



Arts @ Callington Road

Project evaluation report

Norma Daykin and Barbara Feldtkeller

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ARTS @ CALLINGTON RD

PROJECT EVALUATION

FULL REPORT

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The arts project was funded by Bristol City Council and was managed by Willis Newson Arts Consultants. It was overseen by a Steering Group comprising of occupational therapy, arts therapy and clinical staff as well as service users from AWP. The project was managed by Joanna Espiner, the Willis Newson project manager, who also championed the research. Dr Tony Soteriou, Director of Research at AWP, who provided valuable research advice and guidance throughout.

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The opinions expressed in this report are those of the authors and not necessarily those of the commissioners, AWP or others.

1. INTRODUCTION

1.1 Background

The research explored the impact of a series of artists' residencies at a large campus style mental health hospital providing acute, medium secure and rehabilitation services. The project stemmed in part from a two year research study that highlighted the value and benefits of participatory arts to service users and staff in mental healthcare settings (Daykin *et al.*, in process). It reflects growing awareness in policy and practice of the role of arts activity in mental healthcare (Hacking *et al.*, 2006; ACE/DH, 2007; Secker *et al.*, 2007).

The artists provided sequential workshops for adults and older adults using poetry, music and 2d visual arts. The workshops took place in two settings:

- The Central Therapies, Learning and Management Unit (CTLM) where service users from adult acute, rehabilitation and Psychiatric Intensive Care Unit (PICU) receive creative therapies as part of their treatment plans.
- The Older Adults Unit.

Within these settings activities took place on wards as well as in purpose built art rooms and open spaces. The workshops were supported by clinical and support staff from the Occupational Therapy (OT) and Arts Therapy (AT) departments as well as other clinical staff.

A fourth artist was engaged to provide an overarching outcome for the project. This took the form of an activities box designed to enable staff and residents to reproduce the creative activities they had experienced during the project. Participants' work was displayed and performed at a final showcase event to which service users, staff, carers and external stakeholders were invited.

The project was funded by Bristol City Council and was managed by an independent arts management agency (Willis Newson Arts Consultants). It was overseen by a Steering Group comprising AWP OT, AT and clinical staff and service users. The research was funded by AWP Charitable Funds. Dr Susan O'Connor supported the research, which was undertaken by Norma Daykin (UWE, Bristol) and Barbara Feldtkeller (AWP).

1.2 The arts project

The project began with a series of poetry workshops facilitated by an experienced, published author who had previously provided participatory arts workshops in healthcare settings, although none of these were in specialist mental healthcare. The workshops involved individual and group activities including the creation of group poems. This involved several stages including: generating words and phrases in response to an object (for example, a large pumpkin); assembling these into a group poem; and refining the poem. The artist produced a booklet of poems as well as a display tree for the showcase events with leaves upon which poems could be hung: participants were invited to create this display, choosing which of their poems to exhibit.

A music residency followed, led by an experienced musician who had previously undertaken participatory workshops in community and school settings, although none of these were in specialist mental healthcare. The music workshops built on the outcomes from the poetry residency, for example making reference to the sound and rhythms of words and poems. The musician provided a large number of attractive drums and percussion instruments that could be played with hands or beaters and a selection of un-tuned hand percussion instruments. A music therapist and other support staff identified additional resources in the form of a keyboard, a karaoke kit and special soft beaters for some participants. The music activities included listening, playing and singing in 'call and response' activities, rounds and group improvisation. These sessions were audio recorded and a final CD was produced for the showcase events.

The final 2d visual art residency used poetry and music themes to inspire activity. The artist was also a registered arts psychotherapist who was experienced in working in mental health settings. Techniques of felt-making, printing and oil painting were introduced and individuals used these to make personal items (hats, purses, mobile phone pouches) as well as group compositions (collages). These items were displayed at the showcase events. They included a series of large, vibrant collages that were mounted as part of a permanent display at the older adults' unit.

A fourth artist was engaged to provide an overarching outcome for the project to reflect the themes and artwork produced during the residencies. This visual artist was experienced in a wide range of community arts projects, although not necessarily familiar with working in acute mental health settings. The reflective artist made, with the permission of participants, drawings and sketches to attempt to capture the activity and mood of workshops she visited. In addition, a final output was produced: this took the form of an activities box with resources designed to enable staff and residents to reproduce some of the activities they had enjoyed after the artist had left. These items were displayed at the final showcase event.

During their workshops the artists were supported by OT and AT staff. Artists did not work unaccompanied with participants: all sessions had at least one support worker present.

2. EVALUATION RESEARCH APPROACH AND METHODS

The research sought to explore the impact of the project, focusing in particular on issues of engagement and participation. A qualitative, mixed methods approach was adopted. This involved participant observation of the arts activities and a focus group with key stakeholders at the end of the project.

2.1 The research question

The primary research question was:

'What is the potential role of arts activity in encouraging service user participation?'

2.2 The study sample

The study population included:

- All workshop participants identified by Trust staff as being well enough to take part in the activity and able to give informed consent to take part in the research.
- All staff involved in project delivery, including art therapy staff, clinical staff and occupational therapy staff.

A purposive sample of seven workshops across the three residencies was observed by one of the researchers. The sampling strategy was designed to encompass the three different arts activities and the two workshop settings as well as to fit in with practical requirements. In practice, researcher presence had to be negotiated to fit with other needs, for example, it was decided that the observations sessions would not coincide with the visits of the reflective artist.

For the stakeholder evaluation, a purposive sample was drawn up to include the various staff groupings. The group composition reflected the different disciplines such as OT and AT as well as the two sites on which the project took place. Eleven people took part including the two researchers and the project manager; five OT department staff and three management staff, all of whom had been members of the Steering Group.

