

***EVALUATION OF THE
'GOOD FOR THE SOUL' PROJECT***

(Participative arts activities for people with mental ill health)

**Report prepared by Esther Salamon for
Teesdale and Wear Valley District Councils**

Evaluation of Good for the Soul

CONTENTS

	Page
1.0 Introduction	3-4
2.0 The brief	4
3.0 Methodology	4-5
4.0 Project profile	5-7
5.0 Innovative features	7-8
6.0 Funding	8
7.0 Management	8-9
8.0 Implementation	9-12
9.0 Targets and measurement	12-13
10.0 Achievements and benefits	13-14
11.0 Recommendations	14-17
12.0 Acknowledgements	18
Appendix 1 Artists' focus group and additional interviews	19-30
Appendix 2 Participants' feedback	31
Appendix 3 Participants' feedback	32
Appendix 4 'Mental Health, Social Inclusion & the Arts'	33-37

Evaluation of Good for the Soul: participative arts activities for people with mental ill health – Final Report

1.0 Introduction

1.1 There is a strong body of research evidence to support the contention that involvement in cultural activities provides health benefits to individuals and the nation.

1.2 A key study by Dr Rosalia Lelchuk Staricoff¹ summarises medical research dating back to 1990. The report reveals that introducing music into waiting rooms reduces stress in patients, visitors and staff, and can diminish aggression against staff and increase visitor perceptions of the quality of service. “Music, singing and dancing all help mental health patients to recall events from their lives. These artforms help them to express themselves and, on a physical level, to increase their range of movement.” The report continues by highlighting the impact of arts and humanities in:

- inducing positive physiological and psychological changes in clinical outcomes
- reducing drug consumption
- shortening length of stay in hospital
- increasing job satisfaction
- promoting better doctor-patient relationships
- improving mental healthcare
- developing health practitioners’ empathy across gender and cultural diversity

1.3 Good for the Soul (GFS) aims to use the arts to deliver health benefits to people who are experiencing mental ill health, are isolated and/or are disenfranchised/excluded from mainstream society.

1.4 A wide range of partners was brought together to deliver the GFS programme², which was part of a wider initiative encompassing fifteen projects in total³.

1.5 Good for the Soul became operational in November 2003. Initial funding, through the Dales Healthy Living Centre and the two District Councils, was agreed until 31 March 2007. During this period it comprised two main elements: (i) *Arts on Referral*, a workshop programme which engaged groups

¹ “Arts in health: a review of the medical literature”, Arts Council England, 2004.

² The steering group, invited by the Arts Development and Cultural Services Departments of Teesdale and Wear Valley District Councils, included the Programme Co-ordinator, the Primary Care Trust (PCT), the Workers’ Educational Association (WEA) and Arts Council England, North East.

³ The fifteen projects that formed the Dales Healthy Living Centre CHOICE Programme, of which GFS was one, was designed to encourage healthier living in Teesdale and Wear Valley.

of individuals with mild to moderate mental ill health, who were aged 18+, in participatory arts activity, and (ii) the *Small Grants Scheme*, an initiative that aimed to provide financial support and self-management opportunities to community groups that were developing arts projects and activities that fell within GFS's priorities.

1.6 By commissioning this external evaluation, the project partners and funders hoped to understand more clearly the contribution the arts can make to⁴:

- Improved mental health
- Community development
- Social inclusion
- Improvements in participants' quality of life
- Stimulating creativity
- The work of non-arts organisations that are placed across the public and voluntary sectors

1.7 The commissioners also believed the evaluation would enable the partners to better understand the impact of working with people with mental health problems on artists' creative practice and professional development.

2.0 The brief

2.1 In September 2004, the consultant was commissioned to evaluate the effectiveness and impact of GFS over three years.

2.2 The purpose of the evaluation was two-fold:

- To assess and document the strength(s) of the programme
- To identify areas that could be improved if future schemes were developed

3.0 Methodology

3.1 This study includes:

- Document review, including documents relating to the origins of GFS, its planning, funding and targets
- Structured and semi-structured interviews with project partners, including the officers responsible for initiating, developing and implementing the programme, the Primary Care Trust (PCT), the Workers Educational Association (WEA) and the funders
- Observation of a selected number of projects in action
- Separate focus groups with participants of the Arts on Referral scheme, recipients of the Small Grants Scheme and artists
- Attendance at steering group meetings, which included the collaborators/partners of the programme
- The production of progress, interim and final reports

⁴ The first four bullet points were seen to be of paramount importance to the two District Councils' corporate priorities during the period (until 2007).

3.2 The progress report, produced in October 2005⁵, was the result of preliminary investigations and highlighted the work that was undertaken between September 2004 and September 2005.

3.3 The interim report, produced in June 2006⁶, documented the outcomes of seven structured and semi-structured interviews with project partners and a workshop/focus group with the artists involved in the programme. It covered the period between September 2004 and November 2005, and included preliminary recommendations.

3.4 This final report, produced in July 2008, covers the period September 2004 until January 2008 and includes the results of two meetings with Stephen Wiper, the Cultural Services Manager of Wear Valley District Council, in January 2008 and in July 2008. Following these meetings, it was agreed that the researcher:

- updates the interim report with summaries of the significant structural, financial and personnel changes that have occurred since its production, i.e. covering the period from November 2005 to January 2008
- provides an overview of the project's current status and development
- summarises key impact studies

4.0 Project profile

4.1 Introduction – As a result of anecdotal evidence gathered from arts projects involving the elderly infirm, disabled people and people with mental health problems⁷, it was thought that a “general improvement in well-being” resulted from participating in arts activities.

4.2 GFS aimed to meet the action targets cited in the national government paper published in the late 1990's, 'Saving Lives: Our Healthier Nation', which stated that: “Mental health is as important to an individual as good physical health. Without good mental health, people can be unable to fulfil their full potential or play an active part in everyday life”⁸. “Creative arts and cultural activity can be enormously valuable in achieving these goals and indeed can succeed where other activities may fail.”⁹

4.3 Subsequent research was undertaken with participants involved in the Dales Locality Cardiac Rehabilitation and the 'Exercise on Prescription'

⁵ The report is available from the Cultural Services Manager at Wear Valley District Council.

⁶ Ibid.

⁷ Anecdotes are quoted in GFS's Project Proposal Proforma of The Dales Locality Healthy Living Centre bid to the New Opportunities Fund, 1998, and include: “I've opened up more about things that upset me”, “It's freed me to use my creative skills again”, “I take more notice of colours and wildlife”.

⁸ Quoted by Rosie Cross, Arts Development Officer for Teesdale District Council in the Council's funding bid, 'Project Proposal Proforma', to The New Opportunities Fund.

⁹ Ibid.

programmes¹⁰, which indicated that arts activities might also provide similar results.

4.4 Background & concept – Built on initial collaborations with the District's Mental Health Team, between 1995 and 1997, Rosie Cross¹¹, the Arts Development Officer¹² for Teesdale District Council until August 2007¹³, began developing an 'art on prescription' and small grants scheme.

4.5 Concurrent to this, David Plews, the former Cultural Services Manager for Wear Valley District Council¹⁴ - succeeded by Stephen Wiper¹⁵ in 2003 - was developing work with the health sector in his District in response to the detrimental long-term health and economic impact of Foot and Mouth disease on the area's disparate and isolated rural communities.

4.6 Both Plews and Cross saw opportunities to contribute to their District's respective Community Strategies, which included the development of healthier communities, narrowing health inequalities, promoting good health and quality of life.

4.7 Three additional factors strengthened the likelihood of a partnership developing – (i) the availability of significant funds being made available by the lottery-supported New Opportunities Fund (NOF), (ii) the local Primary Care Trust's (PCT) catchment area including both Districts and (iii) the development of the Dales' PCT Healthy Living Programme (CHOICE initiative).

¹⁰ Teesdale District Council's Sports Development Officer developed this scheme in 1996. Essentially, the programme encouraged GPs to refer those patients who were overweight, suffered from diabetes or had heart disease to a programme of exercise that was mediated by a sports professional. This scheme has subsequently been replaced with the 'Walking your Way to Health' initiative.

