, keywords, English language, 1995-	"quality of life" and arts	1
BIDS	title, abstract, keywords, English language, 1995-	"quality of life" and culture	35
BIDS	title, abstract, keywords, English language, 1995-	well-being and sport	0
BIDS	title, abstract, keywords, English language, 1995-	well-being and arts	3
BIDS	title, abstract, keywords, English language, 1995-	well-being and culture	66
Medline	title, English language, humans, 1995-	"quality of life" and culture	332
Medline	title, abstract, English language, humans, 1995-	"quality of life" and culture	18
Medline	title, abstract, English language, humans, 1995-	"quality of life" and sport	45
Medline	title, English language, humans, 1995-	well-being and culture	11
Medline	title, English language, humans, 1995-	well-being and arts	115
Medline	title, English language, humans, 1995-	well-being and sport	1
PsycINFO	title, English language, humans, 1995-	well-being and culture	17
PsycINFO	title, English language, humans, 1995-	well-being and arts	1
PsycINFO	title, English language, humans, 1995-	well-being and sport	5

Notes: searches for the term well-being and its variant spellings proved problematic owing to the generic nature of the term. For this reason, searches using this term were restricted to "title" at all times and additional exclusion criteria were used.

General exclusion criteria

This is not a systematic literature review and it was subject to significant restraints in relation to the efforts that could be expended: a total of thirty person days. In searching for research on QOL and well-being, the objective was to identify articles in which the title suggested that these terms were discussed conceptually or in relation to how they are defined or measured. In order to ensure that this focus was achieved, a range of exclusion criteria was employed:

- Economics literature (undertaken by David Bell)
- Studies related to countries other than Europe, North America, Australia and New Zealand
- QOL discussed in the context of a specific medical condition
- QOL discussed in the context of a specific medical specialism
- QOL discussed in the context of a specific medical procedure/intervention/treatment

Additional exclusion criteria

PsycINFO
This database did not allow the search to be restricted to reviews hence it produced a particularly large number of results. In order to reduce the number of results and to meet the objectives of the search, additional criteria for exclusion were applied as follows:
- QOL discussed in the context of a specific population, ie war veterans, single parent families, ex-offenders
- QOL discussed in the context of a specific lifestyle issues: relating to sexuality, religious practices, marital status
- QOL discussed in the context of a specific social issues: ranging from inequality and poverty to gambling and body image
- QOL discussed in the context of education or employment
- QOL discussed in the context of living conditions, ie nursing homes, living abroad
- Research focused on particular aspects of methodology related to conceptualisation/definition/measurement of QOL
- Dissertation abstracts, book reviews, correspondence

Exceptions to these exclusion criteria were made where the title indicated that the research related to arts, culture, sport, leisure, exercise, architecture, design. Accordingly, separate searches were not conducted in relation to keywords arts, culture and sport in PsycINFO.

Searches on well-being
These searches produced large numbers of irrelevant references owing to the generic nature of the term and as such the following additional exclusion criteria were used:
- Results with only the word "well" in the title
- Well-being of a specific population, i.e. students, homosexuals, drug users
- Welfare-state related
- Environment-related
- Book reviews

Cultural and sport research
The exclusion criteria used here was as follows:
- Culture used in the anthropological/sociological sense; relating to corporate culture, dependency culture, consumer culture, gay culture, street culture, material culture, political culture
- Where the journal title rather than the research included culture/cultural.
- If arts did not relate to arts activity

Contact with experts
A number of experts on QOL were contacted with a view to identifying research relating to culture and sport. This produced very little in the way of further information with the useful exception of a draft paper by Alex C. Michalos on QOL and arts which has since been published in Social Indicators Research.

Journal searches

Manual searches were made of two key journals: Social Indicators Research and QOL Research dating from 1995. 99 articles were identified during this process, which included duplicates from the database searches.

Web sites of key research centres / organisations

- Arts and Quality of Life Research Centre, Temple University
- International Society for Quality of Life Studies
- International Society for Quality of Life Research
- Gallup Positive Psychology Center
- Australian Centre on Quality of Life
- Quality of Life Research Centre, Claremont Graduate University
- Quality of Life Research Unit, University of Toronto
- Institute for Quality of Life, Romanian Academy and the National Institute for Economic Research

General web searches

Web searches were undertaken using Google and the following search terms:

- "quality of life" research arts culture
- "quality of life" sport
- "sport and quality of life"
- "cultural indicators" quality of life

Bibliography searches

The bibliographies of papers relating to quality of life/well-being and culture/sport were searched for further relevant references.

Results

These searches, once the exclusion criteria had been applied to references identified via the electronic databases, produced 221 references.

STAGE TWO

At this stage, all 221 references were retrieved and a further selection process took place based on a brief survey of each reference.

The selection of references for inclusion in the literature review was further refined by applying the following exclusion criteria:

- primary focus of paper is not QOL or well-being (eg it may be *referred* to, or it may provide the *context,* but the paper is principally concerned with statistical weighting techniques, or developing a new model of health)
- commentary or polemic
- economics literature (and therefore being dealt with by David Bell)
- highly medically specific
- explicitly does not deal with concept, definition or measurement of QOL or well-being
- cities/urban studies literature.

On the basis of reading the first two pages of the papers, in effect the references were checked to ensure that they complied with the stage one criteria. A few papers that had come through were now excluded. In addition, it was decided at this stage, given the time constraints of the project, to exclude the urban studies literature on QOL in cities to allow the literature review to concentrate on areas more directly transferable to culture and sport.

STAGE THREE

Following the process employed in stage two, and the identification of further references from these bibliographies, a total of 244 references were included in the literature review. The final stage of the search and scoping process involved coding each of the references according to:
- year
- subject/discipline
- article type (review article, primary research)
- methodology (type of review, research methods)
- population type (ie individuals, groups, general population)
- country of origin (ie base of lead author)
- priority (in terms of significance to the literature review)

This allowed the selected material to be grouped and organised, and the literature review to be planned effectively.

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SECTION 2

QUALITY OF LIFE AND WELL-BEING:
MEASURING THE BENEFITS OF CULTURE AND SPORT.
A THINK PIECE

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SECTION TWO – A THINKPIECE

CHAPTER 2.1. INTRODUCTION

1.1   The Scottish Executive asked the Centre for Cultural Policy Research (CCPR) to undertake a review of the social research and economics literature on quality of life and well-being. The task was to summarise the various definitions of the concepts of quality of life and well-being, focusing, in particular, on definitions of quality of life and well-being in the context of culture and sport impacts on the individual and community. The research team was asked to examine definitions of terms and to explore the difficulties in *measuring* quality of life and well-being, and to look at the methodologies employed.

