NHS Bristol
Arts on Referral Scheme
For Inner City Bristol
Evaluation Report
2011
Report authored by:

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With an introduction from Louisa Newman, Artshine Project Manager

And thanks to;

David Thomas, Public Health Analyst and Kate Burn, Artshine Administrator,

Avon Primary Care Research Network for their support throughout the evaluation process,

…and to the lead artists, participants and health professionals for all their contributions.
All images are reproduced with permission and show Artshine workshops in progress or original artwork by participants.
Executive Summary by Emily Van de Venter

This report presents a year 1 evaluation of Artshine, an Arts on Referral scheme with inner city practices for people with mild to moderate mental health conditions. The primary aim of Artshine is to improve participant well-being. Participant well-being was measured in ‘before’ and ‘after’ questionnaires which included the 14 questions of the Warwick Edinburgh Mental Well-Being Scale (WEMWBS). Participants’ views were also gathered through 4 case studies, a focus group and during participation in the art groups by the evaluation team. Interviews with the artists and health professionals also gave insight into the experience of those involved in Artshine.

WEMWBS scores showed a significant improvement for participants who had attended 10 or more Artshine sessions compared to their baseline scores (students T-test, P=0.02). Participant questionnaires show participants highly rated the activities, venues and lead artists and felt that their mood and confidence had improved. Most also agreed they have found a new hobby and intend to continue with their creative activities following completion of Artshine.

Qualitative findings based on quotes and case studies show participants enjoy attending Artshine. Some have enjoyed discovering their creative side and others feel they have had the opportunity to reignite their creativity. Many participants continue with their creative activities outside of the groups, this may be completing projects or trying the techniques at home or gathering photos and inspiration for their next project.

Participants treat the groups as a safe place where they can find some release from their problems or discuss them, if they wish, with others in similar positions. A number of participants feel they have made friends through attending the groups, some meet up outside of the groups and others intend to create their own group following completion of Artshine. It is too early to comment on participants’ engagement in other groups following Artshine but a number of participants have begun accessing other community arts groups alongside Artshine.

Health trainers are present at many of the sessions and have provided a useful resource in terms of providing healthy lifestyle advice and linking participants to other community groups. Participants tend to feel they can relate to and trust the health trainers. The process of creating artwork and the relaxed atmosphere helps the health trainers to raise healthy lifestyle issues in an organic way. The health trainers reported enjoying attending the groups and felt it was beneficial to their own well-being.

The lead artists report enjoying delivering Artshine and all commented on the open, supportive environment at the groups. Although they can not give a clinical view the lead artists felt participants had grown in confidence in how they approached the tasks and interacted in the groups.

GPs and practice staff generally feel that Arts on Referral schemes are appropriate to offer alongside traditional medicine and to be hosted in primary care settings. Host practices were pleased to be able to offer the scheme to patients and those that have had some
contact with patients following referral feel that patients have benefited. GP attendance rates whilst participants are engaged in Artshine dropped by 87% for a sample of participants for whom this data was available.

Overall Artshine is judged to be successful in meeting its aims but some recommendations for improvement are listed below. A key recommendation is to improve the monitoring of uptake and attendance and the timing of WEMWBS questionnaires among participants. A limitation of this evaluation was that WEMWBS scores could not be matched for all individuals due to the timing of their completion, hence the before and after WEMWBS comparison is based on a small sample size.

- Increase awareness of Artshine among GPs
- Work with members of the Asian community to understand reasons for low uptake
- Improve availability of language support to the Artshine groups
- Ensure Health Trainers are able to attend all of the groups on a regular basis
- Make information available to patients following referral but prior to starting Artshine
- Provide more feedback to GPs and health professionals on the attendance and experience of participants
- Investigate how to make Artshine more appealing to men with mild to moderate mental health needs
- Improve the process for keeping track of individual uptake and attendance
- Provide more taster and drop in sessions
- Displaying more Artshine art work in practices
- Provide referrers with a confirmation email/letter when referral is received
- Providing participants with a book of techniques / home resources
- Artshine artists to meet more regularly
- Amend the referral form to include patient and the referrer email address
- Review the process for completion of WEMWBS at set intervals
- Keep details of participants who are willing to be contacted in 12 months for a follow up study
Forward by Project Manager, Louisa Newman

Since coming into post as Arts on Referral Project Manager for NHS Bristol, I have been struck by the level of interest from GPs and health professionals working in the city in using arts in primary care.

In developing and setting up the Artshine project, I have had the opportunity to work closely with a diverse range of people, teams and organisations. I won't claim that everyone has immediately embraced the concept of using arts on prescription as a means to improve health and wellbeing, but by far, the majority of people have been positive and enthusiastic about the potential.

The initial plan was to launch the project with one group in the inner city, with a second group ready to start by the end of that first year. We have, in fact, 4 groups up and running by the end of our first year, largely due to the high level of interest from inner city GP practices in hosting Artshine groups, and the number of patients wanting to access them.

There were some early challenges and difficulties in establishing the groups; low referral and attendance figures, teething problems with electronic referrals, a change in venue for one group, and a change of lead artist for another; all of which meant the first 3 months were a time of rapid learning and adaptation. I believe that the basic project model is robust and flexible enough to have accommodated these ongoing changes and allow each group to grow and develop its own identity. Despite the early difficulties, I was confident that referral uptake would increase as more GPs and patients heard about Artshine, and to some degree, simply got used to the idea of arts activities being available by prescription.

At the outset of the project, there were 4 key areas the that I felt were important to develop in addition to the basic model: training and supervision for artists, 'move on' opportunities for participants, links with the inner city Health Trainers, and outreach work.

Training & Supervision

Responding to feedback that many artists working in a health care environment do not often feel supported or that their work is understood by some health professionals, a training and supervision programme was developed in partnership between Artshine and Neighbourhood Arts (Bristol City Council), and launched in September 2010.

The programme provides opportunities for artists to continue their professional development and arts & health practice, and to share skills and knowledge with their peers. The training sessions have been well attended and all have received excellent feedback.

There are currently 3 supervision groups running bi monthly, led by an experienced supervisor. These sessions offer artists a confidential space in which to share difficulties and successes, and work through any concerns or issues they may have relating to their practice. Again, the feedback has been incredibly positive, and has highlighted how
important it is for artists working in health to have access to regular training and supervision, both to support their practice and to ensure quality service provision.

The training and supervision programme is offered free to Artshine artists, and offered at a subsidised rate to other artists. Artists working on identified projects supported by BCC have access to supervision free of charge until Sept 2012.

‘Move On’

Researching other arts on referral projects indicated that there is often a perceived difficulty in ‘moving people on’ from the initial referral group. There are many projects nationally that have identified and offer pathways onto ‘move on’ activities¹ but locally, artists have reported not really knowing how or what to signpost people too, and participants themselves have highlighted their anxiety at leaving a group and a reluctance to engage with a different activity or artist.

With Artshine, we have tried to ensure that participants know from the outset that their referral is time limited and that during their last term they will be encouraged and supported to access other groups or activities they are interested in. Initially, a referral to Artshine was for 20 weeks, but it quickly became clear from artist and participant feedback, that an extra 10 weeks in which to engage with the moving on process would be beneficial, and so the length of referral was increased to up to 30 weeks. There is also evidence to support using this length of referral, with findings that arts on referral interventions between 11 – 30 weeks offer the best outcomes for patients. ²

It can be challenging for participants when a valued service or activity comes to an end, but by encouraging and supporting people to identify new pathways and opportunities during their time at Artshine, it is hoped they can work towards a positive ending, and the transition is made easier in terms of reducing anxiety and uncertainty.

Two community based arts & health groups - ArThur and Light Box – were identified at the start of the project to act as ‘move on’ groups for Artshine participants. They received one off funding towards maintaining continued delivery of their programmes, and developing links with the Artshine groups.

There have been visits to both move on groups by participants, as well as a series of visiting artist workshops. As not all of the Artshine groups have yet completed their last 10 week term, it is perhaps a little too early to say whether the ‘move on’ programme can be said to be successful in achieving its aims. However, 1 group has fed back that having a definite structure for ‘moving on’ has been beneficial.


I was delighted to learn that participants from this group have set themselves up as a self-led community arts group now that their Artshine referral has come to an end – I was even more delighted by their choice of name! ‘Shine On’ will start in September at Wellspring Healthy Living Centre, and will act as the main move on group for future Artshine participants.