¹¹ Cross was interviewed on four occasions between January and June 2005.

¹² During the period, arts development was situated in the District Council's Community Services Directorate.

¹³ Teesdale District Council's Community Services Directorate underwent a major reorganisation during 2007, resulting in a repositioning of the Arts Development post and Cross being made redundant.

¹⁴ In common with Wear Valley District Council, the Cultural Services Department was situated in the Council's Community Services Directorate.

¹⁵ Wiper was interviewed on three occasions in July 2005.

4.8 Principles and values – Briefly, the main principles and values that informed the design of the *Arts on Referral* scheme included the identification of alternative solutions to pathological responses of those over the age of 18 with mild to moderate mental ill health¹⁶, whilst the *Small Grants Scheme* was targeted at community groups who “cater for ... people who are experiencing or maybe affected by mild to moderate mental health problems”¹⁷.

4.9 The professionally produced, glossy brochures advertising the *Small Grants Scheme* and *Arts on Referral* listed the following benefits - “Good for the Soul projects aim to:

- Increase confidence and self belief
- Develop creativity
- Build skills
- Increase independence
- Raise expectations
- Build self reliance
- Encourage new interests
- Provide stimulation and enjoyment”¹⁸

4.10 The bringing together of a steering group comprising a wide cross-section of agencies - each holding different perspectives, interests and expertise - was seen as a way of ensuring the project gained the active involvement and support from key sectors, i.e. health and adult education. Furthermore, the involvement of health professionals was likely to guarantee that the programme responded appropriately to issues that would arise over the period.

4.11 Interestingly, artists’ needs - both professional and creative - were not prioritised (or mentioned) in funding bids or any literature that was produced during the project’s early development. Cross admits the originators of the scheme had not anticipated artists’ needs, other than their fees, and, subsequently, identified additional sums with which to advertise opportunities, provide training, etc.

5.0 Innovative features

5.1 The managers and co-ordinators of GFS believed the scheme to be unique within the U.K. Whereas there was evidence of a small number of similar schemes, it was thought that none included all of the elements that comprised GFS, i.e. (i) offering taster sessions to enable people to try a variety of artforms, (ii) providing workshops lasting 30 weeks, (iii) encouraging referrals through GPs, mental health professionals and self-referrals, (iv) a

¹⁶ Cross identified rural isolation, learning difficulties and domestic violence, amongst others, as possible causes of mental distress and hoped GFS would attract these groups to the project.

¹⁷ Good for the Soul Small Grants Scheme brochure.

¹⁸ Ibid.

wide cross-section of artists from across art disciplines, including creative writing, drama, ceramics, fine art, textiles.

6.0 Funding: 2003 - 2007 (figures provided to the evaluator in June 2006)

Funding Source	Income: Budget 2003-2007 £
Big Lottery (formerly known as New Opportunities Fund) ¹⁹	97,768
Arts Council England, North East (formerly known as Northern Arts) – from the Regional Arts Lottery programme	15,000
Teesdale District Council	6,000
Wear Valley District Council	6,000
Total	124,768

6.1 Following a meeting with Wiper in January 2008, it was confirmed that:

- An application for continued funding from The Big Lottery had been unsuccessful
- Wear Valley District Council successfully secured additional funding from the Department of Health's "Communities for Health" programme aimed, according to Wiper, at communities with "a poor health record, including high obesity levels and low life expectancy"
- With additional funding from the Department of Health, Good for the Soul would be extended until Spring 2009

6.2 Assets – Wear Valley District Council purchased a laptop, media projector and mobile telephone at the start of the project. As the equipment was purchased with GFS funding, and not directly through the District Council, they are not covered by the Council's IT support service, neither are they insured by them.

6.2.1 In addition to the above assets, a banner advertising GFS has also been purchased.

6.2.2 Wiper confirmed that the GFS steering group would agree the assets' future use(s) if the project comes to an end.

7.0 Management

7.1 Prior to Rosie Cross's, the Arts Development Officer, redundancy the project was jointly managed by Teesdale District Council and Wear Valley District Council's Cultural Services Manager, Stephen Wiper.

¹⁹ The releasing of quarterly grants from NOF was reliant on Wiper submitting claims to the Durham Dales PCT, as managers of the CHOICES project.

7.2 Cross and Wiper believed the strengths of GFS were due to:

- The existence of the steering group and the monthly meetings, which ensured the project was progressing to everyone's satisfaction
- The involvement of diverse organisations. Both Cross and Wiper believed the different skills and expertise each brought to the project enabled GFS to develop into a credible, creative and effective project

7.3 Although found to be useful on occasion, both Wiper and Cross expressed frustration at the amount of time and resources that were needed to administer the scheme, to ensure targets were met and outputs recorded, as required by NOF. In particular, "reconciling existing financial management systems (not readily accessible to Project Co-ordinator/Administrator who work from home) with monitoring mechanisms"²⁰. They believed these diverted the team from the qualitative results/impact of the project.

7.4 Since Autumn 2007, Wiper has had sole responsibility for managing the project, its staff, freelancers and budgets, as well as considering its sustainability.

7.5 *Partnership working* – Although working in partnership is acknowledged to be very time consuming on occasion, both Cross and Wiper believed it to be an exciting way of working and recognised the need to be exceptionally sensitive to a variety of situations and sensibilities.

7.5.1 Furthermore, it was acknowledged that when working in partnership, roles, responsibilities and lines of communication amongst staff, artists, consultants and advisers need to be clearly defined to ensure projects are seen to be of mutual benefit to all of those involved.

8.0 Implementation

8.1 Changes

In addition to the changes highlighted earlier – i.e. Teesdale District Council's Community Services Directorate's re-structuring, which resulted in the elimination of Cross's post and Wiper undertaking sole responsibility for GFS – what follows lists all the changes that have occurred since the project's inception to January 2008.

8.1.1 *Management* – Although appointed in November 2003, Michael Harris, the first co-ordinator of the scheme, was unable to begin developing the project until summer 2004. According to Cross and Wiper, the delay was due to a number of factors, including additional time required to (i) research the project, (ii) establish and develop appropriate systems and protocols, (iii) publicise the project in order to gain momentum, (iv) identify participating groups, (v) recruit artists and (vi) undertake Criminal Records Bureau checks.

²⁰ Difficulties identified by Stephen Wiper in an email dated 20/6/06.

8.1.2 In spring 2005 Harris left to develop his artistic practice. Denise Alexander was appointed in June 2005 and undertook the co-ordination of the project in late autumn. Alexander left to take up another post in mid-January 2008.

8.1.3 According to Wiper (as of January 2008), Wear Valley District Council is currently considering whether to appoint a new co-ordinator on a freelance basis or on a salaried basis.

8.1.4 Stephen Wiper, the Cultural Services Manager for Wear Valley District Council, succeeded David Plews in June 2003. Jointly managed the project with Cross until autumn 2007 when he took sole responsibility.

8.1.5 Individuals undertaking the evaluation of the CHOICE programme on behalf of Northumbria University changed during 2005, from Hilary Snowden to Lesley Geddes.

8.1.6 During 2005, two of the Workers' Educational Association's (WEA) Co-ordinators that were involved with the 'WEA Learning for Mental Health Programme', funded by the CHOICE programme, left the organisation.

8.1.7 *Small Grants Scheme* - In May 2005 the maximum grant available to organisations applying to the Small Grants Fund doubled in value, from £500 to £1,000, in order to encourage more applicants.

8.1.8 *Arts on Referral* – In 2005 a series of 'taster sessions' were introduced that involved a variety of artists from across artform disciplines with the aim of engaging potential participants in the programme.

8.1.9 In order to strengthen the programme and more adequately benefit participants of the Art on Referral scheme, each workshop ran for thirty weeks.

8.1.10 From May 2005, a second thirty-week programme of workshops was developed for those participants interested in continuing to work with artists, thereby deepening their experiences.

8.1.11 *Timescale, delays and extensions* – GFS was initially extended, from March 2006 until March 2007, to make up for several unexpected delays to the start of the project, including:

- Confirming the necessary funds taking longer than anticipated²¹
- Criminal Records Bureau (enhanced) procedures
- Stephen Wiper replacing David Plews at Wear Valley District Council

²¹ In an email to the evaluator Wiper confirmed that funding from the CHOICE programme was delayed.