1.2   Professor David Bell of the University of Stirling undertook a review of the literature related to economics and subjective well-being (see Annex One), and Susan Galloway and Nicola Sneddon reviewed the social research with assistance and advice from Dr Mark Petticrew. Christine Hamilton and Adrienne Scullion prepared this 'think piece' drawing on the findings of the literature review.

1.3   Specifically, the Scottish Executive asked CCPR –

–   to develop social and economic indicators to measure the impact of culture and sport on the quality of life and sense of well-being of both individuals and communities;
–   if sufficient information was available, to comment and assess the impacts on particular groups, such as young people, disabled people, ethnic minorities, older people, low socio-economic groups, rural communities, etc; and,
–   to develop methods for measuring the contribution of a culture and/or sport intervention to well-being, covering quantitative and qualitative methods, across social and economic areas; and including rules of thumb to measuring and/or valuing benefits where valid.

1.4   In this think piece we start this work by reviewing some key issues raised as essential by the literature review, not least those around definitions and methodologies. We also look briefly at the wider policy debates on the quality of life of communities: this requires, firstly, examining the question of definitions; and, secondly, asking if the indicators which are being developed might be extended to measuring the impact of culture and sport on quality of life and well-being.

1.5   Turning specifically to debates in cultural policy, we demonstrate in the literature review that there is a small but growing cultural policy literature which has, to varying degrees, started to address the issue of indicators for cultural – and, as we will argue, sports activity – with reference to wider measurements of quality of life and well-being. While policy in the UK has focused on measuring the impact of culture and sport on the economy and on issues and aspects of social exclusion, elsewhere we found some approaches which start with the assumption that it is a given that these activities bring with them social and economic benefit which, in turn, improves quality of life. We consider what might usefully be learnt from this and how the relatively new concept of 'cultural planning' might be appropriately deployed.

1.6   Finally, in this think piece, we suggest how the Executive might take forward the issue of developing indicators, building on the conclusions of the literature review.

CHAPTER 2.2 REVIEW OF THE ACADEMIC LITERATURE

Definitions

2.1   Although there are some clear challenges inherent in defining 'quality of life' and 'well-being' we discovered that there are some areas of consensus. The concept of quality of life is generally regarded as multi-dimensional. These dimensions are reflected in a number of 'domains' which, combined, sum up quality of life as a whole. A range of indicators relate to each of these domains, to which subjective and/or objective measurement techniques may be applied. While there is not a 'definitive' cross-disciplinary set of domains, the literature shows that they tend to cover a number of common areas such as physical well-being, material well-being, personal development, social inclusion/social relationships, etc. The consensual view of 'well-being' is that it is one domain of quality of life and is concerned with one's subjective perception of and feelings about life, commonly operationalised in terms of 'happiness' or 'life satisfaction'.

2.2   Some key points for culture and sport, and as such particularly relevant for this paper, are, firstly, that this concept of the multi-dimensional nature of quality of life is dynamic: in other words, the relative importance of each aspect to an individual changes as they move through life. Secondly, the components of quality of life, and the relative importance an individual places on each of these, are contingent upon personal values. Thirdly, the concept of quality of life is culturally specific. Social research suggests that psychological factors are a key determinant of how someone perceives their quality of life. We judge this point as being particularly important for policy development.

2.3   Further, the small amount of research that exists suggests that the measurable contribution made by culture and sport activities to overall quality of life is, at best, modest.

Methods

2.4   Experts approach quality of life from a range of disciplines and often deploy quite different philosophical approaches, concerns and objectives. As a result the object of measurement of quality of life varies widely and, consequently, so do methodological approaches.

2.5   As we illustrate in the literature review, some argue that domains can be divided into those which are about subjective perception and those which are about external life conditions. Meanwhile, other experts suggest that each quality of life domain lends itself to both subjective and/or objective assessment (see Literature Review p. 39).

2.6   A significant methodological debate features in the psychology literature regarding bias. Critics argue that bias can be created even where the most carefully conducted experimental approaches are used. Can we be sure that the effect on quality of life is to do with engagement with sports or cultural activities or, alternatively, is it taking part in a programme of research that counts?; and, how do we know that it is participation in sports or culture that is producing an observed or reported effect? This issue of causality is raised in a

large number of the papers reviewed, both those involving longitudinal studies and those which engage over a shorter period.

2.7   In short, we saw that there is insufficient evidence from the research to establish a causal link between culture and sport and quality of life or well-being.

2.8   Methodological questions also include discussions of sample size. The review of the sports and exercise literature found that experimentally based studies often involve small numbers and report large amounts of attrition (Literature Review p. 84).   Other methodological debates tend to centre round the choice of tools relevant to that discipline: for example, the debate on the use of different psychology indices or social indicators and the selection of the indicators used. The reviews of literature criticise the lack of consistent methods and champion the use of *both* quantitative and qualitative approaches.

2.9   There is also a debate, principally within the literature relating to sport and exercise, about the level and quality of intervention – that is, not just the amount of exercise and how it links with quality of life, but also the role of factors such as the quality of the coaching.

2.10   Bell's review of the economics literature defines individual 'subjective well-being', a concept of particular interest to economists (see Literature Review Annex 1).   Economists accept that both measurable individual characteristics and external conditions of life affect subjective well being.   These include gender, health, employment status, financial status, marital status, and income relative to others. However, there is currently no literature within economics dealing with the relationship between sports or cultural participation and individual subjective well-being.   This is at least partly because of the lack of suitable datasets for use by economists.   Nevertheless, Bell suggests there may be a link between 'subjective well being' and cultural and sports volunteering activity, and he recommends this as an area for exploration.

2.11   The economics literature also offers a body of work related to measuring the value of 'non- market goods', which is how (some) culture and sporting activities might be classified. Research here relates to contingent valuation and conjoint analysis. Here, again, Bell argues that sport and culture might well be amenable to this kind of analysis but that, as yet, research of this type has not been undertaken.

Conclusions from academic literature

2.12   The conclusion of the review of the literature – the social research and the economics literature – is that empirical evidence demonstrating a link between cultural and sporting participation and quality of life/well-being is very thin on the ground.

2.13   In short, very little research has been carried out in this area, and none of it offers results which can be generalised across different groups and circumstances.

2.14   In as much as culture and sport is seen to have a role in enhancing quality of life, we have found it referred to in relation to two specific domains.   It appears *consistently,* however, as one of the indicators and descriptors used in domains encompassing subjective well-being, expressed as satisfaction with life as a whole, and social inclusion/social well-being/social relationships.   This is perhaps not unexpected as it is often assumed that

participation in culture and sport has a positive impact on aspects of quality of life as it relates to social inclusion. The academic literature suggests, at best, an association rather than a causal link between these.

