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*Research Paper*

# Cultural interventions as drivers of well-being in cities

## Insights from Valencia<sup>1</sup>

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### Abstract

*Over the last decade, individual and social well-being gained increasing relevance in public policy discourses and has become increasingly central to shaping urban agendas across Europe. Issues related to citizens' physical and mental health, the social inclusion of vulnerable populations, and the quality and accessibility of public spaces and services have been brought to the forefront. This momentum paves the ground for broadening the perspective on the wellbeing-city nexus beyond the strictly sectoral boundaries in which it had often been confined. As part of this reflection, this study focuses on the role of cultural interventions as drivers of individual and social well-being, exploring their potential to enhance citizens' health and quality of life. Relying on empirical materials collected in the City of Valencia under the umbrella of the MESOC Horizon 2020 Project ([www.mesoc-project.eu](http://www.mesoc-project.eu)), the paper reflects on those factors and dynamics that enabled the generation of well-being-related impacts at the individual, collective and territorial levels. In addition to reflecting on lessons learned from Valencia, the study formulates some hypotheses on the usefulness of the proposed methodology for further research.*

### Keywords

*culture; well-being; social value; Valencia.*

## 1. Introduction and theoretical background

Culture has been widely recognised as an essential vector of change in urban settings. In a broad perspective, cultural activities have been conceptualised as drivers supporting transition toward people and nature-positive futures (Loorbach, 2021), e.g. by challenging dominant logics, but also by providing "individuals with capacities for reflectivity about their own realities" (Tàbara & Ilhan, 2008). The high-level contribution of culture has also been traced back to the enhancement of collective well-being, the betterment of urban environments and the strengthening of social cohesion within local communities (EC, 2018; Sacco & Tavano Blessi, 2009). The increasing focus on culture and the prioritisation of health and well-being in urban policies have also redefined the link between cultural activities and quality-of-life objectives. Calls for well-being and quality of life have been accelerated by the pandemic experience, which prompted urban actors and citizens to rethink the way they live cities, their spaces and services. COVID-19-related confinements and social distancing measures have highlighted the importance of arts

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and culture for people's mental and physical well-being and health (Ascolani et al., 2020; Mak et al., 2021). The transformative potential of cultural policies and interventions is at the core of New European Agenda for Culture (EC, 2018), which identifies them as drivers for the generation of social values for health and well-being. A "well-being turn" is also reflected in the strategic prioritisation of Urban Agendas that, following UN Agenda 2030, identify not only 'good health and well-being as a strategic objective to be pursued at all levels (see SDG 3, in UN, 2015) but recognising well-being and quality of life as cross-cutting objectives.

In this broad framework, *active and passive cultural participation* is held to produce positive effects on people's quality of life, well-being and health - as acknowledged by a vast and growing body of research and experimentation (see Fancourt & Finn, 2019 for further references). Also the results of preliminary activities carried out in the framework of the MESOC Project (e.g., see MESOC 2021) confirm how frequently cultural activities of various sorts have concurred significantly to enhance well-being and social cohesion at multiple levels (MESOC, 2022).

At the individual level, participation in cultural activities not only concurs to the overall improvement of psycho-physical conditions but can also promote subjective wellbeing, enhance psychological capabilities and strengthen motivational processes (Bone & Fancourt, 2022). Whether or not initiatives target specific audiences, benefits are particularly evident for vulnerable social groups, including elderlies, people with physical and mental disabilities, and marginalised social groups (Zhang et al., 2017; Travis et al., 2019). Participation in cultural initiatives can motivate creative pursuits and foster imagination, thus building the capacity to creatively respond to situations of difficulty or hardship. Similarly, evidence also highlights positive effects on the well-being of healthcare practitioners and patients' relatives (Jensen et al., 2018; Hunt et al., 2018). Ad hoc cultural initiatives can also contribute to broadening and improving access to both cultural and healthcare services. Regarding the social dimension, cultural activities can directly affect modes of social interaction and organisation, allowing for the generation of shared reflections and values, ultimately affecting social cohesion and the quality of social relations within local communities. Both the organisation of and participation in cultural initiatives proved to enhance a 'sense of belonging' and ease the emergence of 'communities of practice' (Wenger, 2011) and of scope, sharing similar problems and objectives. Furthermore, cultural initiatives can have relevant spatial effects. In some cases, they contribute to improving physical facilities, e.g., by adopting a well-being-aware approach to the design of public and healthcare spaces (Reay et al., 2016). On other occasions, they concur with developing new healthcare and welfare services targeting vulnerable subjects and social groups. Again, they can affect how local communities conceive, shape and live in public and semi-private urban spaces. Also, they can result in the emergence and spread of innovative cultural and training programmes involving actors from the healthcare and creative sectors, as well as educational bodies and public institutions (Strohbehn et al., 2020). Finally, cultural practices can increase decision-maker awareness of specific needs and gaps, more or less directly contributing to fostering public action and policy change.