- The appointment of a co-ordinator and an administrator to develop the scheme (Harris and Alexander)
- The involvement of certain key stakeholders, i.e. mental health teams and GPs in the scheme, taking longer than anticipated
- Difficulties in identifying suitable venues that met the requirements of the artists and their artform and provided the right environment for people with mental health problems²²,
- Engaging and training the artists

8.1.12 In addition to these, Wiper highlighted the financial reasons for the project's initial extension: (i) the monitoring of the project's finances covered the period June – July and did not span a calendar or financial year (ii) the project's underspend in years one (July 2003 – June 2004) and two (July 2004 – June 2005).

8.1.13 With additional funding from the Department of Health, the project is expected to continue until spring 2009.

8.1.14 With funding from the Cultural Sector Development Initiative (CSDI) in 2007/08, GFS has been able to develop a mentoring programme for artists who wish to enhance their professional skills in arts and mental health. Wiper anticipated that the programme would begin during spring 2008.

8.1.15 Website – A firm was commissioned to develop a GFS website, which became operational in January 2006. The intention was to (i) interest those working in the arts and the health sectors, (ii) provide opportunities to publicise GFS to potential participants and collaborators, (iii) provide a platform for work produced by participants, artists and recipients of small grants, (iv) have an interactive website that enables participants and others involved with the project to communicate with each other through a 'blog'. According to the Co-ordinator's reports (Alexander), the website was well-used by intended beneficiaries.

8.1.16 Spin-off activities – A creative writing group continued to meet following participants' involvement in the initial creative writing workshops.

8.2 Legal issues

8.2.1 Cross and Wiper ensured that:

- Issues of child protection, CRB checks, data protection legislation were suitably considered and adhered to
- Confidentiality was respected
- Contracts were agreed and signed with all individuals involved with the project
- For those participants who were self-referrals, 'quality of life' questionnaires were completed, which were used to assess their 'mild to

²² Wiper believed GFS needed to be cogniscent of how a space is perceived by participants and should be independent of venues within the mental health sector.

moderate mental ill health'. The intention was to re-visit the participants once their involvement with the project finished, in order to identify changes in outlook²³. The questionnaires were co-ordinated and interpreted by the GFS Programme Co-ordinator.

9.0 Targets and measurement

9.1 Arts on Referral – Originally, it was anticipated that the project would work with up to sixty people per year²⁴ through the participatory workshops of ten sessions over ten weeks. In the 'Annual Development Plans' for years two (2004/2005) and three (2005/2006), these projections were revised to forty beneficiaries per year²⁵. In the 'Quarterly Monitoring Report' (2004/05) produced for NOF, via Durham Dales PCT (the managers of the Healthy Living Centre CHOICE programme), it was reported that the project exceeded its expectations, and in fact involved forty-eight individuals in the workshops during the first quarter, 4/05-6/05.

9.2 Small Grants Scheme – It was envisaged that approximately sixteen applications would be awarded annually²⁶. This target was subsequently revised²⁷ to eight awards per year. The 'Quarterly Monitoring Report' reported that four grants were awarded during the first quarter, 4/05-6/05.

9.3 Targets

The Project	Projected Figures (2003-2007)	Actual Figures (as of March 2007 ²⁸)
Art on Referral (number of participants)	160, revised from 240	160
Small Grants Scheme (number of grants)	32, revised from 64	16

9.4 During the period September 2004 and November 2005, disappointment was expressed by both Cross and Wiper to the low numbers of participants from Weardale²⁹. Wiper believed that this was largely due to (i) the physical isolation of the area's rural communities and the paucity of available public transportation, (ii) the low level of potential participants' self-confidence, (iii) possible community groups' weak infrastructure and ability to self-manage. Both Wiper and Cross believed the project needed to consider targeting pre-existing, specialist groups, i.e. young mothers, disability fora, etc. as opposed

²³ To the consultant's knowledge, follow-up interviews/questionnaires were not undertaken.

²⁴ In the funding bid to NOF in 2000, this was calculated at 6 workshops per year consisting of 10 sessions each, i.e. 60 sessions per year, attracting up to 10 participants per session. There are no figures to indicate the number of new participants at each session, as opposed to repeat attenders.

²⁵ Calculated at 4 workshops with an average of 10 participants per session.

²⁶ Quoted in the funding bid to NOF in 2000.

²⁷ Note 'Annual Development Plan' 2005/06 produced in December 2005.

²⁸ In January 2008, Wiper confirmed that these were the final figures reported to the Durham Dales Primary Care Trust.

²⁹ As did Michael Harris and Gwyneth Lamb.

to only focussing on individuals which, they maintain, is both difficult and time consuming.

9.5 During the same period the lack of referrals from GPs was also identified by Wiper and Cross as disappointing and resulted in the re-writing of strategies in order to re-dress the situation.

9.6 Cross confirmed that, although the numbers of referrals received during the period from health professionals were lower than anticipated, the numbers of self-referrals were higher than originally estimated due, she believed, to the participation of specialist interest groups.

9.7 Monitoring – During the period, monitoring targets and the project's development were undertaken at regular meetings of the:

- Steering group
- Co-ordinator with the artists and Cross and/or Wiper
- PCT with Wiper and/or Cross

9.8 Although meetings between Cross and Wiper were frequent during GFS's early development, they did not see the need for regular/formal meetings to discuss its progress, other than at steering group meetings and at jointly attended events unconnected to the project.

9.9 Observations - Neither Cross nor Wiper mentioned the need to assess the quality of the art that was being produced or the process of its development. In addition, they did not develop processes to document any changes to participating artists' professional or creative development as a result of the project. However, following the recommendations made by the consultant in her interim report, a successful application to the Cultural Sector Development Initiative (CSDI) resulted in the development of a mentoring programme for artists³⁰.

10.0 Achievements and benefits³¹

10.1 Covering the period September 2004 and November 2005, Cross believed the project enhanced Teesdale District Council's Community Strategy by contributing to the development of good health and peoples' quality of life.

10.2 Furthermore, she presumed that those not directly involved with the arts, i.e. elected officials and local government officers, became familiar with health issues through the project. However, she also believed that following a presentation to the Local Strategic Partnership, officers and officials became more aware of GFS and the potential impact that the arts could have on their constituents with mental health problems.

³⁰ Anticipated to begin in Spring 2008.

³¹ Please also note Appendices 2 and 3, which summarise participants' views of the programme.

10.3 Wiper expressed similar experiences with officers and members of Wear Valley District Council and noted, in particular, that the project's impact and effectiveness and its success at brokering a constructive relationship between the PCT and Teesdale District Council was acknowledged by the relevant bodies.

10.4 Additional benefits of GFS identified by Wiper include the involvement of community groups that the Wear Valley District Council's arts team had hitherto not worked with, such as a multiple sclerosis support group based in Stanhope and a group working with victims of domestic violence in Bishop Auckland.

10.5 In 2006, both Wiper and Cross believed the partnership that developed between the two Districts would continue into the long-term. In 2007, Wiper confirmed that Cross's replacement at Teesdale District Council and he were developing future programmes of work that covered both Districts³².

10.6 Both Wiper and Cross agreed that developing partnerships with the diverse organisations deepened their awareness of other service providers in their respective districts.

10.7 It could be argued that members of the steering group also benefited from their active participation in a project comprising a large cross-section of diverse organisations - adding significant value, new perspectives and insights.

10.8 Furthermore, Wiper and Cross believed that GFS helped identify several issues of interest to Arts Council England, including: (i) the needs of isolated rural communities, (ii) the ability and effectiveness of districts that choose to collaborate.

10.8.1 In addition to this, it can be assumed that Arts Council England will also be interested in the impact of the project (and the new CSDI-funded mentoring programme) on artists' creative and professional practice.

11.0 Recommendations

11.1 Any future development of GFS must acknowledge the impact of County Durham's transition to a unitary authority in April 2009³³, whereby all of the local authority districts will be subsumed within one, Durham County, authority.