2.15   In as much as we can draw lessons from the academic literature, then, we conclude that quality of life is a multi-dimensional dynamic concept contingent upon both personal and cultural values. As a consequence, in the policy literature we would be looking for an approach which first clarifies the policy goals and which then embraces a multi-dimensional approach to defining quality of life/well-being – even if the policy focus is restricted only to one area.

2.16   Our literature review findings also suggest that the methods for measuring quality of life/well-being should reflect the multi-dimensional nature of quality of life by using *both* quantitative and qualitative approaches. So, if, along side the 'objective' measures of life conditions, the views and perceptions of individual are seen as being important in determining quality of life, we can see the particular significance of Schalock's call for methods which include 'participant observation, performance-based assessment and standardised instruments.' (Literature Review p.36). As we will see in our interrogation of the policy literature – carried out below – the focus is often on the latter two and rarely, if ever, on the (qualitative) first.

2.17   Finally, an important issue highlighted by experts concerns the *quality* of sports or cultural activity and how this affects outcomes.

CHAPTER 2.3. POLICY APPLICATION: WHAT'S THE QUESTION?

Culture and sport and the cross cutting agenda

3.1   The 'cross cutting' approach of much debate on government policy in the UK at national (UK and Scottish) and local level implies that policies of culture and sport need to be set within a wider policy framework. Given the multi-dimensional nature of quality of life and well-being this makes perfect sense. But, how is government tackling the issue of measuring the impact of its policies more generally on quality of life? Is there something to be learnt from other areas, for example, from policy relating to social and community development?

3.2   Treacherous to begin with, once we move into the area of policy literature the terms 'quality of life', 'well-being', and notions of 'happiness' are similarly not clearly defined and, as we have seen in the literature review, notions of the quality of life of the community have become linked with the additional idea of 'sustainability'.

3.3   What is also clear from the policy debates is that governments want to measure the impact of their policy making on quality of life/well-being/sustainability in communities. This has spawned the idea of indicators – which are seen to be the means by which one can, at the very least, be seen to measure improvements in the delivery of services which leads to better quality of life and sustainable communities.

Measuring: creating indicators

3.4   A review of international policy approaches undertaken by the Centre for Urban and Regional Studies at the University of Birmingham (CURS) acknowledges the difference between an approach which looks at quality of life as something which is personal and defined by the individual, and that which seeks to measure external life conditions. It sees these very different approaches to definition as being 'points of departure' for the policy makers, suggesting, truthfully but problematically, that quality of life 'can mean different things to different people'. The review continues, 'regardless of how studies start what they are all striving for is a set of key headings or categories that broadly capture or describe the important aspects of quality of life'.[418]   In other words, and in an extraordinarily counterintuitive feat, the definition of quality of life is often predicated on how it is measured.

3.5   The UK government's approach to quality of life is highlighted in work of the Audit Commission in England and Wales introducing a project to develop a set of voluntary quality of life indicators for local authorities which reflect, among other things, the *Local Agenda 21*.[419] Referring back to the literature review we can see that here quality of life is being used as an 'organising concept'(p.10).

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[418] Jones, Adrian and Riseborough, Moyra (2002) *Comparing Quality of Life Research: International Lessons*, Birmingham: University of Birmingham, p. 1.

[419] Agenda 21 is a United Nations plan for national and local government to tackle environmental sustainability as agreed at the Earth Summit in Rio de Janeiro in June 1992. Local Agenda 21 is the local version of Agenda 21. See web site for further details – http://www.un.org/esa/sustdev/documents/agenda21.

3.6   These indicators are all concerned with external factors, or so-called 'life conditions', and are not at all focused on the individuals' view. In addition, the Audit Commission is demonstrably concerned with benchmarks, or standards; that is, objective measures against which various conditions are measured.

3.7   UK government thinking identifies three broad areas, or domains: economic, social, and, environmental well-being. These three domains derive 32 indicators, many of which are linked to the best value performance indicators which local government collects as part of performance management systems.   Included in the indicators are those relating to 'satisfaction with neighbourhood' and 'finding it easy to access local services'. Both are measured using satisfaction surveys containing references to local cultural and sporting facilities.[420] This approach has the advantage of creating a large data set able to be reviewed at a local and national level, which is also, presumably, able to be built on and developed over time, thus giving a long-term view of change. However, somewhat fatally, the approach suggests that the selection of the indicators is driven by data availability rather than theory. It is also difficult to draw very meaningful conclusions for an area, or for a group, based on one set of indicators to cover every local authority in the country. The plan also suffers from an issue we will see in other macro approaches: the production of a very unwieldy and unrefined data set.

Community indicators

3.8   Similar issues are highlighted in the review by CURS which concludes, from the international comparators, that there is the potential for a huge number of indicators which are collected at macro – meaning national or regional – level, thus presenting problems of relevance for community based organisations.[421] The CURS researchers advocate a more community-focused approach and promote their own 'tool book' which includes environmental (built and wider), economic, social and health domains. The methods for developing indicators is based on data gathering through existing data sources at a local level and 'quality of life' questionnaires which set out to gather data on individuals' living conditions and also gauge their satisfaction with their neighbourhood.

3.9   A similar approach is advocated by the New Economics Foundation (NEF) which has developed a conceptual framework around the individual. It agues that:

> *[L]ocal authorities need to consider how economic, social and environmental well-being links with, and is influenced by, people's personal well-being. Indeed we propose that these areas are important precisely because of their effect on people's personal well-being. By placing people's well-being at the core of policy formation, councils can be more innovative and potentially more efficient and effective too.[422]*

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[420] Audit Commission (2002) *Voluntary Quality of Life and Cross-Cutting Indicators, April 2001-March 2002*, London: Audit Commission.   Available online at http://ww2.audit-commission.gov.uk/pis/quality-of-life-indicators_04.shtml [accessed 22 July 2005].
[421] Jones and Riseborough (2002).
[422] See the New Economics Foundation web pages – http://www.neweconomics.org/gen/well-being_power.asp [accessed 22 July 2005].

3.10   However, in its 1998 guide to community sustainability, NEF rather blatantly avoids the issue of definition:

> *Quality of life, sustainability, social inclusion, community development... whatever name we give to this process in our communities, people are interested in finding answers to the questions that affect us all. What's going on in your community? What is happening to people's health? What state is the education system in? Is crime on the increase? Is the environment in trouble? How is our local economy getting on? Is it getting easier to travel from A to B?*[423]

3.11   It could be argued that the answer to the question 'what state is the education system in?' [sic] may or may not have an impact on quality of life and it is this lack of clarity in definition of what is meant by the terms used – and the policy objective – that creates problems when looking at the development of indicators.

3.12   When it comes to developing methods for measuring well-being, NEF spells out a detailed and inclusive process for developing community-based indicators which, unlike the Audit Commission's approach, is intended to be different for every community in order to reflect different needs and concerns. However, the examples given are all focused on quantitative data; for example, the level of air or water pollution or the distance travelled to amenities, the number of new businesses established, etc. But, still, NEF has taken the ideas further and applied this approach to a project looking at young people and quality of life in a collaboration with the City of Nottingham Council.