**Inner City Health Trainers**

The inner city health trainers team work closely with the Artshine project. As Artshine is delivered by NHS Bristol, it also seems appropriate that there should be provision within the project model for efficient and effective signposting to other health teams and services. We aim to have a health trainer regularly attending each group so that participants are easily able to access advice and support about other health related issues should they wish to.

The health trainer takes part in the arts activities as a member of the group, so that the focus on participants being creative and producing artwork is maintained. Participants are given information about the work health trainers do, and then it is left up to individuals to approach the health trainer about any other health advice or work they would like to engage with.

The health trainers have reported taking on Artshine participants as new clients, as well as commenting on how much they enjoy and value taking part in the art activities themselves! There are plans for further health trainer involvement once the Artshine groups start again in the Autumn.

**Outreach**

During the first year, Artshine has delivered one off workshops for different community groups and events, in order to promote the project and engage with communities who may not easily access mainstream health services.

Recognising that talking about and acknowledging mental health difficulties is a stigma for many people, and a taboo subject for some black & minority ethnic (BME) communities, we have worked to ensure that the words and language we use in describing and promoting the project is relevant to peoples’ cultures and experiences of health and wellbeing.

A key recommendation at the outset was to develop referral routes for BME patients who may not typically present at their GP with mental health concerns. The inner city health trainers and community development workers have again played a key role in this, by making direct referrals for the clients and community groups they work with. It should be noted that a named GP is informed of any non-GP referral that is made, and all patients are advised that their GP will be notified.
The evaluation report shows that there is still much engagement work to be done with BME groups, and part of the increased health trainer input into the project will be to further develop a programme of outreach and engagement work in relation to this.

A Final Word….

I would like to finish by saying that I do feel incredibly privileged to be working in Public Health in a role dedicated to arts and health. When people find out what I do for a job they tend to be surprised, interested and somewhat envious!

I believe that there is great potential for the use of arts and creativity in primary care, and my experience so far has been one of overall support for arts on referral in Bristol.

And finally, a huge thank you to all the individuals, teams and organisations for your input, support and help in shaping Artshine.
Introduction

This document provides the evaluation of the local Arts on referral scheme, “Artshine”. A mixed methods approach has been taken to gathering data and views from those involved in the scheme. Participants, Artists and Health Professionals have been interviewed and surveyed and case studies drawn from some participants. Additionally members of the evaluation team participated and observed each of the groups.

There is a strong and growing body of evidence supporting the role of arts in individual, population and workplace well-being. The arts have been shown to be beneficial in improving mental healthcare and inducing positive psychological and physiological changes in clinical outcomes\(^3\). Participation in the arts and creative activities has been shown to have a beneficial effect on increasing patient well being, with a significant impact on improving depression, anxiety and self esteem, and reducing social isolation\(^4\).

Arts on Referral in Bristol

In 2006, the St. Paul’s Health & Well Being Project was set up and funded for 3 years by Bristol City Council through Neighbourhood Renewal and then Transition Funding. As part of this project, an arts on prescription scheme was piloted as part of a feasibility study for a wider arts on referral programme for inner city Bristol. The pilot ran at both Montpelier and Charlotte Keel Health Centres in the inner city.

There was low uptake of the scheme at Charlotte Keel, but the Montpelier group – ‘Art on Wednesday’ – was well attended, with 8 – 12 participants engaging in the project. Participants reported that they had made new friends, learnt new skills, noticed an increase in self confidence, and a reduction in visits to their GP. Evaluation of the pilot scheme was largely undertaken using self reporting measures by participants, practice staff and the lead artist. Art on Wednesday continued after this initial pilot as a community arts group at St. Paul’s Family & Learning Centre in Bristol.

In financial year 2009 / 10, Bristol City Council provided funding to NHS Bristol for delivery of an arts on referral programme by Bristol Public Health for inner city Bristol, with the project manager coming into post in March 2010. The first Artshine groups started in October 2010.

Current funding provision from Bristol City Council for Artshine is in place until 31\(^{st}\) March 2012.


Bristol also has a number of ‘independent’ arts on referral projects set up by individual GPs and practices, all funded through a variety of different grants and charitable funding streams. Some have received support from the Neighbourhood Arts Team, Bristol City Council.

**Costs**

The figures given below give a basic outline of the suggested costs needed to run an arts on referral group within a GP practice. It is based on a 30 week intervention, an hourly rate to the artist of £30 p/hr, and includes artist time for administration, meetings evaluation.

The costs do not include spend on:

- room hire (needed if space is not available in health centres or practices)
- crèche facilities (if needed)
- language support
- advertising and printing
- one off workshops for events, outreach work or visiting artists
- staff wages / staff time in kind (i.e., project manager, admin staff)
- training & supervision for artists

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Artist Basic Wage</td>
<td>144 hrs x £30 = £4,320</td>
</tr>
<tr>
<td>Materials</td>
<td>£750</td>
</tr>
<tr>
<td>Exhibition costs</td>
<td>£100</td>
</tr>
<tr>
<td>Extra artist hrs</td>
<td>£60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£5,230.00</strong></td>
</tr>
</tbody>
</table>

It is suggested that for most groups, there will be between 6 – 12 participants attending regularly, resulting in a cost per patient of **approx £435 - £870**; the cost per patient increasing or decreasing in relation to the number of people in the group.
The Artshine Model

Referrals to an Artshine group can be made by any health professional including GPs, health trainers, midwives and mental health workers.

The groups are available to a variety of adult patients to improve health & wellbeing, including people experiencing:

- Mild to moderate anxiety & depression
- Stress
- Social isolation
- Low self esteem
- Long term illness / health conditions or chronic pain
- Difficult life changes or challenges, such as divorce, bereavement, or seeking asylum
- Engaging in other health behaviour changes, such as weight management issues or drug and alcohol recovery.

In developing the Artshine model, a number of local and national arts on referral projects were reviewed, including Art Lift, North Devon Arts On Prescription, Arts for Health Cornwall and Knowle West Health Park Creativity Group. The project manager met with GPs running other Bristol based Arts on Referral groups, and the PCT lead for the Art Lift project in Gloucestershire to gain insight into how local projects have been developed and run.

The project manager worked closely with the Neighbourhood Arts Team as it was felt important that Artshine and Arts on Referral projects supported by Bristol City Council should be aligned in terms of evaluation measures, length of referral and artists' rates of pay.

The Artshine model enables an individual to have up to 30 weekly sessions with a lead artist as part of a group, with an emphasis on supporting participants to move onto other community groups and projects during the last 10 week term of their referral.

Health Trainers are linked with the Artshine groups. Participants are given the opportunity to engage with health trainers for support around other health and social needs on both entry and exit questionnaires, and through face to face contact at Artshine groups.
Artshine Model

Referral

Health Trainers
Artshine 10 wks
Health Trainers
Artshine 10 wks
Health Trainers
Artshine 10 wks

Move On Groups
COMMUNITY
Aims

Artshine was established by NHS Bristol in October 2010. The groups run for 10 week ‘terms’ and participants are referred for blocks of 3 terms (up to 30 weeks). 4 groups have been established with host practices from the inner city, taking referrals from patients registered with inner city and east Bristol GP practices.

Artshine is available to people with mild to moderate mental health conditions and aims to:

• Improve emotional and mental wellbeing
• Improve social capital and community engagement
• Support individuals to access their creative side and to find a new hobby
• Provide a timely intervention through which individuals can engage with additional art, health and community activities

The project fits with the social prescribing model, providing a source of non medical support for people in their communities. Social prescribing programmes are most often accessed through primary care, and provide a pathway for people to engage with – among others - the arts, volunteering, physical activity and reading to improve their wellbeing. Social prescribing shows positive outcomes for wellbeing, emotional and mental health, and in reducing social isolation.5

Social prescribing for mental health provides an alternative intervention for people with mental ill health, and recognises the wider effect of social, economic and culture factors on peoples’ health and wellbeing. It may also improve opportunities for people with enduring mental health problems, in accessing mainstream activities and helping to reduce the social isolation and stigma often associated with long term mental illness.6

The Artshine project responds to local and national policies relating to the provision of mental health services, well being prescriptions and arts and health initiatives7.

Methodology

A mixed methods approach was taken to this evaluation. Quantitative data was gathered from: patient referral forms to obtain a profile of those referred, pre- and post-Artshine questionnaires which included use of the “Warwick Edinburgh Mental Well Being Scale” and surveys of GPs and practice managers across Bristol, Health Trainers and Artists. Qualitative data was obtained through: observation, participation and use of a “quote book” at Artshine group visits, interviews with participants to provide case studies, a focus group with one Artshine group and interviews with artists and host GPs.