³² The imminent dissolution of County Durham's district councils into a County-wide unitary authority in spring 2009 will, undoubtedly, have an impact on future developments.

³³ This follows the recent 2007/08 Local Government Review.

11.2 Although many of the recommendations listed below and overleaf pertain specifically to Good for the Soul, the consultant believes several of the issues identified are relevant to the much wider arts and mental health sector.

11.3 Understanding the impact of similar schemes on participants and artists – (i) In order to understand the impact of GFS (and similar projects) on participants' and artists' creative and professional development, consideration should be given to monitoring their progression – notably, before participation, during participation and after participation in the scheme.

11.3.1 (ii) Furthermore, consideration should also be given to commissioning independent evaluations that are longitudinal in order to better understand the factors that contribute to effective initiatives, provide insight into the nature of change and highlight potential improvements,

11.3.2 (iii) In addition, health professionals should be engaged to undertake the interpretation of the 'quality of life' and other health related answers to questions posed to participants, as they are more experienced in interpreting health data.

11.3.3 (iv) Finally, consideration should be given to collecting additional data, including the numbers of:

- Performance or exhibition days
- New artwork commissioned
- Artists employed/engaged

11.4 In order to maximise the use of resources and expertise, consideration should be given to commissioning a feasibility study into the viability of developing joint 'arts on referral/prescription' and 'exercise/sport on prescription'³⁴ schemes as both initiatives promote the development of positive health through leisure activities.

11.5 Due to the apparent difficulties that the GFS managers experienced in identifying suitable local venues in isolated rural communities, it is suggested that future initiatives that are organised in similar demographic areas need to consider whether to help participants with their transportation and childcare needs, or reconsider the whole notion of 'suitable premises'.

11.6 Lamb's observation on the role of peers should be considered when aiming to involve hard to reach groups and individuals, e.g. through specialised communication networks/channels – "People who are experiencing what I'm experiencing are doing that?"³⁵

11.7 Publicising the schemes to potential participants could be undertaken in partnership with community development officers/neighbourhood development teams, and/or through community networks, all of whom are well placed to work with, and support, community groups and individuals.

³⁴ Note paragraph 4.3 in this report.

³⁵ Quoted by Lamb.

11.8 Consideration should be given to organising comprehensive induction/training to those intending to work on similar projects – including co-ordinators, managers and artists. A diverse group of trainers with expertise in the arts, arts development and health should be engaged to deliver the sessions. Topics could include (i) the impact of the arts on quality of life, health and well-being, (ii) arts development processes and intended outcomes, (iii) the artist's role, skills and needs, (iv) the principles of multi-disciplinary partnerships, (v) the importance of confidentiality, (vi) ethics.

11.9 Due to GPs' reluctance to refer patients to the programme³⁶, GFS (and/or similar programmes) should undertake an investigation into the reasons for their reticence, and consider a long-term strategy to address the obstacles. Developing a training programme specifically designed for GPs should be considered as an option, as should 'promotional days' for GPs and other health professionals.

11.10 As a result of the views expressed by the artists, it is suggested that suitably experienced support workers work alongside the artists during the workshop programme. This would ensure that unexpected medical crises would be dealt with appropriately³⁷.

11.11 GFS (and other similar schemes) should consider involving artists in the presentations it undertakes with health and arts professionals, in particular their views on engaging participants could be of interest.

11.12 It is recommended that opportunities for the artists to meet, exchange information and experiences and/or collaborate be organised during the course of a programme.

11.13 Given the difficulty in evaluating impacts on artists' creative and professional development, consideration should be given to the notion of 'peer reviews'.

11.14 The interim report recommended that consideration be given to pairing emerging artists with experienced artists in order to provide them with opportunities to develop their skills and increase the number of artists in the region who were able to work on similar projects. GFS subsequently developed a mentoring programme with funding from Cultural Skills Development Initiative³⁸. The consultant believes that mentoring opportunities should be made available to artists regularly.

11.15 It seems that projects which aim to involve people with mental health problems in arts activities are marginalised within the arts and the health sectors, partly due (i) to the limited understanding of the role of creativity and

³⁶ Note the points identified by the artists in the Appendix 1.

³⁷ Cross explained that the specialist interest groups involved in the project, i.e. multiple sclerosis and learning difficulties, encouraged their support workers to work with the artists, and that it "made all the difference to have a skilled worker supporting the group".

³⁸ The scheme is due to begin in spring 2008.

culture to health, and (ii) to the cultural sector undervaluing the work, believing it to be worthy but parochial.

11.15.1 In order to ensure that artists of the highest calibre are attracted to working in this sector, and that it is seen to enhance, rather than limit, one's creative practice – *artists need to know it's a proper career option* – cultural organisations and artists need to develop and implement strategies to ensure that the sector gains respect from cultural and health constituencies and develops a higher profile.

11.15.2 Consideration should be given to identifying a 'champion', whose role would be to promote GFS's (and similar schemes') aims, objectives and outcomes, thus alerting health professionals and the general public to its importance.

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APPENDIX 1

Artists' focus group and additional interviews

In order to gain a deeper understanding of the programme, the evaluator facilitated a workshop with artists and arranged a series of interviews with key stakeholders. The results of these investigations are summarised below.

Artists' focus group

In order to understand the strengths and weaknesses of the programme from the participating artists' perspectives, the evaluator organised a focus group in November 2005.

Artists³⁹ were invited to attend a two-hour afternoon meeting to discuss their experiences of the programme and explore the impact of the scheme on their professional/creative lives. Participants were drawn from across the programme⁴⁰ and across art disciplines⁴¹.

The session took the form of open group discussion, with opportunities for individual (confidential/anonymous) responses to questions.

The results

Responses to questions varied; although many had similar experiences, there were also notable differences.

Passages in italics indicate direct quotes from participants.

Meeting aims and objectives

Several of the artists felt they had insufficient understanding of the programme's overall aims and objectives to comment, although a few were aware of the difficulties the Co-ordinator and managers had in attracting sufficient numbers of participants to the programme and persuading GPs to refer patients.

Reasons for becoming involved with GFS + expectations

- GFS appeared to be well-organised and offered good working conditions and *realistic funding (excellent pay)* and support (x2)
- Was an opportunity to combine existing skills, e.g. experience of working in mental health settings, nursing, art and teaching (x2)
- *I liked the idea and ethos of the project* (x2)

³⁹ Alexander invited all of the artists that were, or had been, involved with the programme. All were offered a fee to attend the meeting. Five artists in total participated in the focus group.

⁴⁰ Working across the Dales, including Stanhope, Crook, Barnard Castle, Bishop Auckland and Middleton.

⁴¹ The five participants included fine artists, a writer and drama worker, makers working in ceramics, paper, textiles, glass and mosaics.

- Hoped the programme would contribute to artists' professional and creative development (x2)
- *I am positive and supportive about any scheme which is able to function outside the box of medication as the only aid to mental health. And from another participant – To encourage alternative ways forward for treatment other than drugs*
- Interested in exploring/experiencing the impact that participating in the making of art had on people with mental health problems (x2)
- Enjoyed working with people
- Enjoyed sharing creative skills with others and hope *they get as much satisfaction and pleasure out of creating something that is their own*
- *I felt I had a lot to offer – experience, enthusiasm, ideas, confidence, other links into community life for participants*
- Committed to working locally – *local is best, I know and care about life in the Dales*
- *Nice days out*
- Hoped that participating in the programme would result in *more work in more places with more people*

Were expectations met/satisfied?

Four of the artists expected to get more work from GFS following the initial launch of the scheme than was actually forthcoming.

I expected a bit more focus and direction from the core of the organisation.

Four of the artists were formally interviewed prior to being appointed. However, they felt the process was rushed.

Conversely, there were others who expected to be interviewed but were not. These artists thought they were engaged purely because their skills and experiences were known by the first co-ordinator.

All of the artists commented on the remuneration, believing the fees, the reimbursement of expenses, etc. were commensurate with the work. They felt this was due to the managers of the programme respecting their creativity, skills and expertise.