2.3 Data collection

Data collection was undertaken by two researchers, one of whom was a mental health practitioner researcher and the other of whom was an academic researcher experienced in working in mental health settings. Participant observation was the main method of data collection. Researchers attended 'up-brief' and 'down-brief' sessions before and after each session to finalise how the observation would be managed for that particular session. Hospital staff introduced the research to participants, explaining the participant information sheet (PIS) and gaining consent from those who agreed to the research. After participating in sessions the researchers took notes immediately afterwards using a semi-structured observation

schedule. All participants gave written consent for the research: it was agreed in advance that if any participant objected to the researcher being present at any time the researcher would withdraw and note-taking would not go ahead. This did not happen. However, while participants did not seem to object to a researcher being present, some participants did not want to give written consent and these sessions were not included in the research.

A total of seven sessions were observed, including three poetry sessions, one music session and three 2d visual art sessions. Between 40 and 50 participants were involved in these sessions, although in practice participation was more fluid, with participants 'coming and going' from sessions. Observation was restricted to ensure that only those participants who had given written consent were included in the study. Further details of the observation process are provided in Table 1 (Appendix 1).

The research also included an end of project focus group that obtained the views and experiences of staff involved in the project. Eleven people were present for the two hour discussion, which was audio recorded and transcribed in full. The discussion was stimulated by a broadly focused prompt:

'What are the most significant aspects of using participatory arts in mental health service development?'

The focus group discussion focused on staff experiences and perceptions, identifying benefits of the arts activity, the value of the activity in encouraging participation, limits of the activity, challenges created by the project and additional challenges associated with the research element.

2.4 Data analysis

The focus group data were audio recorded and transcribed in full. Thematic analysis of this and of the observation data was undertaken by both researchers using NVivo 8. This involved an iterative process, which began with each researcher separately coding segments of data. The results of these were compared and, after discussion, the coding frame refined in order to identify significant themes.

2.5 Ethics approval

The research was approved by Wiltshire NHS Research Ethics Committee and UWE, Bristol Faculty of Health and Life Sciences Research Ethics Sub-Committee. Research and Development (R&D) approval for the study was granted by Avon and Wiltshire Mental Health Partnership NHS Trust.

3. RESULTS: PARTICIPANT OBSERVATION

3.1 Overview of key themes

The following key themes emerged as significant:

- Diverse responses to the arts
- Mediating Participation
- Facilitation Skills
- Staff support

A more detailed summary is provided in Table 2 (Appendix 1).

3.2 Diverse responses to the arts

One of the main themes to emerge was that of diverse responses to the arts. Within this, seven sub-themes were identified (Table 2, Appendix 1).

Levels of participation

Participants responded with varying degrees of engagement and participation to activities that varied in complexity. For example:

*Levels of engagement varied throughout the workshop from passive forms (quiet reflection, allowing the artist to guide responses), to more active forms (contributing words and phrases when invited by the artist, suggesting the order of words as these were assembled into a poem, and embellishing words and phrases as the poem was finished). One participant was able to read poems aloud to the group.
(R1311 Poetry)*

Some participants were able to engage in relatively complex activities such as felt-making, which encompasses a number of steps, or music making, which requires attention to rhythm and dynamics. However, not all individuals were able to do so:

*Some people... walked up to the table contributing with a few pieces of wool that would go onto the picture, but did not feel able to engage for very long and wandered off again... I had the sense that there was great interest – but an inability to commit.
(R2PM1602b 2dArt)*

Consistency of participation

Participation ranged from full participation from the start of the session till the end through to partial or intermittent participation. Individuals' level of engagement could change significantly during a session. For example:

*Some participants participated quietly, but were engaged in the art activity for the entire time, others were verbally engaging intermittently or ongoingly...
(R2AM1602 2dArt)*

Coming and going

Groups were rarely fully constituted throughout a given session. Participants often came late and 'hovered' for a while to observe the activity before joining. Some needed to take breaks during sessions or leave before the end. Those who were present throughout were not necessarily fully engaged throughout. Hence most of the sessions were conducted within an atmosphere of 'coming and going'. This characterised the conduct of sessions and not just attendance. Some participants seemed to enjoy the fact that they could engage for a short moment and then walk away.

Although this fluidity sometimes disrupted the flow of activity, most of the time, 'coming and going' was accommodated within the creative process:

*Individuals would leave the room once they had completed this (activity)... some came back later to begin a new cycle of engagement.
(R2PM611 Poetry)*

Degree of interaction

There were also different levels of interaction between participants, ranging from energised conversations (including musical conversations) to private reflection. Some participants did not directly engage with the activity, preferring to observe, however, curiosity was often aroused by the activity and participants who did not interact with other group members were nevertheless able to interact with staff and artists.

In some sessions, a sense of group identity developed as the activity progressed. In other sessions group interaction was less pronounced, with participants preferring quiet reflection. In other sessions, a strong sense of group identity was observed. These participants commented on how much they enjoyed the art activity, which evoked memories and guaranteed some form of activity and even creating a sense of family:

*... those who were still living at home... commented on their sense of isolation... and described the art activities as bringing some form of relief. One woman mentioned that the sewing helps her to be distracted from thinking too much about her anxiety of dying. Another individual mentioned that she had no family left... the art activities reminded her that "One has to keep going and get out"... Two participants highlighted the fact that this is the only way to have social interactions and that they would not want to miss out on it.
(R2AM1802 2dArt)*

Degree of independence

Another aspect of participation is the extent to which individuals are able to engage independently and the degree of support they need from others in order to take part. Some participants seemed able to take part with relatively little advice or support, while others seemed more reliant on staff, artists and carers.