Despite the consensus on the multifold benefits of culture and cultural participation, open questions remain about those dynamics that allow this transformative potential to be effectively realized. As part of this reflection, the present study reflects on the following interrogative: What factors influence the ability of cultural actions developed at the urban scale to generate relevant effects in terms of improving individual and collective well-being?

Relying on empirical materials collected under the umbrella of the MESOC Horizon 2020 Project ([www.mesoc-project.eu](http://www.mesoc-project.eu)), the paper reflects on this research question focussing on the City of Valencia. This study draws from structured dialogues with local public actors, cultural operators and healthcare professionals to explore cultural initiatives targeting well-being. After illustrating the main results of the dialogues, the paper discusses place-based and exogenous factors affecting the production of culture-driven impacts related to individual and collective well-being.

## 2. Methodology

The investigation of culture-driven impact generation factors in the city of Valencia is grounded on previous research carried out in the framework of the MESOC Project, which adopted an exploratory, open-ended, process-focused approach (Langley 2013). These preliminary activities consisted in the analysis of cultural initiatives in seven of the Projects' pilot cities (i.e. Valencia, Cluj-Napoca, Milan, Issy-Les-Moulineaux, Rijeka, Barcelona and Athens). Guided by an online survey, local policy-makers and cultural operators were invited to describe a cultural initiative they were actively promoting, and to reflect on the dynamics that enabled or hindered their capacity to produce social impacts in three key areas: health and well-being, urban regeneration and social cohesion. This exploration allowed for the formulation of a first set of analytical reflections that have been shared with stakeholders and validated through focus groups conducted with experts and policy-makers. This exercise finally resulted in the clustering of dynamics affecting culture-driven social impact generation in five broad categories: (i) networks and partnerships, (ii) resources and infrastructures, (iii) norms and regulations, (iv) narratives and discourses; (v) knowledge and abilities. For the sake of clarity, the clusters are summarised in Paragraph 3.1.

This study seeks to move a step forward. On the one hand, it aims at further validating clusters and factors identified in the previous stage through empirical evidence from one case study. On the other, it aims at enriching the list of factors affecting the capacity of cultural actions to promote well-being at the individual, social and spatial levels. To do so, this paper narrows the focus of the analysis both thematically, as it considers one main impact domain, i.e. health and well-being, and geographically - by focussing on the city of Valencia. The Valencian cultural ecosystem is characterised by strong public and private organisations operating in the field of heritage and contemporary art, by a network of public programming with some independent proposals related to the performing arts, and by a dense network of associations linked to music training and performances. The city was selected as it has gone through a protracted process of "re-imageneering" and international repositioning, and because of the increasing attention paid by local actors to culture-driven initiatives targeting well-being, witnessed by a plethora of experiments and pilot projects started in the last years.