3.13   The aim of the NEF project was to find out more about measuring well-being by using, what is termed, a 'multi-dimensional' approach. A survey of over 1,000 children was undertaken in the Nottingham area using questionnaires which were designed to measure scales of 'life satisfaction and curiosity.'[424] The latter – curiosity – was used as an indicator of a child's capacity for personal development. The research concludes that 'there is more to life than satisfaction' and identifies a 'second dimension' to well-being which they term 'personal development': the assumption being that well-being was not only to do with satisfaction but also with capacity for development.

3.14   This was a pilot project but it did also identify some methodological difficulties in sample sizes and the wording of some of the questions. It also relied heavily on one type of methodological tool, the survey. Again sport and culture feature but only as one of a range of pastimes or, as the survey had it, 'favourite activities.'[425]

What this debate tells us about culture and sport policy

3.15   The wider policy debates on community development, and how government measures success in improving quality of life or well-being, tells us: that there is a lack of a clear definition of what is meant by these terms and, thus, a lack of policy focus; that there are

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[423] MacGillivary, Alex, Weston, Candy and Unsworth, Catherine (1998) *Communities Count! A Step-By-Step Guide to Community Sustainability Indicators*, London: New Economics Foundation, p. 8.

[424] Marks, Nic (2004) *The Power and Potential of Well-Being Indicators: Measuring Young People's Well-Being in Nottingham*, London: New Economics Foundation, p. 4.

[425] Marks (2004), p. 30.

broadly three 'domains': economic, social and environmental; and, that indicators tend to be measured on the basis of existing quantitative data sources, augmented by some qualitative survey work. We can also see that the local council area is the preferred focus for this work – presumably since it is a recognisable geographic area which operates within a political and policy framework, and, also, because there already exist within such contexts processes and procedures for capturing data.

3.16   These approaches are concerned, of course, with the quality of the *output* but do not tell us how the quality of the *input* might affect what happens. For example, having a school within walking distance may be good but not if it is a failing school: that is, having a school within walking distance may have a positive impact on the objective measuring of 'quality of life' but if it is a failing school the overall impact may be less positive. There is also no debate around causality. While there might be scientific evidence as to why air quality affects well-being, it is less clear why, for example, simply being a member of a voluntary organisation – expressed purely as quantitative data (and there is an example of this in the CURS questionnaire) – is relevant to quality of life.

3.17   Finally, on this wider area, the literature review reveals that the presence of cultural or sporting indicators is, to say the least, patchy. There are some measures relating to access, to amenities or to services but this is not consistently part of the quality of life indicators. This might be considered surprising since support for culture and sport at local level in particular has, over the last few years, become linked to the social inclusion agenda, as well as to economic development. This may, in part, be explained by the focus on the local authority area not least because, in England and Wales, there is, with the exception of libraries, no statutory obligation for local councils to provide arts and sport activities and facilities. If, as has been argued, the indicators are driven by data availability then it is not surprising that in some frameworks, a non-statutory area is missing. But, even when they are included, reliance on existing data sources – for example, best value performance indicators – means that some of the indicators in culture and sport are limited, verging on meaningless. For example, we might suggest that the number of books borrowed from the library service, a statutory performance indicator for local authorities, tells us very little about the quality of life in an area.

3.18   Moreover, if, as we have argued, the approach is 'audit driven' a means of assessing how far a standard has been met, or a benchmark attained, then we might speculate as to what 'standards' are appropriate for culture and sport. It is possible to argue that the provision of facilities or activities per head of population might be a benchmark *of some sort*. But, as a participant in a drama project or as someone who attends a jazz concert, we might also expect 'standards' of a different sort. It is also debatable what 'standard' is required to ensure improved quality of life.

3.19   We are, therefore, faced with increasing problems about agreeing what it is we are actually measuring.

3.20   In the area of measuring the particular impact of culture on quality of life/well-being, we have a 'double whammy' of definition vacuum: not only is there no clear definition of quality of life/well-being, but there is also the familiar and the equally slippery issue of how to define culture.

Whose definition?

3.21   There is, if not a pragmatic solution to this, at least a political one because politicians and governments can take a view on their policy goals that will require, at the very least, a working definition of culture, and what and how they want to affect in our communities.

3.22   Rather than setting standards, an alternative approach to enhancing quality of life/well-being is to move away from a 'top down' approach and ask the community what matters to them. This 'bottom up' approach is based on community consultation and demands a different approach to data collection. It is also the approach which is taken in defining culture in the cultural planning model where mapping the culture, in its broadest sense, in a local area is considered an important point of departure. We explore this in the next section.

3.23   What this review tells us, however, is that, in the wider policy literature relating to quality of life and well-being, there is no clear definition of terms and that, the absence of such, leads to a lack of clarity in the policy focus. This, in turn, leads to a 'back to front' approach to enhancing quality of life and well-being in communities and for individuals: what can be measured is measured, and what is measured drives the policy.   The development of new ways of measuring tends to focus on the quantitative with qualitative measures focusing on satisfaction surveys.   Anything even attempting a comprehensive approach to measuring the impact on quality of life can lead to unwieldy data sets.

CHAPTER 2.4. HOW DOES THIS WORK FOR CULTURAL AND SPORTS POLICY?

Cultural Indicators

4.1   So, if we can find nothing of significance in other policy areas which might be useful to develop social and economic indicators with which to measure the impact of culture and sport on the quality of life and sense of well-being of both individuals and communities, is there anything happening specifically in policies for culture and sport?

4.2   Over the last few years, there has been a growth of 'cultural indicators' and a debate around how the contribution of culture in the community can be measured.

4.3   We use the term 'cultural indicators', as opposed to 'sports indicators'. This is because the debate is happening now within the field of cultural, as opposed to sports, policy. There is some discussion around the development of ways of measuring the impact of sport: for example, Coalter's work for **sport**scotland on the social benefit of sport which specifically links the role of sport across health, education, community development, crime prevention and economic development, and argues for research to measure its effects.[426] In 2004 Sport England launched its framework for sport which includes developing evidence for the contribution of sport to society and is now developing indicators with the Audit Commission.[427]   But, perhaps because the benefits of sport are more easily articulated, particularly in relation to benefits to physical health, it is the case that the policy debates are not as extensive as in cultural policy. Nevertheless, it should also be recognised that the debate around cultural indicators is closely allied to the debates on sport partly because sometimes sport *is* included in a broadly defined sense of 'culture' and also because the arguments are transferable, one to the other.