In some older adults' sessions partners or carers were present. The presence of supportive significant others had a significant impact on these participants' ability to engage with the activity:

*Two male partners/carers took part in the activity. Their support was valuable at several levels. They supported the activity, contributing words and phrases to the poem and encouraging their wives to contribute. The mood of the workshop was enhanced by their presence. One of them was quite funny and charming, adding words such as 'benevolent', 'rich' and 'well fed' to describe the pumpkin.
(R1311 Poetry)*

Different contributions

Most participants were able to contribute both to the process and to the outputs from the activity. Individual contributions varied according to ability and interest. Some individuals were clearly able to 'shine':

*My feeling at the time was that she was a 'natural' poet and gained satisfaction and pleasure from her facility with the process. Although her voice was very quiet, she seemed to enjoy taking her time to say some of the words and phrases, emphasising dramatic effect. From time to time she smiled as she registered the effects of her words on the group. She was confident enough to read a poem to the group and she did this clearly and fluently.
(R1311 Poetry)*

While those who were able to engage throughout the session may have been better placed than others to contribute to the outcomes, there was clear evidence that individuals with different apparent levels of ability were able to contribute to the workshop outcomes. Further, the significance of individual contributions was not necessarily related to the consistency of their engagement. One individual left a session halfway, but:

*His contributions were very significant and the group had chosen his picture...
(R2AM611 Poetry)*

Making choices and decisions

Staff commented that for some participants attending a workshop was the first time they had been able to exercise choice and control over what happened to them since they were admitted to hospital. Once the workshops began, individuals continued to make choices and decisions including: choice of activity; choice of collaborator/s; choice of words, materials and instrument; choosing when and how to play and when to listen; contributing to group decisions about the construction of artwork; deciding whether or not the artwork could be displayed; and deciding whether or not the session would be included in the research.

Participants were perhaps most strongly engaged when it came to making aesthetic choices about their own work:

Those who attended previous sessions were looking for their own poetry and chose a leave to stick it on. The place on the tree was very carefully chosen and reflected on verbally.
(R2PM611 Poetry)

Participants were able to express different views about art, for example whether they wanted a final picture to be 'busy' or 'not so busy'. These processes of decision making seemed to encourage expression as well as reflection:

This was a very dynamic session with some energetic, loud playing, accompanied by shouting and screaming, as well as some quieter moments. All of the participants seemed to enjoy it... it sounded good and people were smiling throughout...
(R11612 Music)

They also engendered a sense of achievement.

... at the end of the session, when the artist walked around and looked at all the art work that had been completed, there was a sense of achievement and participants smiled and showed pride in what they had achieved.
(R2AM1802 2dArt)

3.3 Mediating participation

The key theme of mediating participation emerged from the observation notes. A number of issues seemed to mediate participation, broadly divided into: participant experiences and needs; and healthcare needs (see Table 1, Appendix 1).

Healthcare needs

Individuals' healthcare needs that mediated participation encompassed mental health conditions, severity of symptoms and the impact of mood, concentration and energy levels. There were many instances where individuals were not well enough to take part in the activity. The timing of sessions may have affected participation, with some individuals unable to engage with morning activities. Other issues noted included fatigue, fluctuating energy levels and issues relating to specific conditions such as dementia. The effects of medication limited some individuals' participation:

... medication... has an impact on emotional and physical stability, expression and mood. This would affect being able to make decisions, such as about which poem to hang on the tree, and the ability to cut out poems/words and hang leaves on the tree.
(R2PM611 Poetry)

Changes in mood were often noted as the session progressed, and the flexible nature of the sessions seemed to accommodate differences in mood. Often, the activity seemed to lift participants' moods:

One lady commented on not feeling too well when she initially came to the session but the sewing activity and being with the group helped her lift her mood.

(R2AM1802 2dArt)

Individual stories and experiences

Individuals often connected with the arts process through personal histories and stories. For example, workshop activities evoked memories and reminded participants of significant experiences such as travel. The activity stimulated discussions and reminiscence between participants, who seemed to value this opportunity to reflect on the past and connect with others.

Participants were openly commenting on how much they enjoyed the art activity. Some ladies fed-back that it reminded them of needle work they used to do in the past.

(R2AM1802 2dArt)

Support from carers

The presence of carers supported participation, perhaps reinforcing personal stories and identities. In some workshops, carers took an active role, interpreting written information such as consent forms and generally encouraging engagement. Hence for these individuals, the presence of a supportive significant other mediated participation:

Half way through the workshop her husband got up to leave, saying that he needed to catch the bus to avoid rush hour traffic. This affected her and I felt that she lost some confidence at this moment...

(R1311 Poetry)

Perceptions of skill and experiences of art

Perceptions and experiences of skill mediated participation. In some group activities, the ability 'to do' something seemed very important. Several participants were able to connect positively with the idea of skill, demonstrating particular talents through the arts activity. However, some participants may have been apprehensive about taking part, perhaps perceiving that a particular level of skill would be needed. Doubts were occasionally expressed throughout the sessions, usually focused on the question of whether participants' art was 'good enough'. The artists worked with these issues, providing encouragement:

One participant kept on commenting on how she is not able to achieve the task, but was encouraged by other individuals, the artist and the OT as she was doing very well.