Although unexpectedly working with two co-ordinators during the programme, resulting in some disruption, all of the artists believed the management of the programme improved over time.

Obstacles

The artists cited the lack of direction at the start of the programme, resulting in a modicum of confusion and lack of clarity regarding targets, aims, objectives and processes.

Several of the artists felt vulnerable whilst working on the scheme, and believed the engagement of a support worker/health professional would have been helpful in dealing with volatile situations.

It was felt by some of the participants that their sessions took place in inappropriate venues with inadequate facilities, thus inhibiting the work and, on occasion, causing disruption.

Strengths of the programme

- The taster sessions, as these provided artists with the opportunity to become familiar with the participants, become acclimatised to the programme, and enabled them to begin developing their workshops from informed perspectives

- Being able to invite groups to *other local events because I am local*
- The project's focus on 'art for arts' sake', as opposed to 'art for therapy's sake'

- *Support worker role was welcome*

- Being able to share creative practice with others
- Being given the opportunity to develop new ideas with groups
- *Welcomed open ended vision of the project*

- The principles and ethos of the scheme
- Being given the appropriate level of remuneration, in particular the fees (including preparation time) and reimbursement of travel

- *The strengths of the scheme ... lies in the communication between artist and client (x2)*

- The availability of new experiences for people with mental health problems
- The collaboration between the two Dales – *blurring geographical and political boundaries are good*
- Being able to work with people in their homes⁴²

Weaknesses of the programme

- Poor management and organisation at the start of the project

- Lack of clarity

- Insufficient information on participating groups prior to the first session

- Feelings of isolation, being *left to get on with it*

- The inappropriateness of some of the venues

- *Overselling the project*

- Occasional communication difficulties between artists and management of venues and between participants and venue managers resulting in *minor problems in running the sessions*

- Lack of adequate support

- Not being given sufficient opportunities to understand the programme's development during the scheme, resulting in some confusion and feelings of exclusion from GFS

- Six-week sessions were too short (for some groups)

- Lack of publicity about the programme

⁴² One artist cited the living room of a Community Home.

The unexpected

Several artists commented on the high quality of artwork produced – from inception to production.

Others felt the weather impacted on their sessions, resulting in very low numbers of participants during poor weather conditions.

All of the artists were pleasantly surprised by the managers' formula that ensured they were paid in the event of a session being cancelled by others (a percentage of their total fee).

Some artists expressed feelings of despondency when participants did not understand the artist's role. It was thought this misunderstanding led to disruptive behaviour, which impacted on the group, dissuading some from returning.

The artists were inspired by participants who initially expressed reservations or indifference to participating in the sessions, but later became involved.

Support

All of the artists believed they would have benefited from more support, (i) particularly at the beginning of the programme, from the Co-ordinator, (ii) from health professionals during the sessions.

In addition, they would have appreciated feedback on (i) how GFS, as a whole, was developing, (ii) the impact of their contribution on stakeholders and, (iii) their workshops.

Finally, they would have benefited from receiving information on participants' medical conditions, symptoms and capabilities prior to the workshops. These would have enabled the artists to develop sessions that were 'client-centred', resulting in a better experience for the participants.

Impact on creative and professional practice

- Provided insights into working with people with mental health problems (x3)
- Refined and developed workshop techniques (x4)
- Developed ways of encouraging participants to try new activities
- Learned new art skills (x2)
- *Found new ways of producing work to enable participants with physical problems to create pieces*
- Working with other art forms has provided new insights
- Provided affirmation that skills were appropriate
- Increased self-confidence
- Re-focussed attention on the importance of succeeding at small things and the *drama* within these, i.e. *walking into a room, sitting on a chair, crumpling a piece of newspaper*

Impact on participants

- *They have surprised themselves and each other by actually getting up and doing things*
- Learned new skills (x3)
- They have had fun, laughed, smiled and relaxed (x3)
- Increased their self-confidence/self-esteem (x2)
- Increased levels of concentration
- Were given the opportunity to creatively express ideas and feelings, both verbally and non-verbally, thus increasing their communication skills. (x2)
- Developed greater commitment⁴³
- Provided opportunities for social interaction, meeting new people and developing friendships (x3)
- Achieved satisfaction by producing *tangible end products* (x2)
- Provided a distraction from personal problems

Suggested improvements

- *Be more flexible and visionary about how sessions could take place, e.g. a weekend course, whole days, a holiday project, a month of Sundays, etc.* (although quoted, this suggestion was mirrored by three artists)
- Be flexible by extending the duration of each workshop, as appropriate (x2)
- Increase the number of workshops per project (x2)
- Produce a newsletter and/or organise fora aimed at participants and artists (together and/or separately) in order to exchange information, provide updates on the programme, highlight achievements, etc. (x4)
- Publicise the programme and the artwork
- Organise training for the artists
- Organise cross-artform fora to encourage collaborations between the artists (x4)
- Provide experienced support workers for participants
- Provide greater opportunities for participants to engage with GFS. This would provide them with new experiences, could create progression routes, etc. (x3)
- Enable and encourage participants to attend performances, exhibitions, readings, etc. that are produced by others involved with GFS (x3)
- Organise a platform for the showing of all of the work that has been produced
- Re-consider the most appropriate method to evaluate the sessions

Continuing GFS

The artists unanimously believed the programme should continue – projects that offer positive, creative and imaginative opportunities to people is worthy of support.

Other points

The artists believed that participants attended sessions for three main reasons – (i) they give people the opportunity to socialise in a non-threatening

⁴³ One artist observed participants taking work home to complete.

environment⁴⁴, (ii) they provide participants with an opportunity to meet and work with artists, (iii) they give people the chance to express themselves creatively and produce artwork.

One artist observed that some of the participants in her sessions became so interested in the arts that they developed the self-confidence to travel a considerable distance to see an exhibition.

The artists thought that patients were not being referred to the scheme by GPs because (i) of a lack of publicity and understanding, (ii) participating in the arts is seen as an unconventional approach to treating mental ill health, (iii) of a fear of litigation⁴⁵.

Individual interviews

Interview with Steve Chettle⁴⁶, GFS Project Co-ordinator (2003 – 2004), Arts UK

From January 2003 until summer 2004 Chettle was expected to (i) devise the Co-ordinator's brief, provide advice on recruitment and support the successful candidate, (ii) "research, devise and operate a responsive small arts grants scheme"⁴⁷, (iii) establish a GP referral scheme, (iv) "develop protocols for the engagement of clients"⁴⁸, paying particular attention to ethical matters, (v) establish "informal support networks"⁴⁹ for participants of the programme, (v) organise training for the Co-ordinator and participating artists in the programme.

Expectations - Chettle believed that GFS was an innovative "groundbreaking" project that would benefit the northern region. He thought it could be "socially important, with the potential to make a difference to how people lead their lives".

The unexpected – He thought that working with Harris was "a life enhancing experience" and enjoyed exploring solutions to the challenges they faced in designing the structures and delivering the projects.

⁴⁴ It could be argued that those who feel vulnerable even in such environments were, in effect, excluded from participating in GFS.

⁴⁵ One of the artists referred to the "dramatic" improvement in the mental health of one of her self-referred participants due, it was alleged, to participating in the programme. The improvement was so marked, apparently, that the GP withdrew the patient's medication. Although willing to attribute the improvement to involvement in the scheme, the GP was not prepared to refer patients to the programme.

⁴⁶ Interviewed in January 2005.

⁴⁷ Quoted from the 'Project Manager's Brief', December 2002.

⁴⁸ Ibid.

⁴⁹ Ibid.

Although expecting to have regular meetings, i.e. monthly, with the initiators/managers of GFS, Chettle often felt isolated. However, he was grateful for the steering group's confidence in his abilities and aptitude for working on his own initiative, but would have appreciated more opportunities to discuss the project and receive feedback.

Chettle also mentioned the unanticipated time gap between the project starting and the appointment of Harris. However, the extension of his contract provided him with the opportunity to expand his research, knowledge and networks within the mental health sector.

Although David Plews resigned from his post during the project's development, Chettle believes this did not adversely affect the initiative.