4.4   As indicated in the literature review, the area of cultural indicators is still in the early stages of development and commentators have reflected on the lack of theoretical underpinning and the confusion between cultural indicators as a sub set of community indicators or as a set on their own.[428]   Others criticise the confusion between 'research and argumentation' and highlight the lack of academic research in this area as being a handicap to development of work on 'measurement of outcomes and effects'.[429]   Others go further: while not alone in this, Matarasso raises questions about what we measure and why in cultural policy. He writes:

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[426] Coalter, Fred (2005) *Social Benefits of Sport: An Overview to Inform the Community Planning Process*, Edinburgh: Sportscotland.

[427] Sport England (2004) *The Framework for Sport in England. Making England an Active and Successful Sporting Nation: A Vision for 2020*, London: Sport England. The proposal is to include indicators for a culture block, including sport, in the government's Comprehensive Performance Assessment for local government. See http://www.sportengland.org/culture_block_strengthened [accessed 22 July 2005].

[428] Duxbury, Nancy (2003) 'Cultural Indicators and Benchmarks in Community Indicator Projects: Performance Measures for Cultural Investment?', *Accounting for Culture: Examining the Building Blocks of Cultural Citizenship* conference, Gatineau, Quebec, 13-15 November 2003, p.2.

[429] Oakley, Kate (2004) *Developing the Evidence Base for Support of Cultural and Creative Activities in South East England.* (Online at South East England Cultural Consortium web site), p. 26.

Like the dog that famously did not bark [...] most of the current work on indicators is notable for what is doesn't say. The missing element is where the indicators have come from – in other words what it is they are supposed to measure.[430]

4.5   As we have demonstrated, the academic literature provides us with little empirical evidence of a causal link between culture and sport and quality of life/well-being. As a result, the work on indicators is based on either assumptions or suggestive evidence about the benefit of culture/sport for quality of life/well-being and is not based on a theory which is rooted in a strong evidence base. The issues for the development of indicators, as the commentators above neatly summaries are, then:

can it be measured?
what are they for, or, what is the policy initiative which drives them?
what measures would be useful?

4.6   It is all too easy for policy makers to avoid interrogating these questions and instead focus on the deceptively simple question of 'what can we measure?', with indicators, again, being driven by data availability.

4.7   Yet there is a growing debate around the view that 'we know it works'. Even if it is not always easily measured, there is sometimes no need to 'prove' the link between culture/sport and, in a broad sense, quality of life. It is argued, in this subset of the literature, that the issue (for policy makers) is to make sure it works better and (for researchers) to work out how and why. Starting from this given, we find that new terms are creeping into the policy literature are 'cultural vitality', 'cultural well-being' and 'cultural planning'.

Cultural Indicators: some international examples

4.8   The problems with statistical indicators has been explored in a recent review undertaken by the International Federation of Arts Councils and Cultural Agencies (IFACCA) which demonstrates that it is a problem across the world.[431] This report points out that there is often a conceptual problem: a confusion about what indicators actually are and how they are used, typically seen in the confusion between a statistic and an indicator. IFCAA asserts that there is a lack of quality data and the lack of proper use of existing data – but here also highlight how frameworks are unwieldy particularly when working at macro level. There is a multiplicity of approaches, some replicating the work of others across the world. But the most fundamental problem exists where policy objectives are vague.

Cultural policy objectives tend to be couched in broad, abstract of even vague terms [...] But such abstraction hinders the development of clear indicators for policy evaluation.[432]

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[430] Matarasso, François, *Cultural Indicators: A Preliminary Review of Issues Raised by Current Approaches.* A Paper Drafted Following a Meeting at Arts Council England, September 2000, p. 2 – available online at http://www.comedia.org.uk/downloads/ACEIND-1.DOC [accessed 22 July 2005].

[431] International Federation of Arts Councils and cultural Agencies (IFACCA) (2005) *Statistical Indicators for Arts Policy*, Sydney: IFACCA.

[432] IFACCA (2005), pp. 6-7.

4.9   In the literature review we explore at some length the Urban Institute's Arts and Culture Indicators in Community Building Project (ACIP) established in 1996 in the USA in collaboration with the Urban Institute's National Neighbourhood Indicators Partnership. ACIP has set out to investigate how arts and culture-related measures can be integrated into neighbourhood indicator systems, whose purpose is to monitor quality of life at community level.   But before it could do that ACIP has tackled the lack of theory relating cultural participation to quality of life.   The first two years of the project involved qualitative research to investigate what communities themselves recognise as culture.   This produced a very broad definition of cultural participation, creating a further challenge for theory development:

> *the very broadness of ACIP's definition – combined with the fact that arts, culture and creativity are operating in an environment in which many other factors are operating simultaneously – vastly complicates the task of pinpointing the contribution of arts-related activities to the overall impacts observed.[433]*

4.10   This approach, to build from the communities' own take on culture, is one we will come back to in the context of cultural planning.

4.11   Also in the USA, the Knight Foundation has supported the development of core indicators to be used in cities across the country.[434]   The indicators in this study are essentially quantitative but do not set out to measure the impact of the arts on quality of life/well-being but to measure the vitality of the arts.   For this study and view, it is a 'given' that a measure of a healthy and sustainable community is the vibrancy of its cultural sector. The focus is, thereafter, on identifying attendances/participation, size of sector, the funding sources, number of key staff range of collaborations and number with schools programmes.

4.12   A similar focus comes from the New Zealand government's Ministry of Culture and Heritage/Te Manatu Taonga, which makes the case that

> *'[c]ultural well-being' could be expected to: 'encompass the shared beliefs, values, customs, behaviours, and identities reflected through language stories experiences, visual and performing arts ceremonies and heritage'.[435]*

4.13   An example of the application of this approach, also discussed in our review, can be found in a Knight Foundation supported study in Silicon Valley where the focus was on developing ways to increase a sense of community in an area which does not lack 'creativity' – used in its broadest sense – but which was seen to lack the social connectedness which is, so often, valued as a marker of quality of life.[436]

4.14   The notion that social connectedness, or social capital, is part of quality of life is touched on in other policy discussions but here it is quite explicit.   One of the key

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[433] Jackson, Maria-Rosario, Herranz, Joaquin Jr., and Kabwasa-Green, Florence (2003), *Art and Culture in Communities: A Framework for Measurement*. Policy Brief No. 1 for the Culture, Creativity and Communities Program, Washington, DC: The Urban Institute, pp. 3-4.

[434] The web site of the John S and James L Knight Foundation is at http://www.knightfdn.org.

[435] New Zealand Ministry for Culture and Heritage Well-being Programme, www.mch.govt.nz/cwb/. [accessed 30 August 2005]. Excerpt from Local Government Act 2002 (2003).