(R2PM611 Poetry)

Group differences: culture, language and age

Group differences affected participation, including cultural and language issues, age and gender. These were not always limiting: the high level of cohesion observed in one group was seen as a generational issue. In groups involving older adults, physical impairments, such as arthritis and hearing difficulties often affected participation. Overall, there was a sense that individuals and groups worked to ensure that these issues did not affect access to the activity. However, issues of language and literacy sometimes presented a barrier and made some processes challenging, such as gaining consent in order to display participants' work:

The fact that the picture would be publicly displayed caused some delay. Written consent from all participants who contributed to the picture needed to be obtained right at the beginning of the art session in order that the work could be shown. Both OT and artist explained carefully why this was necessary, however due to language difficulties not all participants were able to understand what the consent was for... For some participants language barriers were most significant. These discussions about consent for the display of the art work caused distress and then disengagement from art activity.
(R2PM1602 2dArt)

Group dynamics

Group dynamics seemed to affect participation on a number of levels. Some groups worked together successfully, demonstrating a high level of cohesion from the start. However, more often the process of group working was more fluid, accommodating a range of needs. Sometimes the process of working together seemed haphazard and some participants seemed to find it difficult initially to engage as part of a group. As the sessions progressed, increased eye contact and changed facial expressions were often observed. Some people gradually gained confidence and were drawn into group activity. The presence of physical objects (musical instruments, prompts) seemed to minimise exposure. Physical movement also seemed relaxing. Nevertheless, some participants found being in a group challenging, for example, when others were affected by illness or medication:

For one participant this was the first session he engaged outside the ward which potentially made him feel very vulnerable. He contributed to the first part... but became increasingly distressed by comments made by another participant.
(R2AM611 Poetry)

Another aspect of group dynamics was the impact of staff and professionals on the activity. On the one hand:

... additional numbers meant that there was a critical mass of drummers. This encouraged participation and helped to prevent awkwardness, the analogy being not wanting to be 'the first person on the dance floor.'
(R11612 Music)

However, some staff felt that the presence of too many professionals could be intimidating for some participants. Generally, staff acted sensitively to issues of balance, withdrawing when prompted by key support workers. Nevertheless, they were keen to take part, reflecting the high value they placed on the activity.

Another issue of group dynamics arose in relation to the role of the reflective artist. Staff and artists decided that to have a researcher and the reflective artist present at the same time would be too challenging:

My observation was agreed several weeks beforehand... with the reflective artist-in-residence to avoid overlap and too many staff being in the session.
(R2AM1802 2dArt)

Hospital policies and staffing

Ward staffing and organisation also mediated participation. Staff shortages meant that some workshops had to be rescheduled, although none were cancelled. Hospital policies framed who could and could not attend workshops. For example, once participants had been discharged they could not return to the hospital for sessions. Other policies also affected attendance:

Some of the service users had asked if they could invite their visitors to the session but it was explained that this could not be allowed because of insurance.
(R11612 Music)

The physical environment

The physical environment also affected participation. One challenge in some open spaces was noise: from buzzers, alarms that made it difficult to hear quiet voices. The use of open spaces also encouraged participation, as individuals could view the activities from a relative distance before deciding whether or not to take part:

The open space could have impacted on the ability to engage as the area was exposed to people coming and going. A closed space could have provided greater sense of privacy and the ability to concentrate on the art activity with less distraction.
(R2PM1602 2dArt)

Consent issues including research consent

Participants needed to give written consent for their art work to be shown and for the research to proceed. In practice, some staff and artists were uneasy about asking for written consent. Concerns expressed were that this could interfere with the creative process and that participants would not want to sign forms. Prior to giving research consent participants were required to read an information sheet (PIS). Version 1 prompted a question from a participant, who wanted to know what was meant by a standard sentence that referred to compensation arrangements should participants be harmed by the research. Once this was explained by staff, the individuals were able to sign and the question did not come up again. Following this

incident it was decided to revise the PIS and remove this sentence. Approval from the ethics committee for a substantial amendment to the research was required. Once introduced, the revised PIS did not generate any specific queries from participants. While there was initial unease among some staff and artists about gaining written consent, this reduced over time and the consent process also seemed to go particularly smoothly when the artist was experienced in research and was able to model positive views and confidence in the research process:

The artist was very positive about the research element of the project and we discussed how to best present it to the group shortly before the commencement of the session... participants were willing to sign written consent. Participants did not seem to mind stopping their arts work for a moment.
(R2AM1802 2dArt)

In some instances, the experience of giving consent reinforced participants' positive experiences of choice and decision making:

One participant arrived in a very good mood and offered to sign the consent form for the research stating, "Today I am happy to sign the consent form."
(R2AM1802 2dArt)

In other sessions discussions about consent led to banter, for example, in one music session as the OT read the PIS aloud participants joined in with the chant, "Blah blah blah." After this initial exuberant response the workshop the researcher was welcomed and the activity resumed, with all the participants giving written consent for the research.

In other sessions participants did not want to give written consent:

... two individuals... did not oppose the research project and commented positively on its purpose, however one made it clear that he would not sign anything. He was... apologetic about this. I had the sense that signing a consent form... has a... symbolic meaning... 'giving away one's power'. This is easily understood considering that some participants are held under the Mental Health Act 2007.
(R2AM611 Poetry)

3.4 Facilitation skills

A range of facilitation skills adopted by artists that seemed effective in encouraging participation were recorded (Table 1, Appendix 1).

Preparation

Artists were generally well prepared for sessions, bringing along resources including pictures, musical instruments, objects and previously completed work by participants. Artists often spent considerable time preparing materials for each session. Preparation also involved preparing the physical space for the workshop. This was to some extent outside of the artists' control, but artists nevertheless gave thought to those elements that they could control, for example, the position of

furniture. Use of a central table for activity was seen as providing coherence and focus when groups were working on larger pieces of work, whereas in other sessions participants were grouped in circles, with any intimidating effect mitigated by the placing of objects in the middle.