On collaboration – Chettle enjoyed collaborating with the diverse organisations involved with the project and believes all of the partners to be committed and enthusiastic about the programme. Furthermore, he feels he has benefited from the different perspectives, experiences and skills each brought to the initiative.

Speaking generally, Chettle believes that when working with a variety of organisations, each with their different agendas, clarity and perimeters need to be negotiated and understood by all of those involved, including the roles of “the structural partner, the applicant and the delivery partner”.

Obstacles – Although not experiencing any obstacles, Chettle believes some momentum was lost due to the delay in Harris's appointment.

Impact – Involvement with GFS has enhanced Chettle's understanding of mental health issues and the role the arts can play in peoples' lives.

He believes the project is contributing to Harris's personal and professional development

Finally, Chettle was inspired by the dedication of health care professionals to those in their care.

On success – Chettle believes GFS will have been successful if:

- It meets its objectives
- It attracts people to the workshops
- Participants believe the experience to have been beneficial

Interview with Michael Harris⁵⁰, first Co-ordinator (2003 – 2005)

Harris was attracted to the project for a variety of factors, notably for the opportunity (i) to be self-directed, an experience he relished after spending

⁵⁰ Interviewed in October and November 2004.

twenty-seven years as head teacher of a school for children aged under 11, (ii) to focus his attention on developing his interest in art.

Although not having direct experience of (i) working within the mental health sector, (ii) working with people aged 18+, (iii) arts development, he believed his extensive experience in formal education equipped him with the necessary skills required by GFS - in particular, working with children⁵¹, and parents on occasion, with emotional difficulties.

Expectations – As he believed the project to be a unique initiative, Harris expected it to be intellectually challenging, able to provide him with new experiences, new skills and networks – being taken “out of my comfort zone”.

Harris hoped that by the end of the programme the project would have left a legacy, notably (i) recognition by both the health⁵² and the arts sectors of arts' impact on people with mental health problems, (ii) succeeding in combating the impact of rural (and individual) isolation, (iii) becoming sustainable in the long-term – for example, financially independent of lottery and other grant funding, possibly through the continued support of the statutory sector.

Support – Although accountable to Wiper, Harris also believed he had a responsibility to the GFS steering group. During his tenure, he felt very supported by all of those involved with the project and, although engaged on a freelance basis from his home, never felt isolated.

The unexpected – Harris was surprised by the low uptake from Weardale - “it feels a bit secretive and people are hard to reach”.

On collaboration – Harris has “had to learn new languages” in order to communicate with the variety of agencies involved with the project, including health (both patients and health professionals), local government officers and artists.

Obstacles – Harris commented on the increasing amount of paperwork that was required of him, believing the bureaucracy hindered the development of the initiative by deflecting his time and energy.

Attracting sufficient numbers of participants from Wear Valley was proving to be a considerable obstacle to delivering the project.

Impact – Harris has found the project exciting, stimulating and creative - “a superb experience” - and has appreciated the freedom he has been given by the managers of the project and the steering group.

⁵¹ Harris believed that at any given time 20% of his pupils exhibited behavioural or emotional difficulties.

⁵² Harris cited GPs, community psychiatric nurses, consultants, social workers and health visitors as examples.

On success – Harris believes the project is successful due to:

- The nature and depth of discussion between participants and artists during the workshops
- The enthusiasm expressed by participants, quoting one person as saying, “I’ve never done anything like this before”
- The personal/individual change during the workshops, e.g. noticeable increases in self-esteem and self-confidence
- People from isolated rural communities socialising and sharing their creative/artistic work with others⁵³
- Participants not “wallowing in self...”
- A GFS principle – “is not writing therapy, but it is therapeutic”
- An overheard remark, “Makes you forget your problems”
- The signposting of artistic/creative opportunities and outlets for those participants wishing to continue developing their practice, e.g. (i) local colleges, (ii) enterprise units, (iii) The Open University, (iv) the Open College for the Arts
- Awarding completion certificates to participants
- The “end products” and celebrations marking the culmination of a series of workshops - for example, CDs, anthologies, exhibitions, performances, etc.

Interview with Gwyneth Lamb⁵⁴, Development Manager (Mental Health), Workers Educational Association (WEA)

Cross invited Lamb to join the steering group following a collaboration between the two in 1998, while Lamb was working with County Durham and Darlington Priority Services NHS Trust. Prior to this appointment, she had had several years’ experience in the arts and health sector and strongly believed in arts’ impact on people with mental health problems.

Lamb was interested in the project due to its ambitions, most notably its desire to motivate people who are in crisis to participate in activities voluntarily.

The unexpected – Lamb was surprised by a certain lack of understanding amongst the arts sector about critical issues of concern to the mental health sector - including “ethical” issues, mobility needs, self-confidence levels and their manifestations, etc.

Other unanticipated concerns include: (i) “there’s nowhere for participants to go after the project. There’s no progression route”. Although she expected participants to undertake WEA courses following their involvement with GFS, this has not happened, (ii) the perception that the project was raising expectations it could not adequately and comprehensively address, (iii) a lack

⁵³ Harris thought the provision of refreshments and a comfortable environment “extended the social day for participants”.

⁵⁴ Interviewed in May 2005.

of clarity as to who the project was targeting, believing there to be a great deal of uncertainty and confusion, (iv) the low numbers of participants from Wear Valley⁵⁵, (v) the apparent lack of emphasis by the project on artists' creative development.

However, the numbers of people who were showing an interest in and becoming involved with the project, and their willingness to travel to workshops pleasantly surprised her.

On collaboration – Lamb believes she has benefited from working with the diverse organisations involved with GFS, as it has highlighted different approaches to the same project, contributing a valuable breadth of perspectives.

She feels there is good communication between all of the partners, believing everyone holds the same objectives. Furthermore, she believes the supportive environment is conducive to the partners being able to ask for clarification and advise without being made to feel inadequate or vulnerable.

Due to her experience in both the arts and mental health sectors, Lamb believes she has often undertaken the role of broker or interpreter during the project, roles she was willing to undertake.

Generally speaking, Lamb believed several considerations needed to be borne in mind when entering into partnerships, such as: (i) projects need to be undertaken from informed, “un-fuzzy”, positions. She was concerned that specialist organisations/professionals were increasingly becoming involved in areas they had limited expertise⁵⁶, which often affected the quality of the work, (ii) the fruitful, but time-consuming, experience working in partnership with diverse organisations can be.

On obstacles – Lamb believes that the lack of participants from Weardale is becoming an issue to all of the projects in the CHOICE initiative, which could be an obstacle to delivering the scheme's stated objectives.

On success – GFS will have been successful if participants:

- Interacted positively with each other
- Gained social skills
- Had a good time
- Increased in self-confidence and self-esteem
- Increasingly considered new horizons and aspirations
- Continued engaging with the arts
- Have “moved on”, in particular Lamb would like to know where they went and how they got there. She has observed that people with mental health

⁵⁵ Lamb confirmed the WEA also found it more difficult involving people from Wear Valley as compared to other districts.

⁵⁶ Lamb highlighted two examples, (i) the health sector becoming involved with community development and (ii) the PCT becoming involved with housing issues alongside tenants.

problems “get stuck, and it isn’t a nice/good place to be”. The challenge, she believes, is for people to get “unstuck”.

Final point - Lamb highlighted the influence of peers in attracting new participants into the programme, and believes the organisers should capitalise on the often-heard sentiment - “People who are experiencing what I’m experiencing are doing that?”

Interview with Pat Rich⁵⁷, Mental Health Services Development Worker, Durham Dales NHS Primary Care Trust (PCT)

As a representative of the PCT, Rich became involved with the GFS steering group in September 2003, as “the project was coming into fruition”. Although “inheriting” the project as part of her new job, she was interested in the initiative having had previous arts development and mental health experience⁵⁸.

Expectations – Rich expected there to have been formal structures in place that were aimed at involving GPs in the scheme.

She hopes GFS becomes sustainable in the long-term and, ideally, mainstreamed by the PCT. However, Rich believes (i) GFS needs to measure and understand the impact of the programme on participants, (ii) the project needs to gain the support of GPs.