[436] Cultural Initiatives Silicon Valley (2003) *Creative Community Index: Measuring Progress Toward a Vibrant Silicon Valley,* Silicon Valley: Cultural Initiatives Silicon Valley.

assumptions of the Creative Community Framework is that cultural participation enhances creativity. The framework spells out a series of links and progressions from cultural levers (arts education, policy, funding and leadership) through cultural assets (creative community, venues and facilities and civic aesthetics) leading to cultural participation and then on to cultural outcomes expressed as 'creativity connectedness and contribution'. From this essentially conceptual framework comes the index, and a set of indicators, which measures each stage. These are expressed quantitatively and are based on survey work which looks at both the levels of participation and attendance in a range of cultural activities as well as the size of the cultural sector – expressed in terms of facilities, new work created and in terms of investment.

4.15   It is interesting to note how the index measures areas which might be regarded as less tangible and less easily measured by statistics alone. Creativity, for example, is an area which might be seen as more difficult both to define and measure. However, one quantitative measure used has been the number of patents applied for and issued. In Silicon Valley – an area where the Knight-supported research suggested a lack of social connectedness, this measure demonstrates significant creativity – the number of patents applied for and issued and the number of times Silicon Valley firms are cited in other patent applications.[437] Creativity, in this case, is very much wedded to economic growth.

4.16   'Connectedness' is another part of the framework which is less tangible. Here the Knight Foundation research is able to draw on a US-wide survey on social capital which measures levels of social connectedness via surveys and then analyses across different groups.[438] There is an assumption that the arts are good for developing social capital and building communities although no evidence is offered as to why this is the case. We will return to this survey below as it raises some important questions about the link between quality of life and social capital.

UK Cultural Indicators

4.17   Turning to approaches in the UK, we have seen that some attempts have been made to develop indicators drawing on existing data sources, similar to the Audit Commission's approach to indicators for local authorities. But there are severe limitations. The Museums, Libraries and Archives Council (MLA) has attempted to develop the existing statutory measures to demonstrate the importance of public libraries through what they term 'impact measures'.[439] One of the priority areas in this framework is to 'improve the quality of life for children, young people, families at risk and older people' and another is 'promoting healthier communities'. Both are based on an assumption that accessing library services improves quality of life and has an impact on health. Specifically, it is asserted, borrowing self-help health books contributes to better health. But the evidence is not at all robust. The underpinning research which supports this assertion is based on a Department of Health Briefing, published in 2003, which examines the use of self-help materials (books and on-line) for *mental* health issues.[440] However, while this research on mental health does point to

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[437] Cultural Initiatives Silicon Valley (2003).
[438] Cultural Initiatives Silicon Valley (2003), p. 13.
[439] The Museums, Libraries and Archives Council (2005) *Public Library Service Impact Measures: Proposals for 2005/2006*, London: The Museums, Libraries and Archives Council.
[440] Department of Health (2003) *Self-Help Interventions for Mental Health Problems: Expert Briefing*, London: Department of Health.

'a significant benefit from self- help materials', the benefit is to be found in specific interventions for a range of specific conditions, that is, cognitive behaviour therapy used for depression, anxiety, bulimia nervosa and binge eating disorder.[441] There is no evidence for claiming a benefit for those with, for example, bipolar disorders or indeed with physical disorders. There is some evidence that the use of self help materials is most effective when integrated with other approaches, and the research concludes that there 'evidence is lacking to support unqualified recommendation of self- help materials'. Moreover, the paper argues that there is a theoretical possibility, which has not been studied, that materials might cause harm either because of inappropriate use or by deterring users from seeking professional help.[442] The only conclusion to draw is that the MLA indicators are based on a partial and misleading reading of research material. Perhaps what this reminds us is just how much is at stake in the world of 'evidence-based policy making' particularly for cultural quangos.

4.18   Moving from the national to the local, in the UK there are examples of local authority, or regional based, initiatives focused on developing cultural indicators which do attempt an admirable level of rigour.

4.19   Work for Shropshire County Council by Morris Hargreaves McIntyre attempts to map the impact of a range of cultural activity – including sport recreation arts and museums on the local community.[443] A very specific aim of their study was to 'demonstrate and measure the impact of cultural provision on social and wider "quality of life" agendas'. To achieve this Morris Hargreaves McIntyre developed a set of indicators in a 'measurement framework' with which they are aiming to develop a baseline of information and then regularly measure change.[444]

4.20   Morris Hargreaves McIntyre recommends that a significant number of indicators are to be drawn from existing local and national government sources (for example, crime statistics or local authority monitoring data). However, although attempting to draw together existing data, the framework itself runs to several pages and identifies a huge number of indicators. This, in itself, may not be a problem but there is still a reliance on data which are more easily captured – the number of books borrowed from the library, for example. Morris Hargreaves McIntyre also proposes questionnaires for users/attenders, participants, group leaders and organisations which are intended to measure levels of satisfaction. But one might question how far satisfaction with a service is a measurement of quality of life.

4.21   What we find with both the approach in Shropshire – and the impetus behind the MLA work – is an attempt to 'prove' what the literature review tells us is not possible, and that is that cultural and sport have a causal relationship with a wide range of aspects (domains even) of quality of life. The problem it seems starts with the definition, or policy focus, and then becomes even more problematic when moving to the indicator or measurement.

Cultural planning

4.22   More in line with the ACIP project in the USA is the work around indicators which has grown out of the concept of 'cultural planning' discussed in UK and Australian policy

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[441] Department of Health (2003), pp. 2-3.
[442] Department of Health (2003), p. 4.
[443] Morris Hargreaves McIntyre (2005) *The Value of Culture*, Shropshire: Shropshire County Council.
[444] Morris Hargreaves McIntyre (2005), Appendix one.

literature.[445] Cultural planning in essence takes as its starting point that culture is at the heart of economic and social and sustainable development and is not separate from it. Cultural planning advocates a 'bottom up' approach, that is one which starts by mapping the culture of an area covering a wider range of activities than the arts – for example heritage, cultural industries and built environment and, most importantly local customs and ethnic and cultural diversity (although interestingly not sport). One advocate of the cultural planning model, Colin Mercer, argues that in terms of measurement it is necessary to move 'up "the knowledge value chain" from data (statistics) to information (indicators) to knowledge (benchmarks) to wisdom (policy)'.[446] He makes the argument for developing indicators – qualitative and quantitative – which map culture in an area as a starting point for cultural planning.

4.23   This principle is applied by Mercer in work done in Essex for the county council.[447] The most recent report for 2001/2002 builds on work started in 1999 and, it should be noted, is mainly about the arts and does not include sport. Unlike the approach in Shropshire all data gathering is generic to this project and the county has benefited from an on line data gathering system developed by Comedia. As well as capturing the input/output data gathered from organisations, there are questionnaires which include multiple choice and open ended questions targeted at participants and audiences (both distributed at events).