Working in a circle leaves an open space in the middle, which could to be perceived as an empty space that one wishes to fill... this could possibly be experienced as pressure, anxiety provoking, being 'on the spot'. It seems that having something in front (table, hands, picture or drum) could be a protective shield easing the way into participation.
(R2AM1802 2dArt)

Structuring sessions

Providing a clear structure for each session helped to encourage participation. This involved: setting an agenda for the workshop; providing continuity with previous sessions; pacing activity; monitoring the passing of time; and ensuring a successful outcome. It also involved setting boundaries, for example establishing confidentiality and emphasising the voluntary nature of participation. Sometimes more spontaneity was needed, for example, when participants needed to 'dip in and out' of the group or experience a sense of achievement 'in the moment'. The focus on the end product increased towards the end of each residency and some additional sessions were organised:

... this was an additional group provided to allow participants to complete a final poem-tree for the mini-show case. Attendance was... dependent on who knew about previous word groups and who was aware that this tree was being produced for a show case.
(R2PM611 Poetry)

Steering the group

The artists steered the groups in a number of ways: ensuring a flow of activity; providing satisfying processes; accommodating diverse responses; and delivering final outputs. This meant continuously monitoring group responses and making well placed creative suggestions at critical moments. A more directive approach was sometimes needed, for example, when people were starting to disengage or lose concentration. The artists gently steered interactions bring these groups back to the activity. Verbal techniques, such as repeating contributions, eliciting richer descriptions and asking others for their views were used to effect. Creative strategies such as providing a flow of stimuli and changing musical dynamics were used to steer the group, while modeling was also used to encourage others to take the initiative. Non-verbal methods were generally effective:

... this was often achieved in a non-verbal or indirect manner, by seeking eye-contact, moving closer to the individual, talking to the group in general about the stages of felt-making and reminding all group members about the purpose of the activity.
(R2AM1602 2dArt)

Responding to individual needs, including healthcare needs

The artists responded to the individuals who attended their sessions in a number of ways, for example, using verbal and non-verbal techniques to acknowledge individuals and reinforce their contributions. Hence artists addressed individuals by name and acknowledged details about them, such as what element they had contributed to art works and group poems or which particular instruments they preferred. Artists also engaged in small talk, connecting with individuals by sharing information about themselves as well as knowledge about arts processes.

The artists were not formally briefed about the particular diagnoses or care plans of individuals but they needed to respond to complex healthcare needs. They did this by tuning into individuals' moods and emotional wellbeing without being intrusive and demonstrating sensitivity to participants' energy levels and physical abilities:

... this was particularly important with the older adults, as more explanations and reminders were necessary throughout the session.
(R2AM1802 2dArt)

Accommodating diverse forms of participation

The artists also supported diverse forms of participation by monitoring and pacing, providing one to one support where needed and encouraging individuals to 'shine'. They recognised individuals' skills:

Encouraging independent work by leaving participants to work autonomously and occasionally checking in with their progress.
(R2AM1802 2dArt)

They also accommodated latecomers and 'hoverers':

... slightly changing the activity to allow new participants an equal stake...
(R2311 Poetry)

Offering choice and facilitating decision making

The artists continually offered choices and encouraged both individual and group decision making. Participants who found it difficult to make decisions were supported with verbal and non-verbal encouragement. Participants chose whether to attend workshops; what materials or instruments to use; how to play, what words and pictures to use.

The creation of the group poem was a process of shared decision making. Although this was led by the artist, the participants were at times able to express disagreement with the artists' suggestions. When an individual challenged... an emerging consensus their view was generally accommodated by the artist and the group, even if this led to a slight loss of coherence in the final output.
(R1311 Poetry)

Working with support

The artists worked closely with support staff and benefited from their input, both in 'up-' and 'down-brief' meetings and during sessions (see 3.5 below). Working with support was a key skill for artists who value this aspect. In turn, staff seemed to benefit from the creative energy, ideas and experience that the artists contributed.

3.5 Staff Support

Clinical and support staff played a crucial role in ensuring successful delivery of the workshops: mentoring artists at 'up-brief' and 'down-brief' meetings; supporting recruitment; joining in workshops; supporting research; and helping to facilitate showcase events. Clinical staff decided whether patients were well enough to take part in the activities and whether they were able to give consent. They also escorted patients to and from wards when individual care plans required this. As well as their knowledge of patients and hospital routines, regulations and procedures, some members of staff were also able to draw on their knowledge and experience of arts practice to enhance the activity. Significant interactions between artists and participants were often underlined by the presence of a staff member, who provided an additional sense of security.

The 'up-brief' and 'down-brief' meetings

It was agreed that the artists would attend an 'up-brief' and a 'down-brief' meeting with a staff member before and after each workshop. In practice, the 'up-brief' sessions did not always take place: the 2d visual artist was also a state registered arts psychotherapist and this individual was perceived to need less support than others. However, this artist did insist on having 'down-brief' meetings.

A typical meeting lasted for about an hour and these sessions were used for a wide range of activities including: planning and reviewing activity; identifying any issues that might affect participation; deciding how consent was to be obtained from participants; identifying any areas of concern or risk. Differences in professional backgrounds seemed to result in different meeting agendas and formats. For example, the 2d visual artist's clinical background meant that this artist used the meeting to review with colleagues:

*... individuals' needs, progress and achievement and how mood had lifted from before to after the session.
(R2AM1802 2dArt)*

Supporting recruitment

The support of staff was crucial during recruitment of participants to workshops since artists who were unfamiliar with the patients and the day to day routines and procedures of the hospital. Hence in this respect the artists were strongly reliant on OT and AT staff. Participants who were well enough to attend sometimes needed support and reassurance to leave the ward, again staff played a crucial role. In ward based activities, the OTs approached patients at the start of the workshops, inviting them to take part at the same time as respecting participants' choice not to attend:

At the start of the activity, about 15 people were seated in a lounge area next to the dining area where the workshop was to take place. The OT and the artist went to individuals inviting them to take part but there was no sense that people were pressured to join in. Quite a few individuals declined to take part. Two women did want to take part.