The unexpected – Rich was gratified to know Harris succeeded in gaining the agreement to install a potter’s wheel (and a potter, Harris) in a GP’s waiting room.

She expressed surprise to learn that GFS and the CHOICE initiative were being evaluated separately.

On collaboration – Rich explained that it is the norm for the NHS to collaborate with others within the sector, but that it is unusual for the arts to become involved.

Rich is convinced that the development of effective partnerships plays a crucial role in delivering successful services in the mental health sector. She believes projects, and the individuals involved in those projects, can benefit from a variety of perspectives, skills and experiences. For example, her understanding of community development has been enriched by the perspectives provided by Cross. Similarly, notions of education have been enhanced through Harris’s involvement.

⁵⁷ Interviewed in May 2005.

⁵⁸ Having collaborated with David Plews, former Arts Development Officer for Wear Valley District Council, and Frieda Diplock, Community Development Programme Manager for the Healthy Living Centre (PCT).

Rich is of the opinion that ignorance of an organisation's remit, aims and objectives can lead to mistrusting the organisation's motives, resulting in defensiveness, cynicism and negativity. Training could ameliorate the situation.

Obstacles – Rich identified four challenges facing the project: (i) the impending restructuring of PCTs, which could see GPs managing all of their services (including the arts), (ii) Harris leaving, (iii) the “blank looks” when GFS is referred to at meetings⁵⁹, (iv) devising strong monitoring systems to evaluate the project's impact on participants.

Impact – Rich explained that the project “makes me smile”.

She believes good health “is about more than what doctors do”, and is convinced that GFS is making a demonstrable impact on the participants and groups that are involved with both the Arts on Referral project and the Small Grants Scheme.

Success – Rich believes GFS will have been successful if:

- The services become mainstreamed
- GPs become confident and able to prescribe suitable treatment plans for their patients, e.g. ones that do not involve medication
- People with mental health problems understand the relevance of GFS and refer themselves to the project

Interview with Hilary Snowden⁶⁰, independent evaluator of the Dales PCT Healthy Living Programme (CHOICE initiative) (2003 – 2005), Northumbria University

In 2003 the Primary Care Trust commissioned the University to evaluate the NOF-funded projects involved in the CHOICE initiative.

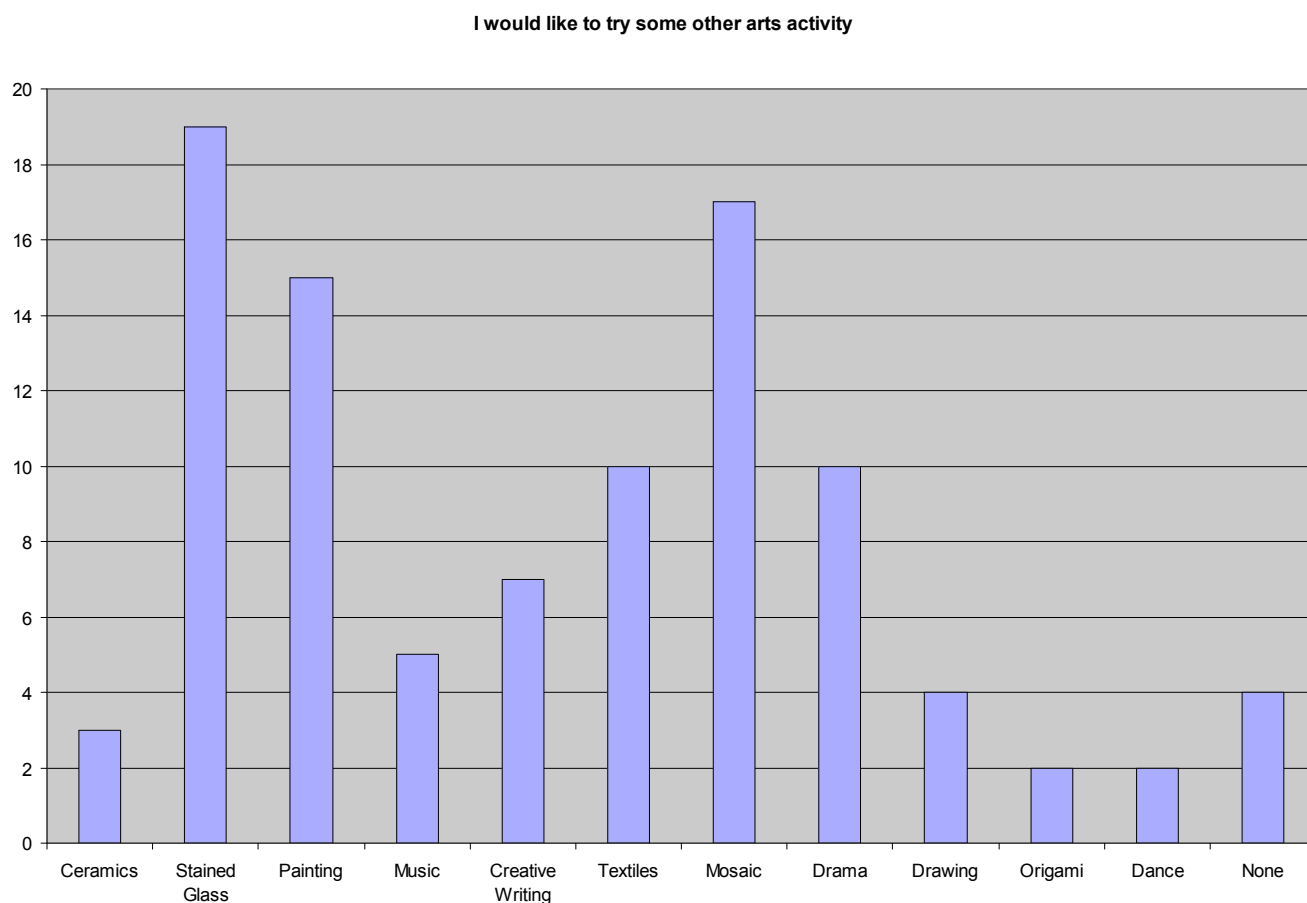
Snowden explained the research team are exploring the effectiveness of partnership working in achieving the scheme's stated aims. The team are particularly interested in understanding, (i) who were participating in the schemes, i.e. whether the design of the schemes attracted the self-confident as opposed to those less confident, (ii) how the schemes were reaching the excluded, the isolated and those requiring more support, (iii) the impact of the programme on the host organisations, (iv) the impact of the programme on participants' mental health, (v) the host organisations' long-term strategies, i.e. whether any of the projects are able to sustain themselves once the grant-funded period comes to an end, (vi) the impact of any local and/or national elections on the programmes' policies and strategies.

⁵⁹ Rich believed that one of the main challenges facing GFS is ensuring the health sector understands its benefits.

⁶⁰ Interviewed in October 2004.

APPENDIX 2 – Participants' Feedback

Participants in Good for the Soul workshops were asked to complete forms identifying which new (to them) arts activities they would be interested in developing in future.



APPENDIX 3 – Participants' feedback

General comments: 2005 - 2007

Crook Cricket Club

- I am enjoying exploring all the aspects of the textile class
- I am thoroughly enjoying everything I am doing so I am happy sticking with it

Carers Centre

- Enjoy the workshops thoroughly. Hope there's going to be a lot more in the future
- I appreciate the staff, they are very helpful
- Not had a chance to do things like this before & have enjoyed the chance very much

Creative Writing Group

- I really appreciate the concept of Good for the Soul for those of us with mental health problems. I feel creativity is a vital part of recovery

Four Clocks

- I have found this course very relaxing & helpful both for myself & colleagues
- The tutor has been excellent, & has prepared the classes well, it's been a very creative class

Crook Drop-In

- Artist very helpful would work with him again
- I've always enjoyed art as I've always loved to be a fashion designer in the future

Session unspecified

- As you may have gathered from the above I have really enjoyed the opportunity to come to this class
- A truly excellent course with a superb teacher
- very very enjoyable

APPENDIX 4

A summary of *Mental Health, Social Inclusion & Arts: developing the evidence base*. Anglia Ruskin University & University of Central Lancashire (2007)

Introduction

This two-year nationwide study commissioned by the Dept. of Culture Media and Sport and the Dept. of Health followed publication of the report *Mental Health and Social Exclusion* by the Social Exclusion Unit (2004).