4.24   While this is certainly a more manageable approach than the Shropshire one developed by Morris Hargreaves McIntyre there are still questions to be asked about the interpretation or conclusions to be drawn from the data. For example, the key qualitative indicator is levels of satisfaction which, one might reasonably argue, is not the same as quality of life. The authors of the report recognise that there is still a need for refinement but their critique of their qualitative indicators is that the self-report to open-ended questions may present a problem.[448] It could also be argued that there is not enough self-refection or sufficient effort put in to any attempt to triangulate some of the quantitative data with some qualitative texture. For example, there are some very big changes in the number of people employed in the sector over the two reported periods.[449] At the same time there is also a growth in volunteering but a decrease in the number of hours each person on average volunteered. Are these statistical problems created by the reporting system which will 'iron out' over time? Or is there a shift from paid to voluntary work? Or is there something else going on? A more developed qualitative approach might help to answer these questions.

4.25   However, and more profoundly, it is difficult to see how this methodological approach addresses Michalos' definition of cultural indicators as 'measures of people's beliefs and feelings about the arts' which he regards as part of subjective social indicators and which he contrasts with the kinds of data gathering and analysis found here in the cultural

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[445] Mercer, Colin (2003) *From Indicators to Governance to the Mainstream: Tools for Cultural Policy and Citizenship*. Prepared for *Accounting for Culture: Examining the Building Blocks of Cultural Citizenship* conference, Nottingham: Nottingham Trent University; Mills, Deborah (2003) 'Cultural Planning – Policy Task, Not Tool', *Artwork Magazine* 55.

[446] Mercer (2003), p. 1.

[447] Essex County Council (2003) *Creative Consequences: The Contribution and Impact of the Arts in Essex, 2001/2002*, London: Local Government Association.

[448] Essex County Council (2003), p. 47.

[449] Essex County Council (2003), p 27.

planning approach which he regards as 'objective social indicators'.[450] Nevertheless, the cultural planning model may be seen as a serious attempt to develop a conceptual framework for measuring the role and impact of culture within an area.

4.26   As mentioned in relation to the wider policy literature on quality of life and community development, missing from anywhere in the debate on cultural indicators is the question: what about the quality of the intervention? There is an almost complete absence of debate about the quality of the arts and sport provision – either in terms of facilities or in terms of activities or events, beyond counting numbers of new art works or sports facilities. But, does this matter? We found in some of the academic literature relating to sport debates about the amount of exercise (dosage) required to address issues of psychological well-being (stress, depression, etc). There is also some limited literature about the role of the coach. However, in the policy literature—and certainly in the world of cultural indicators – there is a lack of clarity on the question of quality of cultural or sporting intervention. The quality of the participants' experience will affect outcomes but no studies of impact have addressed this in their research design. There is an assumption that all cultural or sports participation is the same.

4.27   Finally, there is the linked but distinct area of social capital. There is an implication in some of the academic literature that the impact of sport/exercise on an individual's sense of well-being might be in part to do with meeting others in the same condition. The role of sport in building social capital is also referred to in some studies. When we move to the policy literature the idea of social connectedness becomes even more explicit. We were not asked to look at the social capital literature per se but it is one of the 'domains' of quality of life identified in the academic literature and the influential report in the US (which underpins the Silicon Valley work). The Social Capital Community Benchmark Survey makes explicit the link between social connectedness and quality of life. Based on survey work carried out across three years in 40 communities in the US the research concludes that: 'social connectedness is a much stronger predictor of the perceived quality of life in a community than the community's income or educational level.'[451] This research project's finding was that your personal happiness is not directly affected by the affluence of your community but it is quite directly affected by the social connectedness of your community.

4.28   Although this report does point to the role of the arts in strategies for developing greater social connectedness, the two biggest challenges which the research uncovered is the place of 'faith based civic engagement' and 'diversity' – specifically racial diversity as represented by whites, blacks and Hispanics. Admittedly both of these challenges – and the initial research for Putman's book *Bowling Alone; Collapse and Revival of the American Community* – are focused on the US and do suggest a cultural specificity. How far, though, can we draw specific conclusions for the UK from this US based work? Probably not very far. Nevertheless, is there, however, something in the concept of social connectedness which has implications for quality of life? And, if so, is social connectedness always a 'good thing' and does culture or sport always play a positive role? One might question this in relation to divided communities in the west of Scotland and the place of culture and sport in religious bigotry. Yet there is a refrain throughout the literature we have read which touches on this

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[450] Michalos, Alex C (2005) 'Arts and The Quality of Life: an Exploratory Sudy', *Social Indicators Research*, Vol. 71, Nos 1-3, p. 12.
[451] Saguaro Seminar, *Civic Engagement in America* (John F Kennedy School of Government, Harvard University, 1999). Information about the survey is available at http://www.ksg.harvard.edu/saguaro/communitysurvey/

idea of building or connecting communities and impact culture and sport has on (re-)building communities.

4.29   What can we conclude from the literature on cultural indicators? There persists a confusion, also found in the wider policy literature, about definitions: what is quality of life or well-being? Overall there is still the outstanding issue of how to develop indicators which are both meaningful and manageable. If the policy focus is to improve the quality of life at every stage and in every aspect through culture and sport, then a complex set of indicators is required and these can be expensive and difficult. The answer is to address the policy focus – be very clear on policy objectives and carefully consider what indicators suit these – not simply adopt indicators which are easy to measure.

4.30   In the cultural policy literature, we find an approach which *assumes* that culture and sport have a positive impact on an area or city and that cultural vitality is one aspect of quality of life. This 'cultural vitality' is measured by the opportunities for participating and attending cultural events, the development of new work and the level of economic investment etc. This approach is to be found in the US studies and in the work of the New Zealand government.

4.31   In contrast, some of the UK work has focused on *proving* that culture and sport have a positive impact and the measurements flow from that. Conceptually at least, cultural planning appears to bring those two approaches closer together by promoting the view that culture is an aspect of planning which sits alongside economic and social issues. Its (so far) limited application in the UK does suggest a need to develop some key qualitative as well as quantitative indicators – including some means of measuring the quality of the intervention.

CHAPTER 2.5. WHERE DOES THIS TAKE US?

5.1   The Scottish Executive, specifically the Tourism Culture and Sport Group, is striving to achieve a set of indicators which will demonstrate the impact of culture and sport on quality of life and well-being.

5.2   We might start with the question: is this a realistic policy goal? Should government be involved in making us happy and enhancing our quality of life? One could argue that it is *merely* the responsibility of government to ensure a safe, just and fair society, allowing its citizens equal access to adequate services and opportunities, and making difficult decisions about competing priorities. We are not deliberately being mischievous in raising this issue: if, as the academic literature has shown, personality is a key determinant in quality of life, there is a serious question about the proper role of government in this policy area.

5.3   However, having posed that fundamental question, we will move on to address more directly the question asked of us.