Quantitative

It was planned that participants would complete a “pre-Artshine” questionnaire prior to commencing any Artshine groups. The questionnaire includes the Warwick Edinburgh Mental Well-being Scale (WEMWBS), consisting of 14 statements to which participants apply a rating. The ratings give an overall score of well-being.

Participants would also complete the WEMWBS following completion each 10 week term, if they were present at the session. At the end of the 3 terms (up to 30 weeks) they would complete a longer “Artshine Evaluation” questionnaire (also including WEMWBS). The average “before”, “during” and “after” wellbeing scores would then be analysed at a population level with Students T-Test used to check for significant changes.

In practice artists found it challenging to ensure participants completed the forms at the correct intervals due to the rolling referral process and irregular attendance by participants. The evaluation team visited each group in July in the final week of the first 3 terms to distribute “Artshine Evaluation” questionnaires, ensure they were completed during the final session and collected the forms for analysis. For this evaluation 40 WEMWBS responses were received from 27 people, however only 11 people had paired responses at intervals appropriate for comparisons. Final statistical analysis was based on 9 before and after responses and Students T-Test was used to check significance at the 95% confidence level.

Surveys were sent to GPs and practice managers across Bristol, with one survey for host practices and a modified version for those not hosting Artshine. Responses were received from 4 GPs and 2 practice managers that host Artshine and from 4 GPs and 2 practice managers who do not host Artshine in their practices. Surveys were also sent to Health Trainers who had participated in Artshine, of which all 4 responded and to the lead Artists delivering Artshine, of which 3 responded to the survey. 12 evaluation surveys were also received from participants.

A profile of referred patients is presented in this report, based on data gathered from referral forms.
Qualitative

An evaluation team (consisting of 2 public health analysts and the Artshine programme administrator) visited each of the 4 Artshine groups to observe and participate. At the time of the visits 2 groups were nearing the end of their second term (1 was in week 16 and one week 18) and the other 2 groups were nearing the end of the full 30 week block (one was week 26 and one was week 25). During this time participants who were willing to act as case studies were recruited. Participants were given an information leaflet (see appendix 1) detailing why the evaluation was being done, how participants could contribute and why their views matter, they were then asked if they were willing to be interviewed about their experience of Artshine. Recruited participants were interviewed following the Artshine activities. 4 case studies were recruited, 2 from one Artshine group and 2 from different Artshine groups. From the fourth Artshine group 5 participants (including a mother and daughter) wished to share their views for the evaluation so a small focus group was run with these participants.

The evaluation team also took a ‘quote book’ to the sessions and participants could use this to make comments throughout the sessions. Where participants had language barriers the evaluation team assisted them in writing comments in the book.

Interviews with each of the 4 artists were held following each session. A standard set of questions were developed to act as prompts to the interviewer for both the artist and participant interviews.

Interviews were also conducted with 2 General Practitioners who had referred patients to Artshine and whose practice had hosted a group. An informal ‘walk about’ was incorporated into the practice visits and opportunistic contact was made with other GPs, health visitors and practice mangers that had some experience of Artshine.

For each group (participants, artists and health professionals) qualitative data (interviews, case studies and observation) was analysed for identification of common themes. The emerging themes were:

- The artists – their views on running Artshine and participants views of the artists
- Training and supervision for the artists
- Venue and group timings
- Uptake of referrals
- Activities
- Group Dynamics
- Positive changes among participants
- Visiting Artists
- Continuation of creative activities at home
- Move on groups
- Health Trainers
- Suggested areas for improvement
Results

Referrals

From September 2010 to the end of June 2011 Artshine received 115 referrals.

There was a relatively even spread across ages however the majority of referrals (77%) were for females.

30% of referrals were from Black and Minority Ethnic groups (including ‘White Other’). The Office for National Statistics estimated that in 2009 18% of the total population of Bristol were from BME (including White Other) groups, or 21% of the working age population.

3% of referred patients spoke languages other than English.

<table>
<thead>
<tr>
<th>Referral demographics</th>
<th>% of referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>21%</td>
</tr>
<tr>
<td>30-39</td>
<td>31%</td>
</tr>
<tr>
<td>40-49</td>
<td>24%</td>
</tr>
<tr>
<td>50-59</td>
<td>17%</td>
</tr>
<tr>
<td>60+</td>
<td>7%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17%</td>
</tr>
<tr>
<td>Female</td>
<td>77%</td>
</tr>
<tr>
<td>Not stated</td>
<td>6%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White British or Irish</td>
<td>70%</td>
</tr>
<tr>
<td>White Other</td>
<td>5%</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>7%</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>12%</td>
</tr>
<tr>
<td>Mixed or other</td>
<td>3%</td>
</tr>
<tr>
<td>Not stated</td>
<td>3%</td>
</tr>
<tr>
<td>English speaker</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>97%</td>
</tr>
<tr>
<td>No</td>
<td>3%</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>72%</td>
</tr>
<tr>
<td>Employed</td>
<td>15%</td>
</tr>
<tr>
<td>In education</td>
<td>7%</td>
</tr>
<tr>
<td>Retired</td>
<td>6%</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Physical disability</td>
<td>9%</td>
</tr>
<tr>
<td>Sensory disability</td>
<td>2%</td>
</tr>
<tr>
<td>Mental disability</td>
<td>22%</td>
</tr>
<tr>
<td>Learning disability</td>
<td>7%</td>
</tr>
<tr>
<td>Caring responsibilities</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12%</td>
</tr>
<tr>
<td>No</td>
<td>88%</td>
</tr>
</tbody>
</table>

Source: Artshine referrals, September 2010 to June 2011

Over 70% of referred patients were unemployed, 22% were in employment or education and 6% were retired.

35% of all referred patients stated having a disability, the breakdown of which (see above) shows mental disabilities to be the most common (please note patients could state more than one type of disability). Additionally 12% of referred patients had caring responsibilities.
The most common reasons for referral were to:

- improve overall well-being,
- reduce stress, anxiety or depression,
- improve self confidence
- improve social networks
Quantitative

Measures of Well-being

Participants were asked to complete the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) at regular intervals through Artshine. The WEMWBS gives a score of well-being, with higher scores indicating higher levels of well-being. The minimum scale score is 14 and the maximum is 70 and has been validated for use among adults aged 16 and over.

Due to the rolling referral process and differing levels of attendance the artists found it difficult to capture responses at set intervals, therefore participants were asked how many Artshine sessions they had attended at the time of completing each WEMWBS. The table below shows the number of WEMWBS responses available against the number of weeks (or sessions) attended.

<table>
<thead>
<tr>
<th>Number of weeks (sessions) attended</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>15</th>
<th>17</th>
<th>18</th>
<th>20</th>
<th>25</th>
<th>28</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of responses at week intervals</td>
<td>37</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The chart below presents the average WEMWBS score against the number of weeks (sessions) attended. Overall there is an increase in the WEMWBS score, with a correlation coefficient of 0.06.

![Average WEMWBS scores by number of weeks attended](image)

Source: Artshine WEMWBS responses, October 2010 to July 2011.
The WEMWBS responses were paired in order to make fair comparisons and cut offs for whether the scores were at the “before”, “middle” or “after” point in the Artshine referral. “Before” scores were allocated to those who had attended 0 to 6 sessions (on the basis that it takes at least 6 weeks for behaviour change). Responses were assigned to the “middle” group if the participant had attended 7-18 sessions and to the “after” group if they had attended 19 or more sessions. There was an increase in the WEMWBS scores between the 3 groups, as shown in the table below.

<table>
<thead>
<tr>
<th>Paired WEMWBS results</th>
<th>Before (0-6 sessions)</th>
<th>Middle (7-18 sessions)</th>
<th>After (19+ sessions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>11</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Average score</td>
<td>37.9</td>
<td>39.4</td>
<td>49</td>
</tr>
</tbody>
</table>

Although 7 “middle” and “after” scores were available using the above criteria (cut offs for number of weeks attended) only 3 participants had full before, middle and after scores available. Missing values from the other participants would make the analysis less robust. For this reason responses were split into 2 groups, “before” and “after”. In this categorisation responses were assigned to the “before” group if less than 6 sessions had been attended and “after” if more than 10 sessions were attended, participants needed both a before and an after score (meeting these criteria) to be included. 9 respondents with paired scores matched these criteria. The table below shows an increase in WEMWBS scores before and after Artshine attendance and using Students T-test (paired samples, two tailed test) shows the difference to be statistically significant at the 95% significance level.