(R1311 Poetry)

Supporting activity

Once the workshop activities began staff contributed by joining in and being on hand to providing additional support for individuals. They used their knowledge of patients to support their involvement. Some staff provided generic support while others were able to use their professional knowledge and skills in relation to particular art forms. In general, staff reinforced artists' facilitation strategies, modeling engagement as well as offering reassurance and praise:

One participant kept on commenting on how she is not able to achieve the task, but was encouraged by other individuals, the artist and the OT as she was doing very well.

(R2PM611 Poetry)

Staff were able to respond to different levels of participation, sanctioning both engagement and withdrawal from the activity:

Ten minutes into the session two individuals left as they asked to have a rest after their initial commitment to the activity – this was supported by the OT.

(R2AM1802 2dArt)

Supporting research

Staff were involved in supporting research processes, liaising with researchers before the residencies began to discuss the PIS and consent forms. Staff developed creative strategies to manage the research and consent processes and they supported participants' choices in relation to these. Staff also provided key insights during discussions of the likely impact of the research process. In one 'up-brief' session the researcher was advised to avoid:

... terms such as 'observation' and 'research' and replace them with 'finding out the benefits', 'giving participants a voice' and 'a chance to voice'.

(R2PM611 Poetry)

Staff reflected critically on the research process, for example, contributing to the revised PIS. They also brokered the research, introducing the researcher to participants and informing participants about the research. They also offered observations about the impact of the arts activity on participants that may not have been noticed by researchers and artists.

4. RESULTS FROM THE FOCUS GROUP

4.1 Overview

The discussion covered four key areas:

1. The impact of the project on participants
2. The impact of the project on staff
3. Managing consent
4. Project management issues

A more detailed summary is provided in Table 3 (Appendix 1).

4.2 The impact of the project on participants

Several themes emerged relating to the impact of the project on participants (Table 3, Appendix 1).

Motivation of participants

Participants seemed highly motivated to take part in the arts activity:

*... we had lots and lots of people attending all of those groups... I'd say more than normal...
(Staff member)*

Learning new skills seemed to be one element linked to motivation:

*I think the new skills stuff ... really appealed to people.
(Staff member)*

However, participation was challenging for some participants and needed to be brokered by staff. Forming new relationships with unknown 'outsiders' was an issue:

*Whereas I think it's really refreshing having new people coming in doing things ... on the ward there were times when people could be a bit suspicious of somebody that they don't know... and although all the artists were really inclusive... there was still this... formal introduction that has to happen... it can take weeks and weeks to build up any kind of relationship with some people, so it's difficult for them to do it in... an hour every week for a couple of weeks.
(Staff member)*

Diverse forms of participation

The project allowed people to participate at different levels:

*I was quite surprised at how many people got involved, or at least sat with us... and that's participation... witnessing what we were doing, giving directions...
(Staff member)*

Working towards an end goal

Working towards an end goal in the form of art work for display or presentation was a departure from usual practice. On one level, this created a sense of expectation:

Yes, there was a pressure... not pressure, but an expectation that there would be something produced at the end, and trying to almost get around some of the consent issues to make sure that that did happen.

(Staff member)

It also gave the project momentum, enhancing motivation:

And that gave the project momentum, it gave it... something for clients to aim towards that was time limited but... encouraged motivation... really motivated people to do that work, to get their work witnessed.

(Staff member)

Having one's work displayed and working within a time line towards an end goal was felt to be beneficial for participants:

Staff member: it didn't ever feel unbeneficial... for people's work to be displayed... but there was a definite sense, as time went on, that we were rushing to get the stuff made that we needed to get made, irrespective of whether clients could really be involved, at times. But I think, like I say, I think that's part of the joy of the project... that pace was also really beneficial for people. Actually having to create a product... that's not something we're used to here.

Staff member: that was quite exciting, I think.

Staff member: yes.

Participants took great pride in seeing their work displayed:

... and seeing some of the people's faces when they saw their work... people that were coming over and seeing stuff displayed... they were really chuffed, which is brilliant... that meant an awful lot, really, to them, to see the things that they created looking really great on display boards.

(Staff member)

The pressure of goal oriented work:

This goal oriented way of working also created pressure for some participants:

Staff member: there were times when it was quite stressful... Some people... older people who perhaps we were encouraging more than we normally would ... were kind of... like... "Well I haven't done anything like this for 20 years or 30 years."... And some did it and then felt really good about it but some were struggling the whole way through... it would have been nice to have gone at... a bit more of a slower pace.

Staff member: I agree... you end up thinking, "Why am I pushing these people? They don't care that there's an arts project going on."

Staff member: no, exactly.

Staff member: it's us going, "We need to finish it." That... kept making me question... sort of...

Staff member: why? Why am I doing this?

Staff member: yes.

Not everyone concurred with this view:

... I don't think I ever felt what you were both saying... that I was needing to push people to finish stuff... it felt that it was something that got quite easily completed in the workshops... I think sometimes... I suppose there was less time maybe for clients to make their own little thing in their own way... or that we had these group pieces to be made. But still... most of the time I didn't feel we were pushing people.