Information and data were gathered through dialogues based on semi-structured interviews with 6 among policymakers and cultural operators. The dialogues - 5 in person and 1 online, were organised and carried out from January 2022 to April 2022. Selected interlocutors include: public servants from different Directorates of the Municipality, including the Department for Culture and the Health Department; cultural operators, both public and private; and health and social operators integrating cultural activities in their professional projects (see Table 1). At least 6 initiatives at the crossroads between culture and well-being were explored during the interviews: La Caixa dels Records (Box of Memories), Receta Cultura (Culture Recipe), Museus per la Salut (Museums for Health), La Unió de Quart de Poblet (Artistic-Musical Society of Quart de Poblet), Valencian Federation for senior citizen's cultural programmes, Crónica Médica (Medical Chronicle). The interlocution with the different actors also made it possible to observe what the recurring elements were. The level of recurrence was assessed according to the number of actors who referred to specific dynamics and was classified as 'low' (1-2 references), 'medium' (3-4 references) and 'high' (5-6 references). Notably, the 'recurrence' of specific factors is the result of a semi-structured interlocution with the interviewees and is therefore affected by their perception and experience.

Table 1. Profile of the Interviewees

| CODE   | Main cultural sector       | Role   |
|--------|----------------------------|--|
| VA_PA1 | Heritage                   | Civil servant - Head of Educational Department at a Provincial Museum              |
| VA_CO1 | Heritage                   | Art Therapist  |
| VA_CO2 | Audiovisual and Multimedia | Audiovisual Producer   |
| VA_PA2 | Heritage                   | Former Councillor  |
| VA_PA3 | All cultural sectors       | Secretary-General of Valencian Federation for senior citizens' cultural programmes |
| VA_CO3 | Performing arts            | Social worker  |

The dialogues have been transcribed and translated into English. Successively, a thematic textual analysis has been performed, based on chromatic codes associated with the previously identified clusters. Text excerpts have been systematically reported in a database. On the one hand, they have been used to validate typologies of factors and dynamics already identified in the preliminary phase. On the other, they have been used to map further elements, thus contributing to the iterative enrichment of the analytical categories.

### 3. Results

#### 3.1. Factors affecting impact generation: clusters and factors

As previously mentioned, preliminary research activities carried on 7 European cities under the umbrella of the MESOC Project allowed identifying a first set of factors affecting social impact generation in three key areas: health and well-being, urban regeneration and social cohesion. These factors have been grouped into thematic 5 clusters according to recurrent features and characteristics (see columns B and A in Table 2, respectively). A first set - grouped under the label “networks and partnerships” - consists of dynamics referring to the linking, bonding and bridging role of social capital structures and relations (see Poortinga, 2012). Respondents broadly referred to the role of collaboration in developing cultural actions and in their capacity to produce effects and successfully deploy their measures. Not surprisingly, much emphasis was put on the role of “resources and infrastructures”, with the lack of financial resources being identified as the main obstacle. While references to access to funding may be obvious, respondents recurrently referred to the activation of new material and immaterial resources, e.g. mentioning the use of public spaces, the mobilisation of professional skills and the activation of local communities. A third cluster groups factors related to “norms and regulation”. On the one hand, they refer to the capacity of cultural actions to build on existing norms, also identifying unclear rules and procedures as elements negatively affecting impact generation. On the other, respondents mentioned the capacity of cultural actions to root in urban and health/well-being-related norms and regulations as a relevant success factor. Still, several actors referred to narrative and discursive elements - hence “narrative and discourses” - through which cultural action contributed to signify individual and collective actions. The last cluster labelled “knowledge and abilities” groups factors related to the role of knowledge, experience, skills, information and reflection-related practices in activating culture-driven processes of place-based and behavioural change.