<table>
<thead>
<tr>
<th>Paired WEMWBS results</th>
<th>Before (&lt;6 sessions)</th>
<th>After (10+ sessions)</th>
</tr>
</thead>
<tbody>
<tr>
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Analysis of the “Warwick Edinburgh Mental Wellbeing Scale” (WEMWBS) indicates that overall the well-being of the Artshine cohort had improved over the course of involvement in Artshine.
Results of participant surveys

12 responses were received to a participant questionnaire.

11 of the 12 (92%) respondents agreed or strongly agreed with the following statements:

- I have enjoyed meeting new people
- I have been feeling more cheerful
- I have discovered a new hobby I enjoy

10 of the 12 (83%) agreed or strongly agreed that they have “found a release from stress”.

9 of the 12 (75%) agreed or strongly agreed that “My self confidence has improved”.

10 respondents (83%) rated the setting for Artshine as “excellent” and 9 (75%) rated the activities and the overall programme as “excellent”.

5 respondents (42%) stated accessing the community group Arthur (2 respondents) and Light Box (3 respondents) since referral and attendance at Artshine.

11 respondents (92%) stated they will continue with their creative activities outside of Artshine. 42% said their next step would be to access a “move on” arts group and 25% want to access another community group. 25% were planning on returning to Artshine to complete their 30 weeks of referral.

In terms of further support or advice, 42% of respondents stated they would like advice from their community Health Trainer on ‘Healthy eating’ and ‘Exercise and physical activity’. 33% also wanted information on other community groups or projects and 17% of respondents wanted advice on claiming benefits and accessing employment.
Results of artist surveys

3 of the 4 lead artists responded to an online survey. The artists were clear of the aims of Artshine in terms of improving well-being and social interactions.

All 3 surveyed artists either agreed or strongly agreed with the following statements:

- “I enjoyed delivering Artshine”
- “I received adequate supervision to deliver Artshine effectively”
- “It is important to have supervision for artist working in health settings”
- “It is useful to have move on groups available to service users”
- “Members of my group are/were motivated to move on to a community group”

One artist commented that their group is not yet at the “move on” stage but felt confident that they are “…at a stage where this is a possibility”.

All but one artist (who was “not sure”) agreed or strongly agreed with the statement;

- “It has been useful to have health trainers present”

The artist who was “not sure” about the usefulness of having health trainers present commented that their health trainer was often unable to make the group due to other work commitments.

When asked whether they felt there have been any changes among participants since attending Artshine 2 felt there have been “improved mood” and all 3 felt participants had “improved self confidence” and “improved social networks”.

It is often possible to see improvements in overall mood on a weekly basis. However this can be affected both positively and negatively by life events. Social networks are demonstrated when participants meet up outside of sessions.

All surveyed artists felt they had faced challenges in delivering Artshine. 2 commented that low initial numbers presented a challenge in terms of planning the activities and getting the group off the ground. The other artists commented on having a group member who didn’t speak English.
All surveyed artists felt the choice of activities worked well. 2 out of 3 felt being in a GP practice worked well (one was not sure as their group is located close by, but not in a GP practice). One artist felt the referral process worked well, one was unsure and one felt it could be improved by obtaining email addresses of the referred patients.

All 3 surveyed artists strongly agreed with the following statements:

- “Arts on referral schemes can improve an individual’s health and wellbeing”
- “Arts on referral schemes are appropriate to offer alongside traditional medicine”

All agreed or strongly agreed that “Arts on referral schemes can be run within primary care settings”

When asked whether they were aware of any reasons preventing people from attending one artist mentioned “limited travel options for service users”, 2 were aware of people who “couldn’t make the group times”.

Other comments from the Artists’ survey highlighted the need to ensure a minimum number of participants, providing updates to GPs, having a pleasant environment, relevant training and the opportunity to meet with other artists.

Some with depression said they tend to stay in bed and find afternoon groups more convenient than morning groups.

A pleasant room for the group contributed greatly to the positive mood during the sessions.

Minimum number of referrals at the start of a group is important, to provide participants with the social aspects which are advertised.

Training for artists has been useful and appropriate. More chances to meet other lead artists and visiting artists would be welcome.
Results of Health Trainer surveys

4 Health Trainers who have attended Artshine were surveyed. 3 of the 4 had referred a total of 11 patients to Artshine. All the health trainers stated that they had attended a number of Artshine sessions. Additionally all the Health Trainers have taken on a total of 12 new clients from those attending Artshine.

The Health Trainers understood the aims of Artshine in terms of providing a safe space for participants to encourage creativity and improve well-being.

For people to enjoy being creative in a safe environment, increase self esteem which in turn can have a positive impact on their health

To provide a place for people to enjoy creativity in a relaxed atmosphere/make friends/socialize/increase confidence

All 4 surveyed Health Trainers agreed or strongly agreed with the following statements:

- “I look forward to attending Artshine”
- “I take part in the activities”
- “I’m able to support the artist in maintaining a positive group dynamic”
- “I have been able to assist service users in accessing other support or services”
- “The artist has made me feel welcome”
- “Artshine has had a positive effect on my own well-being”

3 of the 4 Health Trainers agreed with the following statement, 1 was “not sure”

- “Service users are happy to have me there”

When asked if they felt there had been any changes among participants since attending Artshine 3 felt participants had “improved mood” and “improved sociability” and all 4 felt participants had “improved self confidence”.

When asked whether they were aware of any reasons for non-attendance at Artshine 2 health trainers said they “don’t know”, 2 were aware of “difficulties fitting in/working with the group” and “service users not feeling motivated to attend”. One Health Trainer also mentioned “limited travel options for getting to the venue” and “not being able to make the session times” as reasons for non-attendance.

One Health Trainer added a comment in the survey to highlight that Artshine provides the opportunity to engage clients in healthy lifestyles discussions in an organic way.

I think the art shine group I have attended is a really fantastic service...the artist creates a very safe relaxed space to explore each persons creativity. It is also a good space to talk about different issues that effect people... I have had discussions about healthy eating and exercise in a non judgmental easy way that happens naturally as we are all doing art together.
Results of GP and Practice Manager Surveys

GPs and practice managers from host practices were surveyed to gain views on their experiences of Artshine, additionally a survey was sent to non-host practices to establish the level of awareness of Artshine across Bristol.

Host Practices

Responses were received from 4 GPs and 2 practice managers at practices which host Artshine.

The GPs and Practice managers seemed to be clear on the aims of Artshine in terms of improving well-being and sociability.

All 4 of the GPs had referred patients to Artshine. 3 of the GPs were unsure about changes among patients since referral as they had not had contact with the patients since referral. The other GP felt participants had “improved mood” and “improved sociability”.

All 6 respondents agreed or strongly agreed with the following statements:
- “Arts on referral schemes are appropriate to offer alongside traditional medicine”
- “Arts on referral schemes can be run within primary care settings”

5 of the 6 respondents agreed or strongly agreed with the following statement, one was “not sure”:
- “Arts on referral schemes can improve an individuals' health and wellbeing”

3 respondents (2 GPs and one practice manager) felt they had faced challenges in hosting Artshine. 2 commented on problems with finding a room for the group and one mentioned she couldn’t use the online referral system and uses paper referral forms.

2 respondents suggested future improvements, one would like support in increasing the numbers attending and the other suggested having more feedback provided to GPs.

When asked if they would be willing to commission arts on referral schemes in the future 3 said “yes”, 2 said “maybe” and 1 said “no”. There was some uncertainty around future budgets for GPs given the changes coming to the NHS and uncertainty about GP commissioning in future.
Non-Host Practices

Responses were received from 4 GPs and 2 Practice Managers at practices that do not host Artshine. All 4 GPs were aware of Artshine, the Practice Managers were not. None of the GPs that responded to the survey had referred patients to Artshine.

GPs and Practice Managers from practices not hosting Artshine seemed to be clear of the aims of arts on referral schemes in general.

5 respondents agreed or strongly agreed with the following statements (1 gave no response):

- Arts on referral schemes can improve an individuals' health and wellbeing
- Arts on referral schemes are appropriate to offer alongside traditional medicine
- Arts on referral schemes can be run within primary care settings

5 respondents said they would be willing to commission an arts on referral scheme in the future (1 gave no response).

2 respondents commented that their practices run their own arts on referral groups.

We already facilitate and host Brushstrokes Art Group, for patients who have suffered Strokes or TIA's

I haven't referred because I don't have access to the scheme in my area, but we run a group ourselves

Another respondent commented that they have directed patients towards Artshine but others have officially referred them to the scheme.