(Staff member)

For some participants, the experience may have been stressful at times:

There were certainly people who struggled to participate or found the experience quite stressful... they would join in for a couple of minutes and then say, "I don't feel well enough for this, can I go?" There was a huge range of responses.

(Staff member)

Physical impairments

Participants with physical impairments faced additional challenges:

I think sometimes for older people, as well, sight, hearing... can be quite impaired. It can be quite difficult for people to (participate)... the level that we had to shout at for everybody to be able to hear what was going on... "What, can't hear anything, don't know what anyone's talking about..." We had to go round individually and explain to people what we were doing, it got quite chaotic and you needed quite a lot of staff to be able to manage that, similarly with older adults.

(Staff member)

Depth of work

A key issue was managing participants' emotional response to activity that was sometimes, unpredictably, deeply affecting:

... it got quite emotive responses from people, I think, because of the nature of what... comes out... maybe would have been nice to carry on... one to one... It certainly did open my eyes as well as to what potential there is within different creative... mediums that... we don't always think about... that can create really amazing responses.

(Staff member)

As well as reflecting on the ability of arts activity to elicit powerful responses, staff noted the issues of safety and risk management that this raised:

We had quite a lot of people come down who seemed to be wanting to do more in-depth work and it became quite... at times... like a therapy group... and we thought carefully about that ... The artist did really well at holding that. But we had to do a lot of thinking around... given what was coming up... how we contain that and make that safe.
(Staff member)

4.3 The impact of the project on staff

A number of impacts of the project on staff were discussed (Table 3, Appendix 1).

Motivation of staff

Staff had been highly motivated to take part in the project:

We are all highly motivated... we're really giving it our all.
(Staff member)

Working with external partners and having one's work made visible to a wider audience was identified as having a positive effect on motivation:

Personally I felt... my levels of motivation in all respects went up zillion because you're there having to perform for the artist... grow with them... for the service users... You're working with outside... you guys doing research was really exciting... presenting that at conferences... It felt like what we did became very connected with a lot of different people. And even the final showcase... there were lots of health people there and asking and hearing about our work and what we do. It's a real chance for us to feel this is what we do and why we do it and get excited about that and celebrate that and... yes... I just think that's really invaluable.
(Staff member)

Expanding horizons

A key impact for staff was the sense of expanding horizons and the opportunity to work with people who they would not necessarily encounter in their day to day activity:

... what, for me, was particularly significant was bringing people from outside in so that... culture could change... the hospital, and what we usually offer could change to include our outside partners... It suddenly grew and expanded to take in other things and I think that was immensely valuable. Sometimes we get very locked in with just what we do here... and to make new connections has been the significant thing for me...
(Staff member)

Creative learning process for staff

The project provided opportunities for new learning:

*... and our excitement... giving us... a breathe of fresh air and... although it was hard work... but then the joy of being... able to learn some new skills myself and co-facilitate and learn from that experience was amazing.
(Staff member)*

Another staff member commented on the value of having structured opportunities for reflection in the form of 'up-' and 'down-brief' meetings:

*I mean I found it a great reflective process... to be at the end of a session and think about what had happened and... what had encouraged those dynamics and what had discouraged participation and then to talk with the artist and come up with a new plan and then see the difference... It felt like a huge learning curve for us to really be able to pinpoint... so many things about the ways that we work and what enables us to run groups as we do... a few bits of planning can completely transform the group... the next time. And I thought that was pretty amazing.
(Staff member)*

Supporting participants and artists

A key impact on staff was the extent to which they had been involved in supporting participants, including giving emotional support. This was sometimes apparent after the artist had left:

*But then I suppose the artist goes and... you're... kind of... left with... That felt quite tricky sometimes as well... how is that going to be contained?
(Staff member)*

Staff also gave artists significant support:

*... one (participant) was... deeply distressed through most of the sessions... and the artist was holding that and working with that and... they don't work here, they can't go back... and having that reassurance that we're then going to follow it up...
(Staff member)*

Supporting artists also involved going through materials and session plans: sometimes to identify and address any areas of concern:

*And also looking at the material really carefully... we did a lot of pre-planning around the materials... what we were going to explore.... And some of the images... we had some very strong reactions just from people in the office so... whether or not what you censor, that's debatable. But we... certainly in those up-brief, down-brief sessions looked really carefully at content and then... and how we were going to manage people's responses.
(Staff member)*

Staff used their knowledge and skills during these sessions to comment on artists' session plans and address any issues of benefit to participants:

The stuff I had to do at the beginning was about... really breaking down what... the activity so that it would encourage participation... looking at people being able to develop practical skills.
(Staff member)

One view was that, with hindsight, the artists may have benefited from the opportunity to familiarise themselves with the hospital before the project started:

Maybe it would have been good if they had come to one of the groups that were already running... just to have seen... safety things like who can come off the ward and when, and whether they need escorts or... what you do when you take... somebody off the ward... you're trying to explain things like that, initially, and while you're trying to set up the room. That's a lot in a short amount of time.
(Staff member)

The group discussed the fact that one artist, who was also a trained arts therapist, needed less support than others:

.. I could have walked off for five minutes and it would have been fine.
(Staff member)

This enabled staff to focus more on their own learning. Nevertheless, the contributions of all the artists were highly valued:

... their workshops were fantastic, absolutely amazing, a real privilege to be in those groups, actually.
(Staff member)

The issue of whether mental healthcare experience was a prerequisite for successful practice was discussed. The project was felt to have demonstrated that artists who are relatively inexperienced in working in mental healthcare also lack preconceived ideas that can limit participation and creativity.