Table 2. Clusters and factors affecting social impact generation

| A - Clusters                         | B - Factors affecting impact generation                       | No. of reports |
|--------------------------------------|---|----------------|
| <b>Networks and partnerships</b>     | Political Recognition and Support                             | 11             |
|                                      | Emergence and consolidation of collaborative schemes          | 28             |
|                                      | Involvement of co-beneficiaries                               | 26             |
|                                      | Involvement of renowned experts or professionals              | 10             |
|                                      | Synergies with other initiatives                              | 15             |
| <b>Resources and infrastructures</b> | Access to financial resources                                 | 22             |
|                                      | Mobilisation of financial resources                           | 13             |
|                                      | Access and activation of spaces and infrastructures           | 21             |
|                                      | Activation of dedicated human capital                         | 15             |
| <b>Norms and regulations</b>         | Building on enabling norms and regulations                    | 22             |
|                                      | Rooting in norms and regulations from the impact domains      | 28             |
| <b>Narratives and discourses</b>     | Establishing synergies with local dynamics and identity       | 17             |
|                                      | Aligning with dominant policy narratives                      | 15             |
|                                      | Aligning with discourses emerging in the impact domain        | 20             |
|                                      | Emphasising innovation and novelty                            | 10             |
|                                      | Capitalising on the image of guest stars                      | 1              |
|                                      | Fostering the emergence of new discourses                     | 11             |
| <b>Knowledge and abilities</b>       | Building on the skills and expertise of involved stakeholders | 11             |
|                                      | Enhancing skills and expertise                                | 23             |
|                                      | Facilitating experience exchange                              | 16             |
|                                      | Supporting shared reflection                                  | 7              |
|                                      | Raising awareness   | 8              |
|                                      | Individual championship                                       | 2              |
|                                      | Facilitating knowledge acquisition and diffusion              | 17             |

### 3.2. Insights from Valencia

The in-depth study of the Valencian case made it possible to identify specific examples for each of the factors previously identified and to identify how recurrent these were (see Tables 3 to 7). This section shortly outlines the main results. Excerpts from the dialogues with local stakeholders are provided for illustrative purposes.

Concerning “networks and partnerships” (see Table 3), the results confirmed the importance of “[...] the collaboration of different actors that put together different competencies and skills from various disciplines” (VA\_PA2). Multidisciplinary cooperation is perceived as more relevant than the direct support

from cultural institutions and the political recognition from public bodies. The interviewees stress the key role of cross-sectoral coordination within the public institutions (e.g. for the alignment of urban agendas, culture-related objectives and healthcare strategies), emphasising the importance of “fluid communication at the municipal level with the Town Council and with the technicians of the different areas” (VA\_CO1). In addition, the involvement of vulnerable target groups, healthcare practitioners and local cultural operators is crucial. The dialogues also underline the activation of synergies with other initiatives from the Valencia cultural and urban ecosystem as a critical enabling factor for social value generation and for the mainstreaming of well-being-related initiatives and practices.

Table 3. Networks and Partnerships

| A - Factors affecting impact generation              | B - Evidences from Valencia  | Recurrence |
|--|--|------------|
| Political Recognition and Support                    | Support from cultural institutions at multiple levels                      | medium     |
|  | Political recognition from public institutions at multiple levels          | medium     |
|  | Support from different typologies of stakeholders                          | high       |
| Emergence and consolidation of collaborative schemes | Cross-sectoral coordination within local public institutions               | medium     |
|  | Emergence or consolidation of private-public partnerships                  | medium     |
|  | Definition of multi-level institutional agreements                         | low        |
|  | Collaboration with local educational bodies                                | low        |
|  | Collaborations with healthcare bodies                                      | high       |
|  | Collaboration with international cultural institutions                     | low        |
|  | Collaboration with High Education Institutions (HEI) and research networks | medium     |
| Involvement of co-beneficiaries                      | Involvement of local cultural operators                                    | high       |
|  | Engagement of neighbourhood organisations                                  | low        |
|  | Active engagement of vulnerable target groups                              | high       |
|  | Active engagement of healthcare practitioners                              | high       |
| Involvement of renowned experts or professionals     | Active engagement of renowned experts or professionals                     | low        |
| Synergies with other initiatives                     | Activation of synergies with other initiatives from the local ecosystem    | medium     |

Regarding the “resources and infrastructures” cluster (see Table 4), access to financial resources was not identified as a relevant obstacle to the development and implementation of actions targeting well-being. Respondents highlighted access to infrastructures and the activation of dedicated working groups as fundamental factors. With respect to the former, it was stressed that “the key element of cultural experiences is [...] space, as space as such can generate a situation or a context in which you can feel better.” (VA\_PA2). Specific references have been made to the availability of public spaces, but also to the activation of “physical spaces for participation” (VA\_PA3), and to the attention paid towards a well-being friendly design of both public spaces and private venues. Regarding the latter, most interviewees referred to the importance of activating dedicated working groups and involving healthcare professionals and practitioners in the design and delivery of cultural activities.