The aims of the study were to identify appropriate indicators and measures of mental health and social inclusion outcomes, and to develop and implement an evaluation framework based on those indicators and measures.

The study focused on participatory arts projects in England for people aged 16 to 65 with mental health needs and did not therefore include the specific discipline of art therapy. The study comprised:

1. A survey of arts and mental health projects in England to ascertain the scale and scope of participatory work and explore current approaches to evaluation
2. Development of indicators and measures to use within an evaluation framework
3. Implementation of the evaluation framework in an outcomes study measuring levels of mental health and social inclusion amongst arts project participants at the beginning of their involvement with their project (baseline) and six months later (follow-up)
4. Qualitative case studies with workers and participants at six projects aimed at exploring how and in what contexts arts participation benefits people with mental health needs

Survey of arts and mental health projects

A survey questionnaire was distributed to around 230 projects and 116 responses were received, 102 of which were from projects whose work was considered relevant to the research. These returns provided an overview of an increasingly diverse field and assisted the development of baseline indicators.

Development of indicators and outcome measures

Indicators of improved mental health were identified as increased levels of mental wellbeing, decreased mental distress, reduced levels of primary and secondary care service use, and reduced medication.

Indicators of increased social inclusion were higher levels of social contact likely to build bonding and bridging social capital, reduced levels of perceived stigma and discrimination, and higher levels of engagement in employment and education.

Final Report

The 'distance travelled' indicators which were proposed as a measure of empowerment included increased levels of confidence and self esteem, enjoyment of arts participation, learning/skills gained, and pride in work produced.

Two published measures for some mental health and 'distance travelled' indicators were identified: the Clinical Outcomes in Routine Evaluation (CORE) measure of mental health, which can be downloaded from www.coreims.co.uk, and the study's own designed measure of empowerment that included self worth and other relevant scales.

Participants were asked to describe their mental health difficulties in their own words.

Baseline study

Analysis of 88 questionnaires indicated that:

1. Participants identified as frequent and regular service users had lower levels of empowerment, mental health and social inclusion than other participants.
2. Participants living with other people had higher levels of empowerment, mental health and social inclusion than people who were living alone.
3. Participants who were occupationally active (doing paid and/or voluntary work) had higher levels of empowerment and mental health than those who were not occupationally active. They also had better social relations scores, one of the three aspects of social inclusion measured.
4. Although there were few differences on individual scales included in the measures, there were no major differences relating to sex, ethnicity, education or type of mental health difficulty.

Follow up outcomes study

Mean scores improved significantly across the whole sample [sixty one responses] on the empowerment measure as a whole and on individual scales measuring self-efficacy and positive outlook. Improvements in self worth scores were also close to statistical significance. Improvements for risk to self or others and life functioning were close to significance and could be important. The proportion of participants scoring above the cut off point for clinical significance on the overall measure decreased significantly, from 63% at baseline to 50% at follow up.

Case Studies

There were qualitative case studies of six diverse arts and mental health projects. Workshops were held with project workers followed by individual interviews with project participants. Analysis of 34 individual interviews revealed a total of eight processes that were associated with a range of primary and secondary outcomes relating to three key aims identified at the project workshops: improving mental wellbeing, decreasing mental distress and reducing social exclusion.

Three processes were important for most participants at all six projects:

Final Report

1. Getting motivated inspired hope and reduced inactivity and so improved mental wellbeing and decreased mental distress.
2. Focusing on art provided relaxation and distraction, which again resulted in improved mental wellbeing and decreased mental distress.
3. Connecting with others in a supportive environment decreased social isolation and increased confidence to relate to others, thus combating social exclusion and mental distress.

A further three processes were important at some but not all projects:

1. Self-expression promoted catharsis and self-acceptance, and provided alternative ways of coping – benefits that decreased mental distress and reduced social exclusion.
2. Connecting with abilities gave a sense of pride and achievement, which improved mental health/wellbeing.
3. Having time out helped alleviate worry and responsibilities, thus decreasing mental distress.

Two processes were important for some participants in all projects:

1. Rebuilding identities was associated with increased self belief, external validation and moving beyond a service user identity, thus combating social exclusion and mental distress.
2. Expanding horizons led to wider aspirations and opportunities and to enhanced self-esteem, resulting in reduced social exclusion and improved mental wellbeing.

A conclusion of the case studies is that arts provision for people with mental health needs is not a case of 'one size fits all' and this need to be taken into account when designing projects.

Six projects were chosen to reflect a diverse range in terms of location, target group and working methods. The researchers based the case studies on a 'theory of change' approach to project evaluation. This can be described as developing theory to explain how initiatives work through a systematic and cumulative study of the links between activities, outcomes and contexts (Weiss 1995). The study developed ways of explaining how projects benefited participants by looking at the ways in which participants themselves described these changes. Processes were viewed as the different means through which participants were able to use the opportunities to engage in arts activities provided by the projects to achieve change.

The study assessed importance to participants in terms of:

- The vividness of their description of different processes, since the more vivid and animated the participant became while discussing a process the more likely it was of specific importance to them
- The extent to which participants specifically linked individual processes to benefits

There was substantial evidence that the creative opportunities provided for participants increased motivation. The outcomes described by the majority of participants related to mental wellbeing and many also described outcomes

associated with decreasing mental distress. Participants linked increased motivation to developing inspiration and pride in their artwork. This seemed to give a renewed sense of purpose and meaning in their lives.

There was substantial evidence that in attending arts projects, participants were able to develop a focus on arts activity and that this has had a range of mental health benefits. Being able to concentrate on something outside of themselves enhanced their ability to relax and provided them with a way of dealing with, or a distraction from, their mental health difficulties. By focusing this way they found ways to alleviate some of the emotions associated with their difficulties, thereby decreasing distress and promoting wellbeing. A few of the participants across different projects described how concentrating on art helped reduced the distressing impact of voices or visions. A number of participants also reported that their focus on art had a positive impact in relation to their self-harm.

In relation to enhancing mental wellbeing, a number of participants reported that focusing on art could result in improved concentration and kept their minds active, qualities often adversely affected by mental health problems and the use of medication. There was considerable evidence that projects enabled participants to connect with others and this stimulated social interaction, which in turn decreased social isolation and increased confidence. It was difficult to discern the extent to which these benefits could be specifically attributed to arts participation but there was evidence that participants were able to use art as a way to facilitate communication.

For many participants, art provided a means of self-expression which could alleviate mental distress. Self-expression seemed to be particularly beneficial for individuals who were experiencing complex mental health issues and especially people who self harmed. For these participants, the self-expression facilitated by their arts projects was in sharp contrast to experiences of repression or feeling controlled by others. There was "clear evidence" that the self-expression afforded by art enabled them to re-channel emotions associated with their mental health difficulties and evolve a different relationship with feelings or memories that could make these more bearable. A further important facet of art as self-expression was that it enabled participants to begin to discover and accept themselves for who they were and connect with others by making themselves and their experiences visible.

Eight participants described how producing works of art had contributed to a new or alternative sense of themselves as artists, challenging their identity as defined by their mental ill-health. These participants tended to be people who were long term service users with a range of complex and serious mental health difficulties. They usually had a previous interest and involvement in art and through participation were able to return to those interests and make them central to their sense of self.

The qualitative case studies conclude that it is not meaningful to attempt to measure only changes in medication and levels of service use, but the contribution of arts participation to 'recovery' is also worth pursuing. It is argued that arts should not be reduced to just individual psychological and

Final Report

therapeutic benefits, as user-led notions of recovery place the activity in a social rather than medical model. The focus should not necessarily be all about medication, symptoms and services post-discharge but about individuals beginning able to live the kind of lives they want to live. Key common themes in recovery include:

- Finding hope, meaning, purpose and value
- Finding new coping mechanisms
- Developing new identities within and beyond mental health.

It is precisely these aspects that arts in mental health projects seem to do best, yet these are particularly hard to standardise and measure.