The only reason I have not referred directly is as I have done it via branching out. My patients have used Artshine and think it is great.
Changes in GP attendance rates

The GP attendance rates for a sample of referred patients were obtained from the patient records held at one surgery. The number of attendances (or GP consultations, not including phone or community consultations, nurse visits or clinics) 1 year prior to Artshine were gathered, along with the number since referral. Although 20 patients were known to be referred from this practice only 5 patients were known to be regular attendees at Artshine so only their GP consultation rates were used for the analysis.

It is too soon to look at GP attendance rates after Artshine, but initial figures suggest that whilst engaged in Artshine participants visit their GP 87% less compared with the year prior to referral. The sample of Artshine attendees had an average of 3.75 GP visits per 28 days in the year prior to referral to Artshine. Since referral and during attendance at Artshine the sample participants had an average of 0.49 GP visits per 28 days.

It will be useful to re-visit GP attendance rates for this sample of Artshine participants in a years time to see if Artshine has had longer term impacts on GP consultation rates.
Qualitative Results

The results presented below are based on interviews with artists and GPs and participant case studies and the participant focus group. The following themes are considered:

- The artists (their views on running Artshine and participants views of the artists)
- Training and supervision for the artists
- Venue and group timings
- Uptake of referrals
- Activities
- Group Dynamics
- Positive changes among participants
- Visiting Artists
- Continuation of creative activities at home
- Move on groups
- Health Trainers
- Suggested areas for improvement

Please note that participant quotes are presented in circular speech bubbles and the views of artists and GPs are presented in rectangular speech bubbles. Where quotes reflect similar points the speech bubbles have the same colouring.

Artists’ experience of running the groups

Four artists were involved in Artshine at the time of the Evaluation. All were interviewed. One Artist had begun delivering Artshine in autumn 2010 but pulled out due to personal challenges in delivering the group. This group re-started in January 2011 with a new artist and has continued to run weekly (during term time).

The four current artists all commented on having positive experiences of delivering Artshine. They commented that it is well run and managed and they are pleased with the electronic referral system. The artists feel they are well supported by the Project Manager and practice staff.

In general there is minimal involvement from practice staff but the artists found them to be supportive and the artists are happy to run the groups fairly independently.

Some GPs have on-going contact with the artists for updates about the group.
There has been ‘taster sessions’ put on in two of the practices to help improve awareness and understanding of what Artshine offers. One was for practice staff; another was open for staff and patients on a ‘drop in’ basis. The artists found these sessions were generally attended by practice staff other than GPs.

It was mentioned that being properly reimbursed for their time helps the artists do a better job, giving proper time for preparation, training and meetings.

Artshine participants have positive views about the artist, both in terms of their artistic ability and the support they provide.
Training and supervision

The artists have 1:1s with the project manager and appreciate having the time to discuss any issues arising with the project manager.

The project manager’s very accessible and approachable

..it’s great to have the 1:1s with her, I’ve not had that in other areas

The artists can also attend supervision sessions with other artists in the city who are also working with in health settings. They all commented that is it useful to have the opportunity to have the opportunity to meet with other artists who may have experienced similar challenges and can offer advice and support.

..it’s great to have the opportunity to discuss concerns in confidence

I’ve had an issue come up that I’ve not had experience of before so will attend the next one [supervision session]

Some of the artists would like to meet with other Artshine lead artists more frequently.

Perhaps the other artists might benefit from my experience of teaching and running art groups

The Artists have had training in mental health awareness, which they were very positive about and child protection training was also provided where appropriate.

The mental health training was superb

One artist suggested they may also benefit from training on issues around substance misuse and supporting people with addiction.

...users’ behaviour can be unpredictable
Venue and group timings

Three of the four Artshine groups run with in a practice or health centre, the Eastville Mums group runs in a community centre which offers crèche facilities. One group at Wellspring uses the purpose built “Art room” and has many facilities, including a kiln.

Three groups are run in general rooms with no specific art facilities but this was not necessarily seen as a barrier.

Having an on site crèche was vital for the Eastville Mums Artshine group as for most it was the first time they had left their child for any length of time;

The artists all seemed pleased with the venue and felt they had a good space to work creatively in.

One of the Wellspring groups will be moving to Charlotte Keel Health Centre shortly and there was some concern over the move, namely over having a large, light enough room in the new venue, with plenty of natural light.

Participants commented that they found the venues convenient to get to, even if it was not the practice where they are registered. A carer of people with learning difficulties who attend one of the groups commented that they have to catch a bus to get to the group but the participants enjoy the bus journey as well as the Artshine session.

In terms of the timing of the sessions there were some mixed views. One artist (who runs an afternoon session) felt afternoon sessions were better, particularly for people with mild to moderate mental health problems, who can find the mornings difficult. However some participants felt it gave them something to get up for.

The group was from 10 till 12 and for me this was perfecting timing because this encouraged me to get up and go in the morning and it also finished in good time for me to feed my son at lunch time

10 o’clock is quite early but it makes you get up and get out for the day

..the mums really like it as they can see how they could use their space at home and do it with their kids

...they were nervous about leaving their babies but they know the crèche workers will pop up if there’s a problem

...it’s a really nice space
Uptake of referrals

Most groups had low initial numbers with low uptake among referred patients. The groups now have a number of regular attendees and the artists generally feel the groups are a good size. Two of the groups now have waiting lists. The artists generally felt the low uptake, particularly of early referrals was due to patients not knowing what to expect from the ‘arts on referral’ groups.

One participant commented on it not being the ‘usual’ type of healthcare service.

There was an occasion where language prevented a patient from returning as there was no access to a translator. One artist in particular commented that there have been a number of Asian women referred to the group who have not taken up the place at Artshine, despite being contacted and sounding willing. A separate piece of work may be required to understand why there is low uptake among this group.

Some groups found the initial low number of attendees challenging, particularly in terms of getting group activities underway.

However, one artist commented that the benefit of low initial attendees was that it gave the first few time to settle and gave the group a nice atmosphere to join.
Activities

Participants have been introduced to a range of activities through their involvement in Artshine. In general the lead artists introduce a new technique every few weeks. They will give a demonstration before facilitating participants. When new projects are introduced participants are able to continue with their previous project if they wish or move on to the new activities. Artists have generally found they need to give participants support and instructions for directed activities to begin with, but as their confidence grows they moved on to more self directed projects.

One of the art groups runs slightly differently, with more of a focus on group activities. Participants are welcomed to the group with Indian drumming and the opportunity to play various percussion instruments. This allows for participants to arrive at slightly staggered times. Once the group is all together they work as a group to initially come up with ideas around a theme (e.g.: heroes and villains). The group then takes a vote to decide which idea they would like to develop as a story. Participants then consecutively provide a line of the story, continuing around the group until the story reaches a conclusion. Participants then have time to use a variety of techniques and materials (including collage, bead and wire work, drawing and painting) to illustrate the story in their own way. These activities were observed to create an inclusive environment offering activities that everyone in a group with varied needs and abilities could join in with.

Some ‘favourite activities’ mentioned by participants:

- Doing art projects has been particularly rewarding and fun. So nice to do something with my hands and that's creative
- This group is so enjoyable, I love the artwork we do
- It's silly and fun so everyone can join in
- Print-making and learning new skills
- ...Storytime
- Making a story together and illustrating it
- Being creative and playing with clay
- Sticking and gluing and playing musical instruments
- Music and chanting
- Drawing and space travelling!
- Any art activity
- ...the communal jam
- ...banging on the drum
- Silk screening
- batik, mobiles, memory pots, stain glass
A number of participants commented that they enjoy experimenting with different techniques and learning new skills.

The group is good for experimenting in different art techniques

It's fantastic to have a chance to see and experiment with so many different techniques

Artists and participants commented that they like creating pieces they can take home.

"they like having something to take home and show their families"

...really enjoyable to be able to create craft work to take home

Group dynamics

All the artists found participants to be mutually supportive of each other. They felt there were good relationships between participants and with participants and the artists. Artists found the groups to be welcoming with a comfortable atmosphere, as do the participants. Participants treat the groups as a safe, open space. They offer support and encouragement to each other around the creative process and, over time, have come to discuss more personal issues, including their mental health difficulties.

...they began sharing baby stories and labour horror stories but gradually moved on to talk about the issues they’re facing, including their mental health

We’re all referred [which] contributes to a non-judgemental aspect, (and) the accepting atmosphere

I’ve only heard positive comments about each others work

...they often tell me how relaxed they feel

It’s their safe zone

Diversity was not perceived as a barrier to sharing experience but was generally reported as a positive aspect of the sessions.