Table 4. Resources and Infrastructures

| A - Factors affecting social impact generation | B - Evidences from Valencia | Recurrence |
|--|-----------------------------|------------|
|--|-----------------------------|------------|

|  |  |        |
|--|--|--------|
| <b>Mobilisation of financial resources</b>                 | Definition of Public-Private Partnerships and sponsorship agreements           | low    |
|  | Activation of broad funding networks   | low    |
|  | Diversification of the funding strategy  | low    |
| <b>Access and activation of spaces and infrastructures</b> | Availability of / Access to public spaces and venues                           | high   |
|  | Availability of / Access to private venues                                     | low    |
|  | Availability of dedicated equipment  | medium |
| <b>Activation of dedicated working groups</b>              | Activation of pre-existing working groups                                      | low    |
|  | Activation of a new dedicated working group                                    | medium |
|  | Activation of professionals and practitioners working on health and well-being | high   |
|  | Involvement of volunteers  | low    |

Regarding “norms and regulations” (Table 5), respondents associated the development of cultural initiatives and their capacity to generate well-being with the presence of agreements and protocols among local institutions, given the almost total absence of dedicated norms at the city level (VA\_PA1, VA\_CO1, VA\_PA2). Also, the capacity of cultural actions to interact and root in the health sector regulation emerged. Besides the introduction of new priorities in the policy agenda, e.g. social inclusion for people with disabilities through music (VA\_CO3), the dialogues highlight the development of new services in the health care sector, for instance, the cultural prescription initiative (VA\_PA1, VA\_PA2) as signals of a growing sensitivity of regulatory frameworks.

**Table 5. Norms and Regulations**

| <b>A - Factors affecting impact generation</b>                  | <b>B - Evidences from Valencia</b>  | <b>Recurrence</b> |
|---|---|-------------------|
| <b>Building on enabling norms and regulations</b>               | Benefit from favourable local policy frameworks                               | high              |
|   | Benefit from enabling norms and regulation from the cultural sector           | medium            |
|   | Benefit from favourable sectoral norms and regulations from healthcare sector | low               |
|   | Alignment with existing policies and planning documents                       | low               |
|   | Benefit from national policies supporting local cultural venues               | low               |
| <b>Rooting in norms and regulations from the impact domains</b> | Contributing to the modification of existing norms and regulations            | low               |
|   | Introduction of innovations in decision-making processes                      | low               |
|   | Inclusion as "best practice" in policy documents                              | low               |
|   | Participation in the co-design of policy recommendations                      | low               |
|   | Introduction of new priorities in the policy agenda                           | medium            |

|  |   |        |
|--|---|--------|
|  | Facilitation of cross-sectoral alignment of policy documents                          | low    |
|  | Contributing to the development of new services                                       | medium |
|  | Formalisation of the role of cultural practices in regulatory and strategic documents | low    |

The dialogues also allowed validating the cluster “narrative and discourses” (Table 6). The development of cultural initiatives and their capacity to support well-being has often been associated with their capacity to resonate with place-specific dynamics and local identity issues. Cultural operators, in particular, highlighted how vital the embedment of multiple points of view was in their experience, and how this was made possible by a gradual process of inclusion of people with different experiences and understanding of health and well-being needs (e.g. musicians, psychologists, member of the city employment centre) in the design of their creative activities (VA\_CO3). Also, it clearly emerged that both the development of well-being-sensitive cultural actions and their practical achievements were strongly affected by the growing attention paid to the role of art in promoting health and well-being in the cultural domain. It was stressed in particular that “museums and cultural foundations have understood that social well-being is an area in which they have to enter” (VA\_PA1), and that “the cultural agents who intervene in the city political action must have a certain perspective on health” (VA\_PA2). While referring to a specific cultural action (i.e. *Museus per la Salut*, Museum for Health), a civil servant working on urban cultural policies stated that it “opened the way to develop future projects that link culture with wellbeing and health” (ibid). In this framework, ‘fear of innovation’ is identified as a key challenge to the emergence of well-being-oriented cultural practices: “sometimes there is a fear of incorporating new things, of changing and innovating practices thinking that they might not work: I think that this attitude is sometimes part of cultural organisations” (VA\_CO3).