5.4   A key impetus for this work is to address the need to demonstrate how far culture and sport address the economic, social (and environmental) priorities of the Executive – in other words, its place in the 'cross cutting agenda'. As we concluded from the literature review the development of cultural indicators of quality of life requires a theory grounded in empirical evidence. All attempts to do so have had to square up to the lack of such evidence, and they have done so in a variety of ways. One option is to try to develop, through intensive qualitative fieldwork over a period of years, the type of empirical evidence required to establish a theory of cultural impact. Another is to use cultural indicators as a research tool, putting forward a model of cultural impact and using a set of cultural indicators to test this out. Or, one can take as a given that culture plays a key role in quality of life, based either on *beliefs*, or on the body of existing research that *suggests* social impacts. For pragmatic reasons, and because the time-scales and budgets of most cultural research are limited, this is the approach adopted by most cultural indicators projects, including the Knight Foundation and Essex and Shropshire county councils.[452]

5.5   The definitions of cultural participation adopted by these indicator studies are either 'top down' or 'bottom up'. Some studies stress the importance of taking a broad, inclusive definition of culture, using qualitative research to explore how specific communities understand and engage with culture and the significance they attach to it. The methodological problems for researching quality of life presented by broad definition are noted in the literature review. So, for pragmatic reasons, some indicator studies have defined culture in a narrower way, to correspond with local authority cultural provision, or attendance and participation at a selected range of arts events.

5.6   Cultural indicator studies also vary in how they define the concept of quality of life with several of the studies focusing on one dimension of quality of life – described variously as social capital/community building/community development. Notably, there is a wide variation in how these studies operationalise and measure this – there is, in short, no common method. In contrast, the work in Shropshire attempts to measure the influence of culture on

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[452] John S and James L Knight Foundation, Princeton Survey Research Associates International, and The Urban Institute (2001) *Listening and Learning: Community Indicator Profiles of Knight Foundation Communities and the Nation,* Miami: John S and James L Knight Foundation; Essex County Council (2003).

each of 10 domains of quality of life at community level, creating very large and complex sets of data.

5.7   There are examples from the US of studies which start from the premise that culture is a vital part of quality of life and that high levels of cultural participation and activity are an indicator, in and of themselves, of quality of life.

5.8   From both the academic literature and the fledgling literature on cultural indicators, we think there are some pointers as to how the development of indicators has to be approached:

Examine the policy goal

   This has to be the starting point. Given the complexity of the subject and, as we pointed out at the very start of this paper, the fact that quality of life is a dynamic and not a fixed concept, it is important to know the policy goal. However, since quality of life/well being is seen to change depending on age and stage of life, there is a real difficulty in applying lessons from one area to the next: this a nightmare scenario for policy making: is there a target group, geographically or by class or race, etc?; is it related to the idea of cultural entitlements perhaps?

Define the domains

   We argue that 'quality of life' is a multi-dimensional concept which encompasses a range of domains – broadly in the areas of social economic and environmental – and that these domains are able to be assessed both objectively and subjectively. The cultural planning model, which demands a 'bottom up' approach to defining the culture of an area, is a useful starting point.   It offers a concept which looks across the policy agenda – embracing the cross-cutting role of culture. However, building on the idea of cultural vitality it might also be useful – and more manageable—to look at the role of culture and sport in one domain and develop measures to assess the impact of culture and sport in this area, for example, in relation to 'social connectedness', where we have seen the role of culture and sport assumed. Alternatively, 'well-being', as a domain of quality of life, is measured in the psychology literature using satisfaction or happiness scales.

Qualitative and Quantitative indicators

   Given the complexity of the concept – and even if the policy decision is to measure only one part of quality of life – then a range of indicators are required underpinned by data gathered by using both qualitative and quantitative research methods. It is also clear that no meaningful impacts will emerge from short term engagement in culture and sport and that there has to be a framework which looks at this issue over a sustained period of time. A key aspect of this work has to be about examining the quality of the input, how far does the quality of the work, activity or facility affect the quality of life?

Area based

   As suggested in a. above, the focus has to be on specific areas of policy priority – but even then the development of indicators to measure impact on quality of life or well-

being become either unmanageable or meaningless when attempting to apply on some kind of supra regional or national level.

Existing and new data sources

Following Schalock's suggestion, there is a need to look at what 'standard instruments' exist which are relevant to culture and sport. There is little in the statutory performance indicators for local government which is relevant. Drawing on consistently gathered data in other surveys (from business surveys to census data) can provide some background statistics but as we have explored both the advantages and disadvantages of large data sets has to be acknowledged. As many have argued, there is a lack of good quality consistently gathered data relating specifically to culture and sport.

CHAPTER 2.6. CONCLUSIONS

6.1   The evidence available from both the academic and policy literature leads to the conclusion that there is no definitive set of indicators which can measure the contribution of culture and sport to quality of life and well-being, regardless of how these terms are defined.

6.2   While the evidence suggests an association between cultural and sports participation and an improved quality of life, there is no evidence of a causal relationship between the two.

6.3   There is, however, the *theoretical* possibility of a link between social connectedness/social inclusion, participation in culture and/or sport and quality of life. And this *could* be measured by drawing on some of the tools from cultural planning, i.e. mapping what exists and charting growth in activity (from the bottom up). It would also be possible to look at some of the wider instruments which chart our lives for government and triangulate that data with surveys of individual levels of satisfaction. Over a period of time it would, therefore, be possible to examine changes in both the individual's own sense of quality of life with a charting of what we are calling 'external life conditions'.

6.4   The difficulty with this approach is that it does not take account of other factors, beyond the cultural/sport intervention, which might affect an individual's quality of life. Neither does it take account of the fact that individuals differ in the importance they place on the various domains of quality of life. Participation in culture or sport may be of great importance to some and yet of negligible importance to others, depending on personal values. Again, this does not mean that the approach is not valid but it does mean that conclusions have to be interpreted with care.

6.5   A linked issue is the question of the quality of the cultural and sport intervention and how far it has a bearing on outcomes. This is discussed only briefly in the sports literature and it was only in the literature on exercise and depression that we found any casual link being made between what we argued could be characterised as sport and quality of life.

6.6   Underpinning any approach to the development of indicators is the issue of the policy goal: why does the public purse fund sports and cultural activity?; and, to what end? There are two approaches in the policy literature we examined. Both assume a positive link between culture and sport and quality of life and well-being, however defined. One approach sets out to prove this link but, as we have shown, this is not easy territory. The other approach works from the assumption that sport and cultural activity in a community is a signifier of quality of life, and sets about measuring its effectiveness. While the latter may not offer the kind of 'evidence base' which is hoped for, it has the advantage of putting culture and sport in the same category as other public sector commitments and suggests a workable framework for evaluation.

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