They’re very respectful of each others views
Observations by the evaluation team during visits to the groups also support this and it was noted that the all members of the groups seem to respect and support each other. Participants also commented on the supportive nature of the groups and that they enjoy attending the sessions.

The positive atmosphere within the groups seems to help participants to feel motivated to attend and number commented that they miss it during the ‘holidays’ (breaks between each 10 week block)

It was also observed that invites to other activities (such as dance groups) were shared between members of the groups and in two of the sessions the evaluation team visited some participants had made cakes to bring and share with the group.
Positive changes among participants

The lead artists from two of the groups were aware that some of the participants had begun meeting socially outside of the weekly group.

The artists felt there had been positive changes in the mood of individuals. Some felt that some improvements could be seen over the course of a session, such as lifted mood and pride in their work. There is a strong sense of pride from participants when they create something they like and enjoyment that comes from being part of a group.

All artists felt that over the course of a few weeks positive changes were more apparent and individuals were more open with other participants, as well as with the creative activities.

GPs who have referred a number of patients to the Artshine groups feel positive changes in mood were observable among the patients. However a number of GPs have not had contact with their patient since referral so felt they couldn’t comment at this stage.

A number of participants commented on what they felt were the benefits of attending Artshine. Benefits mentioned by participants ranged from making friends, building confidence and self-esteem, having time to relax away from their daily stressors, improved motivation, improved sociability and simply having fun.
Participant comments on the benefits of Artshine:

Artshine has definitely made a difference to my mental health, I feel more motivated to get out the door...

- Helps with my anxiety and gives me something to look forward to - Cheers me up like ice cream!
- It makes me happy
- It’s given me loads more confidence to try things
- Having interesting things to say about myself
- I find the sessions really helpful to get a bit of ‘brainspace’ away from the children and just to gather my thoughts
- I really enjoy...having some time away from the children. It definitely helps to give me a bit of a de-stress
- Relaxing and inspiring
- I found progressive trust in new friends
- ...we've all linked up on Facebook!
- Meeting people and making friends...
- ...mingling, getting together and making friends
- We don't really go out regularly - our biggest problem is isolation. Our health problems have isolated us and we don’t work so don’t meet people that way
- Stuff like this (Artshine) is great for starting to help you deal with issues and to start feeling better
- Artshine is a complete escape, it's like I'm not here anymore, I'm somewhere else, it’s sociable and relaxing
- I have enjoyed every session and don't want it to end
Participants generally didn’t feel there had been a particular effect on their physical health from attending Artshine. However, a number commented that they have had lifestyle advice from the Health Trainer at the group and are becoming more active. Others recognised the need to improve their mental health before addressing their physical health.

...if you're not mentally good, then you won't be physically good

...I'm eating well, getting out on my bike, doing yoga and WII Fit. I didn't get out much before Artshine
Visiting Artists

At the time of the evaluation visits, 3 of the groups had not yet had a visiting artist. However each lead artist was planning a visit for the near future. One group was planning to have a jeweller to visit. During one of the sessions observed by the evaluation team the lead artist told the group they would be getting a jeweller to come to an up-coming session and the group seemed excited by the idea.

One artist commented that they felt it’s a good idea to have a visiting artist.

One Artshine group had an artist visit the group twice to run workshops covering print-making, using inks, rollers, handmade paper and an etching press. The visiting artist found it to be a positive experience, was welcomed by the group and found the participants engaged well with much enthusiasm to learn new skills. The artist also commented on the positive interactions between participants.

They welcomed me to the group with warmth and enthusiasm, talking about themselves, their work and the aspirations they have developed as a result of being part of the Artshine programme. They were very keen to find out about my work as an artist in residence on …

Everyone constantly wanted to see what the other was making and producing, and they all positively affirmed each other’s work, sharing how they came to make it and the materials there were beginning to develop a love of.

The group were absorbed in the creative process and keen to develop new skills and experience working with another medium and artist

Lead artist commented on the variety and quantity of materials and resources available for people to use…the element of play and surprise with these soon captured people’s imagination

I have found the experience to be very positive - the sessions ran well…the ‘hand-over’ from the lead artist was excellent and the opportunity to come from working in a small rural village, out to the inner-city…of Bristol was an exciting and inspiring experience

...it helps bring new ideas into the group
Continuation of creative activities at home

All the artists were aware of at least some of the group who were developing their creative activities outside of the group.

A number of participants have continued to practice their creative skills outside of Artshine. Many will take projects home to complete what they started in the group, others begin their own projects at home and some use their own time to gather inspiration by taking photos on walks and day trips and bring these back to the group. For some creative activities are a completely new interest, others say they have re-discovered their creative side.

It's been really great to get back into doing 'crafty' things again...and I've started to do 'crafty' things...at home

...art was always a passion of mine, I wanted to be an art teacher but personal problems got in the way and my artistic side got buried. My dormant creative side is coming out now, I will quietly go off and doodle when I can

I really enjoy being able to spend some time being creative again

...it wasn't something I was into before

We feel like we're going back to school, but we're enjoying it!

I often paint while my partner's watching TV

Really enjoyable to be able to create craft work to take home...

one lady bought a screen printing kit and brought it in to show the group
Move on groups

It was recognised in the design of Artshine that it was important that there were clear pathways to exit Artshine and join other community groups.

At the time of this evaluation the initial Artshine cohort were approaching completion of their third term (final 10week block), however a number of participants were only part way through their Artshine course.

A couple of members from one of the groups have joined “Arthur” and “The Light Box – Happiness Project” and they are currently attending these groups alongside Artshine. Some members of the “Eastville Mums” group are planning to attend a community art group at Wellspring Healthy Living Centre next term. They have chosen this venue as there is a crèche facility they can access.

The intention is for these participants to have some overlap between the move on groups and Artshine so they are ready to move on to solely attend the community group when Artshine comes to an end for them.

Participants from the 2 Artshine groups that run from Wellspring Healthy Living Centre have begun discussing creating their own groups so they can continue meeting each other and being creative. One began discussing the idea during an evaluation visit when the subject of move on groups was raised, the other had discussed this prior to the evaluation visits and have organised using space at the health centre (which will be supported and funded by Artshine), having supervision from their current lead artists and have decided to call the group “Shine On”.

Artists and participants seemed to appreciate the need for move on groups and the danger of becoming too dependant on the Artshine group.
Health Trainers

Participants and artists were very positive about having Health Trainers present at the sessions. One group had only had a couple of visits from the health trainer throughout the year and the artist felt it would have been useful to have the health trainer present more often.

The other three groups have had good access to a health trainer and have found it useful to have them available to answer question and offer advice on health issues. One artist commented that she has been asked questions that fall outside her remit and the health trainer has been able to step in. Participants also seem to appreciate the health trainer’s presence and feel they are someone they can trust.

A number of participants have received healthy lifestyle advice (diet, exercise and giving up smoking) and others have accessed additional groups and activities with the support of the health trainer. One individual has accessed an English language course, another music and cookery classes.
Suggested Areas for Improvement

A number of suggestions for future improvement were mentioned during the evaluation process;

- Increasing the number of referrals
- Improving referral uptake
- More taster and drop in sessions
- Displaying more Artshine art work in practices
- More feedback to GPs and Health Visitors
- Obtaining referrers contact details at the time of referral
- Obtaining patients’ email address at time of referral
- Having someone other than the artist to contact those that don’t take up their referral
- Provide referrers with a confirmation email/letter when referral is received
- Information to give to patients about Artshine
- Developing a ‘father and child’ group
- Providing participants with a book of techniques
- Artshine artists to meet more regularly

The main area for improvement mentioned by the lead artists and GPs was to improve the number of referral uptake of referrals. It was particularly noted in one practice that although a number of Asian people had been referred to Artshine, few took up the places. It will be useful to carry out further work investigating the lack of uptake of referrals among this group. Any work to increase referrals and uptake needs to be reviewed alongside current group capacity as 2 of the groups now have waiting lists.

Some taster sessions (for staff and patients) have been held and it was felt that running more of these, as open drop in sessions might also help referral uptake. One GP commented that they could also display information about it on their website. The GPs also mentioned that it is good to remind GPs to refer to the service and that face to face meetings may be more effective than emails.

Artists and GPs felt displaying some of the artwork in the practice would help improve awareness of and interest in Artshine. They commented how much they enjoy seeing the work displayed and are looking into ways of displaying the work more widely.
Some GPs would like to receive more regular feedback from the artists about if and when participants take up their referral and their progress through Artshine. It was suggested that Health Visitors are well placed to receive feedback from the Mums’ group as they have regular contact with parents.