Table 6. Narratives and discourses

| A - Factors affecting impact generation                        | B - Evidences from Valencia   | Recurrence |
|--|---|------------|
| Establishing synergies with local dynamics and identity        | Definition of a context-sensitive cultural offer  | medium     |
|  | Efforts to achieve the trust of target populations  | medium     |
|  | Mutuating words, images, and symbols from local communities   | low        |
|  | Using words, images, and symbols that refer to local identity and dynamics  | low        |
|  | Embedment of multiple points of view  | high       |
| Aligning with dominant policy narratives                       | Using words, images, and symbols to strategically align with well-established narratives from the cultural sector   | low        |
|  | Adaptation of high-level principles to context-specific dynamics  | medium     |
| Aligning with discourses from the health and well-being domain | Using words, images, and symbols to strategically align with well-established narratives from the healthcare sector | high       |
|  | Adoption of a holistic approach to healthcare   | medium     |
|  | Prioritization of mental health after COVID-19  | low        |

|  |   |        |
|--|---|--------|
|  | Promotion of active ageing' lifestyle                               | low    |
|  | Adoption of a welcoming and well-being focused design               | low    |
| <b>Emphasising innovation and novelty</b>        | Self-identify as a reference point for target communities           | low    |
|  | Emphasising contributions in terms of social innovation             | low    |
| <b>Fostering the emergence of new discourses</b> | Support to the emergence of new discourses in the local context     | medium |
|  | Support to the emergence of new discourses in the healthcare domain | medium |

Finally, concerning "knowledge and abilities" (Table 7), great importance was attributed to the exchange of knowledge among local actors and on the capacity of a cultural action to support shared reflections, e.g. on social inclusion or on the role of creative practices in the improvement of mental and physical conditions. In some cases, a "diagnostic analysis" of local social needs has been carried out by cultural operators *"to favour the inclusion of certain groups that are a little more vulnerable [... and to] transmit this information to the public administration and to the ones in charge of the design of cultural activities"* (VA\_CO3). Concerning knowledge sharing in the design phase, the interviewees refer to the involvement of experts and practitioners from the healthcare sector (VA\_PA1). Also, they refer to the engagement of actors having different knowledge and expertise, that helped complementing creative mindsets with more *"technical vision in the field of health"* (VA\_PA2). Concerning the individual well-being of specific target groups, interviewees mentioned that this was enabled by their active participation in the cultural experience, but also by their active involvement in the organisation of the initiative itself. Finally, the stratification of cultural experience within the same cultural ecosystem has allowed some niche-experiment to scale out, turning from *"small initiatives" to "more formal and official projects, now freely accessible"* (VA\_CO1).

**Table 7. Knowledge and abilities**

| <b>A - Factors affecting impact generation</b>                       | <b>B - Evidences from the Valencia Experience</b>                               | <b>Recurrence</b> |
|--|---|-------------------|
| <b>Building on the skills and expertise of involved stakeholders</b> | Involvement of experts and practitioners from the healthcare sector             | medium            |
|  | Involvement of cultural operators   | medium            |
|  | Use of local and experiential knowledge   | medium            |
| <b>Enhancing skills and expertise</b>                                | Enhancement of skills in vulnerable target groups                               | medium            |
|  | Enhancement of skills and expertise among healthcare practitioners              | medium            |
|  | Enhancement in skills in early-career artists                                   | medium            |
|  | Enhancement of skills and expertise in participants                             | medium            |
| <b>Facilitating experience exchange</b>                              | Facilitating experience exchange across cultural and medical settings           | medium            |
|  | Facilitating experience exchange among practitioners from the healthcare sector | medium            |

|   |   |        |
|---|---|--------|
|   | Facilitating experience exchange among local stakeholders | high   |
|   | Facilitating experience exchange across contexts          | low    |
| <b>Supporting shared reflection</b>                     | Support to shared reflection on relevant social issues    | high   |
|   | Attention towards personal experiences                    | medium |
| <b>Raising awareness</b>                                | Awareness-rising about relevant societal challenges       | medium |
| <b>Individual championship</b>                          | Pro-active engagement of individual champions             | low    |
| <b>Facilitating knowledge acquisition and diffusion</b> | Establishment of synergies with research activities       | low    |
|   | Collaboration with educational bodies                     | low    |
|   | Building on pre-existing experiences                      | high   |
|   | Taking inspiration from similar experiences               | medium |
|   | Dissemination of project results within existing networks | medium |

#### 4. Discussion and concluding remarks

This study investigates the role of cultural interventions as drivers of individual and social well-being in cities. It draws on empirical materials collected in the City of Valencia through structured dialogues with 6 local public actors, cultural operators, and healthcare professionals. The research allowed (i) validating a previously identified set of factors that the generation of well-being-related impacts and (ii) specifying these analytical categories with examples from the context analysed.

The paper allowed gathering interesting insights about the Valencian experience. Overall, the analysis showed that the selected cultural actions generally succeeded in enhancing the target population's well-being and opened up new forms of experimentation. The focus on processes of impact generation - rather than on the direct effect of specific actions - allowed identifying some fundamental dynamics. The first one consists of the proneness of cultural and city institutions to activate experiments between the healthcare, cultural and urban spheres. This trend can also be identified among actors from the social and healthcare sector, as witnessed, e.g. by the recurrent use of artistic practices as therapies. Here, what is emerging is an integrated approach working on cultural practices to build well-being, social inclusion and health in public space. The second one (confirmed by the importance attributed by most interviewees to the "knowledge and ability" cluster) concerns the capacity of cultural drivers to initiate long-term learning and knowledge generation processes, and to activate cross-fertilisation of competencies and experiences. A third trend concerns the emergence of quality of life as a public discourse in a context that -also under the historical process of re-imagination- is paying increasing attention to the cultural dimension. This narrative has allowed for synergies with local identities and dynamics. In addition, a key role is attributed to "networks and partnerships", and particularly to cross-sectoral cooperation and co-design and collaborative schemes involving both professionals and beneficiaries. Finally, the importance attributed to immaterial resources reveals the extent to which the human and relational factors affect the effectiveness of a cultural initiative and its capacity to resonate in the context. The lesser relevance attributed to the "norms and regulations" cluster can be traced back to the lack of specific norms

facilitating the emergence of a cultural initiative targeting well-being in the Valencian context. More emphasis is instead placed on other types of instruments, with a focus on agreements between public institutions operating in different sectors.

Second, the open-ended outline of the methodology allowed a better understanding of common patterns among initiatives. Also, in line with the research question, it allowed identifying factors and place-specific dynamics affecting the well-being of participants to specific cultural initiatives, but also vulnerable populations more or less directly benefitting from the emergence and operationalisation of cultural actions. Specific dynamics observed in the Valencian context have a punctual value, although their recurrence in the interviews shows their relevance, at least for the analysis of local dynamics. Albeit deriving from a limited number of observations, the results seem to confirm the relevance of the factors identified. The results mainly illustrate the potential of focusing on enabling factors for revealing dynamics affecting the capacity of cultural intervention to support "healthy people" targets related to well-being and quality of life in cities. Concerning the Valencian case study, other exogenous and place-specific dynamics could be identified by enlarging the number and typology of interlocutors. The preliminary taxonomy proposed in this study could be further validated and refined through the analysis of other examples. Overall, the present study provides a first draft of analytical *foci*, potentially facilitating the comparison of different contexts and situations.

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