It was suggested that email addresses of patients could be collected on the referral form for an additional way of contacting them, as phone numbers aren’t always ideal. One artist also commented that it might be better to have someone other than the artist contact patients that are referred but do not attend as they may find it awkward to tell the artist why they don’t want to, or can’t attend. It was also requested that an email confirmation is sent to the referrer to confirm the referral has been received. This would require the contact details of the referrer to be collected at the time of referral.

A health visitor commented that it would be useful to have some information to give to patients while they wait to start Artshine. This may help patients to know what to expect from the groups. This along with a letter or email to confirm their referral has been received would also let patients who are put onto a waiting list know that they are in the system.

A father was present at the Eastville Mums’ exhibition and commented that it might be good to have a father and child group. Most parenting groups tend to be focused around the mother and baby and there is less available for fathers. He also commented that men may find having the children present helps to break the ice and get fathers talking.

One artist is planning to develop a book of techniques that participants can take away with them when they leave Artshine to support them to continue their creative practice.

Two of the artists commented they would like the opportunity to meet with the other Artshine artists more regularly.
Case Study 1

Participant 1 has attended 16 Artshine sessions and is coming to the end of term 1.

This participant has a history of chaotic lifestyles with mental health and substance misuse issues. The participant was previously involved in an abusive relationship with a problematic drinker and currently has children in care outside of Bristol, including a teenager with Aspergers syndrome. The participant is now feels they are in a supportive relationship but finds having children away from home a challenge. This participant is currently on anti-depressants, has been receiving support from MIND and is waiting for a support worker to be assigned to her. They have found mental health services in Bristol to have long waiting lists but “Artshine was easy to get into”.

Participant 1 finds Artshine “…a complete escape” from some of the chaotic aspects of their life “it’s sociable and relaxing”. This individual was not practicing creative activities before coming to Artshine “it wasn’t something I was into before, I didn’t know what art was all about” but, after trying a number of activities, has found an interest in painting and is currently experimenting with water colours. Outside of the group the participant takes photos on days out for inspiration and commented “I often paint while my partner’s watching TV”. They have also been able to borrow books and resources from the art room at the practice.

The participant commented on the positive impact of Artshine;

“I used to think drugs were the only way to get a buzz but now I get a buzz from doing art!”

This participant has received diet and exercise advice from the Health Trainer and commented;

“I have trust issues but I feel I can trust her”.

The participant felt attending Artshine had been a positive experience.

“Artshine has definitely made a difference to my mental health, I feel more motivated to get out the door. It’s been a chance to meet nice people. I’ve come to realise we’ve all got our own problems and need to be ready to move on to the next step of friendship outside of the group but I think it will come….we’ve all linked up on Facebook”.

A number of members of this Artshine group have discussed forming their own art group;

“we all get on well and would like to continue meeting up….I’m trying to get a Wii Fit group going too!”
**Case Study 2**

Participant 2 has attended over 10 Artshine sessions and commented they particularly enjoyed printing, painting and weaving and looks forward to attending the Artshine sessions. This individual has a child in school and finds the afternoon group convenient to get to in terms of location and timing.

Participant 2 was very happy with the support received from the artist and the way the sessions were run. The participant enjoyed working within the group and feels their wellbeing has improved;

> “having the space and time to be creative has really made a difference to my outlook on life”.

This participant is interested in accessing other creative activities or community groups. Their only suggested improvement to Artshine was to improve awareness of it among GPs;

> “I only saw an advert for it by chance and I wasn’t sure how to get referred to it. My doctor had never heard of it.”

**Case Study 3**

Participant 3 has attended 36 Artshine sessions after referral for reasons including social isolation. This participant tends to lead a fairly solitary lifestyle and has found Artshine to provide a socialising opportunity in a ‘safe’ environment. The participant has enjoyed socialising with the group and hearing different viewpoints.

During early sessions the participant (and the group as a whole) tried a range of activities but this participant has found a special interest in drawing and now focuses on this during the Artshine sessions. The participant had some previous experience of creative interests including music and creative writing. They felt it is important to ensure the activities are attractive for adults who may be out of practice in trying new activities.

The participant has been supported by the Health Trainer in attendance at the group to access further community groups including another community art group “ArThur”, cookery and music groups. The participant is also keen to try other groups, including drama to help with self confidence and socialising.

This participant was positive about Artshine and has enjoyed the opportunity to try new creative activities and build confidence interacting in a group environment.
Case Study 4

Participant 4 has attended around 20 Artshine sessions since January (following referral in October) and has re-discovered their creative side through attending the group.

"I have a degree in Fine Art but after finishing my degree I had lost some of my creative drive but I have always been interested in rekindling my passion. Each session has brought something new and exciting. I have really enjoyed having the opportunity of learning new skills and also how to re-create techniques and methods at home using materials and equipment that is easy to find with the home..... I have really enjoyed being able to be creative but not feel pressured"

A range of techniques have been explored in the Artshine sessions and this participant has continued to make items at home, not only for her child but for friends too.

"I have learnt how to silk screen print, making bags and silk screening baby clothes which was a favourite activity of mine. I feel the results are beautiful; to see my baby in my designs is wonderful and fills me with joy. I have also made toys which has given me the confidence to use a sewing machine and to make other toys for friends and family."

Eastville Health Centre has put one of the groups creations, a wall hanging, on display in a room used for mother and baby clinics.

"As a group we worked together to create a wall hanging for our healthcare room using printing and sewing techniques. I use the room were the wall hanging is hung in my doctors surgery and every time I go into this room I see the wall hanging and it fills me with pride and a sense of achievement."

This participant found the timing and location of the group to be convenient and the availability of the crèche on site meant she could relax and enjoy the activities.

"The group was from 10 till 12 and for me this was perfecting timing because this encouraged me to get up and go in the morning and it also finished in good time for me to feed my son at lunch time. The venue and location could not have been easier. It was a little walk for me, this was good because it helped me to build my energy levels and helped my baby have a sleep before we arrived. I really liked that there was a crèche there for my son so he was always on the premises. I always felt relaxed and assured that my son was in safe hands, if the crèche workers needed me they would come and get me, this then put me at ease and I could carry on enjoying my session."

Participant 4 meets with other members of the group socially and at other community groups.

"I have loved having the chance to have a chat, cuppa and of course a few biscuits with other likeminded mums. Because of Artshine I have made some really good friends. We try to meet regularly outside the group, at other mother and baby groups, singing groups and also a few local cafés."

This participant feels they have has taken a lot from Artshine, from improved well-being, reduced anxiety and increased optimism about the future.

"The sessions made me feel very productive not only for the rest of the day but also the artists have helped me to feel happy and very positive about the future, encouraging me and inspiring ideas that could possibly help me to turn my dreams into reality.

I feel that since attending the Artshine groups my physical health has improved, I have learnt to pace myself more correctly in order to attend the group but I feel that the biggest improvement has been my mental health. From the beginning where I was too afraid to attend to now where I can attend the group with no anxiety. I can talk with other mums with confidence and feel at ease within this social situation."

This participant won't be continuing with Artshine due to moving out of the area but feels driven to establish similar groups in her new area.

"Attending Artshine has given me the confidence and the direction of how I would like my future to turn out. I have re-found a passion and a career path in which I would love to follow... to try to set up and run similar groups within certain areas of Cornwall. I feel that it has benefited me in so many ways and I feel that it will benefit so many others."
Discussion

The main aim of Artshine is to promote well-being among people with mild to moderate mental health conditions who may be experiencing social isolation. The measure of well-being used for evaluating Artshine, the Warwick Edinburgh Mental Well Being Scale, has shown a significant increase in the well-being score for participants of Artshine, despite having a relatively small sample size. The average population score after 19 or more sessions was 49, similar to the average for the Scottish population (50.7)\(^8\).

The correlation between the number of weeks attending Artshine and the WEMWBS scores showed a weak positive correlation, this is likely to be affected by the lower number of results for people attending 20+ sessions due to the timing of this year 1 evaluation.

There was a large reduction (\(-86\%\)) in GP attendance rates for the sample of participants for which this information was obtained. This is a positive finding however it will be useful to re-analyse GP attendance rates at a later date, such as 6 months after completion of Artshine.

Feedback from participants and artists involved in Artshine was overall very positive. The artists feel well supported by the project manager, practice staff and through the availability of training and supervision sessions. Participants rated the venues, artists and activities as “excellent”. The artists felt the venues to be appropriate for their needs and they, as well as many GPs and Practice managers, agree that primary care settings are appropriate for arts and health activities.

The cohort of patients referred to Artshine has been mixed in terms of needs, ages and ethnicity. However referrals have been skewed towards women. A number of referred patients have not taken up the opportunity to attend Artshine; this seems to be a particular issue among Asian women.

The predominance of females among Artshine referrals may reflect that the activities on offer are more appealing to women and more tailored activities could be offered. Engaging with men through father and child groups may also help to address a perceived gap in parenting services for fathers (since many new parent services focus on mother and baby).

Some lack of referral uptake is perceived to be due to a lack of understanding of what the Artshine groups involve. There seems to be particularly low uptake among Asian mothers who have been referred to the Mums’ group. Work needs to be done to understand why uptake is low among this group and what could be done to improve it. The Artshine Project Manager was aware of this issue prior to this evaluation and is currently developing a patient information leaflet. It is important that this leaflet is available in languages other than English. Access to a translator was raised as an issue in one group. This group only had occasional visits from a health trainer; more regular attendance may offer participants

easier access to a translator or, as shown in other groups, English language courses or other language support. Clear benefits of having Health Trainers present at the Artshine sessions were observed, namely the ability to offer support around wider health issues and to link patients with other groups and services. Both artists and participants valued the presence of health trainers.

Following some difficulty with low uptake of referrals each group has become established with a number of regular attendees so any work to improve referrals and uptake needs to be considered against the service capacity.

The vast majority of participants surveyed stated they have been feeling more cheerful, have enjoyed meeting new people and discovered a new hobby through attending Artshine. They also felt they have found a release from stress and many felt their self confidence has improved, all of which are aims of Artshine. The strength of feeling that comes across from some of the case studies and individual comments highlights the value this service has provided for those who have taken up their referral.

Participants tend to take a few sessions to get comfortable with being creative, for some it is a fairly new experience, for others Artshine has enabled them to re-connect with their creative side. In terms of short term benefits participants seem to get a “lift” when they make something they’re proud of. Participants generally enjoy learning new techniques, although some have found an activity they particularly enjoy and are able to concentrate and develop their preferred technique. Research has suggested that being able to tailor activities to individuals supports longer-term positive outcomes.

Many participants reported that they now practice creative activities outside of Artshine and when surveyed the vast majority stated they intend to continue with creative pursuits following Artshine. Some do so at home and others have joined community groups. There is evidence to suggest having a hobby, particularly creative activities, can improve mood and well-being and many Artshine participants seem to have found a new hobby through attending Artshine. It will be interesting to re-visit these participants at a later date to see if they continue with their new hobby in the longer term. Even for those participants who only do art within the Artshine sessions there are social benefits gained through regularly attending a social group. Having social networks has a strong impact on mental health and well being.


Individuals within the groups are accepting and supportive of each other and following a ‘settling in’ period many discuss their problems openly with each other. Being located in a General Practice, or associated with one, helps patients to perceive the groups as a safe environment. The fact they know they’ve all been referred to the group seems to make patients feel comfortable and able to be open about their issues if they wish. Often participants treat the group as a time to escape from their day-to-day lives, offering a chance to forget their issues and enjoy some fun time with others. Participants encourage each other through the creative process and many have also found the groups a safe place to discuss personal problems, including their mental health difficulties and feelings of isolation. Members of the groups feel they share common problems and as such feel relaxed at the groups and seem to derive comfort in meeting others with similar challenges.

Many of the participants were referred to Artshine due to social isolation issues. The fact that a number of Artshine participants have begun meeting up outside of Artshine, and that others plan to continue meeting as a group when Artshine finishes for them, shows a positive effect in terms of addressing social isolation.

It is too early for this report to comment on the success of move on groups, as not all the Artshine groups haven’t reached this stage as yet. However perceptions were that the move on groups will help participants to leave Artshine (freeing up space for new referrals) but still continue with their creative pursuits. A few participants have begun attending community art groups alongside Artshine; this should help them feel ready to leave Artshine when the time comes.

One group has had a visiting artist which, based on their views and comments received by participants and artists, was a positive and rewarding experience for participants and the visiting artist.

Awareness of the availability of Artshine among GPs may need to be improved. Some outside of the inner city and east areas were unsure if they could refer patients, additionally some GPs at host surgeries were not aware they could refer to Artshine groups other than the one they hosted.
Limitations of the evaluation methods

This evaluation can only comment on short term outcomes from attending Artshine, all the participants were still engaged with Artshine at the time of the evaluation. It will be interesting to carry out some longer term follow up interviews to see if the benefits from attending Artshine continue once participants have left the scheme.

There were some difficulties in gathering the before and after scores for WEMWBS for all participants at the correct intervals. It may be useful to amend the referral form to incorporate the WEMWBS at the time of referral, rather than at the first Artshine session attended.

Recommendations

- Increase awareness of Artshine among GPs
- Work with members of the Asian community to understand reasons for low uptake
- Improve availability of language support to the Artshine groups
- Ensure Health Trainers are able to attend all of the groups on a regular basis
- Make information available to patients following referral but prior to starting Artshine
- Provide more feedback to GPs and health professionals on the attendance and experience of participants
- Investigate how to make Artshine more appealing to men with mild to moderate mental health needs
- Improve the process for keeping track of individual uptake and attendance.
- Provide more taster and drop in sessions
- Displaying more Artshine art work in practices
- Provide referrers with a confirmation email/letter when referral is received
- Providing participants with a book of techniques / home resources
- Artshine artists to meet more regularly
- Amend the referral form to include patients’ and the referrers email address
- Review the process for completion of WEMWBS at set intervals
- Keep details of participants who are willing to be contacted in 12 months for a follow up study.
Conclusion

This evaluation finds Artshine to be successful in terms of its’ aims to:

- Improve emotional and mental well being
- Improve social capital and community engagement
- Support individuals to access their creative side and to find a new hobby
- Provide a timely intervention through which individuals can engage with additional art, health and community activities

This is an early evaluation (following the first 30 week round of the programme which ran from October 2010 to July 2011) and it will be useful to do a longer term follow up study to see if the positive effects of Artshine continue after participants have left the Artshine groups.

There are some areas for development for the service, which are presented above, but overall patient experience and outcomes have been positive.
Appendix 1: Patient information leaflet for evaluation visits

Artshine Evaluation

Information for participants

What’s it all about?

NHS Bristol has a responsibility to evaluate the healthcare services it helps to provide, like Artshine. This takes place so that we can check that the services provided are doing what we hoped they would, and answer questions such as...

* Who and how many people are using the service?
* What is good about the service they’re receiving?
* Are there things that could be improved?
* Are participants benefiting from taking part and how?
* What are the views of the staff running the service?
* What are the views of healthcare staff referring their patients to the service?

This information helps us improve and plan services for the future
How will we do this?

In three main ways...

1) By attending the sessions ourselves and chatting to the participants and the artists running them
2) Interviews with a small number of participants, the artists running the sessions and staff at the GP practices hosting the sessions
3) Questionnaires completed by participants before & after their Artshine sessions

Who are we?

Emily van de Venter, Kate Burn & David Thomas

...all from the Public Health Directorate, NHS Bristol

How I can help?

By thinking about the themes shown on the page opposite, and giving us your views on them by:

* Talking to us at one of the sessions we attend
* Adding comments to our ‘quote’ book
* Creating a piece of artwork to express how you feel about Artshine

Or

* If you can spare 20-30 minutes after one of the sessions in the next few weeks, in a more detailed interview
What sort of creative activities have you tried at Artshine?

Has it been easy for you to get to the sessions?

Do you think Artshine could be improved? How?

Do you think Artshine has helped you feel healthier?

Has Artshine helped you feel happier? More relaxed? More confident?

Have the health trainers at Artshine helped you access other

Are you keen to continue with creative activities? Same or new ones?
Why should I bother?

It’s only through collecting the views of participants in schemes such as Artshine can we really know the full picture (!), improve and provide services that meet your needs

Also...

You do not have to participate if you don’t want to

All comments and information collected will be anonymous

We will not be reporting individual’s identity with their comments to the artists, health trainers or any healthcare staff

Nothing you say will affect your right to attend the sessions, or access to healthcare services

If you have the time to take part in one of the more detailed interviews, or would like to know more about the evaluation, please talk to one of us or ask the artist running the session

Thank you very much for your time

If you have any queries relating to Artshine and/or this evaluation, please contact Louisa Newman on: (0117) 984 1684