Staff member: ... going back to our interviews... what enables us to practise safely... sometimes really inhibits us in working with people, facilitating... being creative and really creating.
Staff member: and the preconceived ideas... didn't have those preconceived ideas about what people could or couldn't do.

Staff skills

This discussion led to an appraisal of skills among therapy staff that are sometimes taken for granted:

Staff member: our first session... I mean poor artist... people screaming, crying, one person was lying on the floor...(laughter).

Manager: I think, though... I think all of that shows how skilled the therapy staff are in managing groups... for me, as the manager of some of the staff... the skill that they bring to bear... both working with the artists and encouraging service users... to me, says what a skilled group of staff I've got and how... amazing that is, really, that they instinctively know the right level of activities and when to stop things and when to start things.

Several staff commented that the project had increased both their skills and confidence:

*And I just want to say as well that the whole project has completely boosted my confidence within the job role and... it's... pushed me to do certain things that... felt quite difficult sometimes... but I've achieved them. It's hugely increased my confidence in my... job role, my career, so it's been really beneficial and really positive for me as an individual.
(Staff member)*

Workload

As well as benefits, the project generated a significant workload for staff:

*I think a lot of it was about our enthusiasm as well and our kind of... it did take a lot of work, I think. I think it took a lot of... it was a lot more work than we would ordinarily do for certain.
(Staff member)*

Bringing staff, patients and communities together

A key impact of the project was that it brought staff and patients from different units, which for many reasons seldom interact, together:

Manager: I think it was great from the point of view of... bringing the therapy staff across the adults and older adults together.

Staff member: we must try not to lose that.

All: yes.

Staff member: especially given all that wonderful service user feedback which was all about how they loved working with younger adults.

The arts project created a sense of excitement in the hospital:

When the work had gone up over the weekend... I walked in... and you could see every single member of staff that normally comes in and just goes to the desk, signs in, trots off to the ward, kind of thing... they all just stood there and stared... and people were going, "Where's that come from?" and I was just hovering around the foyer, like really excited kids running around going, "Well this is from this, and this is from this." And that was...

The project also drew attention to the work of the creative therapy teams:

Consultants were walking in and just going, "Wow, this is amazing!"... really, really impressed with the work and the fact that it is service user work up on the walls and can be proud of it... absolutely amazing.
(Staff member)

As well as strengthening connections within the hospital, the project allowed new connections and relationships to be formed with external partners, extending the hospital community:

It was a fantastic, amazing project... really amazing for our learning and for service users and to bring people here that aren't part of this institution in to do the sort of work... I think it's just completely invaluable and it would just be great if we could do that once a year.
(Staff member)

This sense of bringing people together was particularly apparent at the final showcase event:

I think the final showcase was absolutely fantastic. I really enjoyed that day and I think there were a few completely magic moments there. I think when we had an adult service user dancing with one of the older adult service users whilst somebody else was playing the piano... that was totally spontaneous and nobody had planned that... nobody had... facilitated that particularly, other than bringing the people into the room and setting up the equipment there. I think that was the beauty of it, that the creativity was still there and the memories of what they had done in the workshops were still there and it was still continuing and... yes, absolutely fantastic... completely enjoyed it.
(Manager)

Hence the project had a positive affect on relationships between service users and staff as well as between staff and external partners:

I think the power relationship has changed somehow with creativity ... that was one of the most significant things for me, that people were on the same level, there was an equality around the art making that people could all share and be there together. I think some people have mentioned that... about it being a sort of a holiday or that... actually it was being there together and changing the relationships and then using those changed relationships to make new connections outside and bigger... I think that's important.
(Manager)

Thinking about how far that stretched out of the hospital... not only have we made these connections with these artists who are coming back, who all have their own links in turn, arts and health stuff... that's really relevant to us, community organisations that are really relevant to us... the links we made with you guys and research and... the message we put out there...
(Staff member)

Staff wellbeing

The positive impact of the creative process on staff wellbeing was acknowledged:

*And in some ways I think it is so important to acknowledge that it's also important for staff... although I often had this sense of... in the groups... one could really lose that sense of it doesn't matter at that moment who's staff and who's artist and who is patient and on what level of section or not sectioned... they're all just actually in a group doing something together. And maybe... yes... once a year to actually realise how important it is to get that insight... and for one's own wellbeing as a member of staff.
(Staff member)*

4.4 Managing consent

Participants needed to give written consent to have their work shown and written consent also needed to be obtained from participants for research. During the planning phase the Steering Group had discussed Trust protocols for obtaining consent:

*I remember back to the earlier steering group discussions and it didn't seem to rear early on as a particular problem. I had a sense... that that was something that the Trust would just take care of and that they would know how to do it.
(Manager)*

As the project developed it became clear that obtaining written consent from participants was unfamiliar to some staff. While arts activities are regularly undertaken at the hospital, participants' work is not often displayed to the public:

*... probably this is something to do with the fact that we don't normally get written consent from people... the whole process felt a little bit alien and a little bit new...
(Staff member)*

Some staff found gaining written consent from vulnerable individuals to show their artwork challenging:

*You'd get to the end of the workshop and I was thinking, "How on earth am I going to get this person to give any kind of consent? What am I going to do?" ... I found that quite difficult actually, quite stressful sometimes...
(Staff member)*

On the other hand, offering participants a choice was seen as a valuable aspect of the consent process:

Staff member: Most of the people I work with definitely understood on... what we were doing but were absolutely, "No way!" ...my impression was that that was more about the culture of being on a section and having no choice whatsoever and then the idea of being given a choice made them say no. It's their only chance to say no, isn't it.

Staff member: It did feel... quite an empowering thing that individuals got to say 'no', they wanted to keep their work private.

Managing individual choice was challenging, particularly because individual choices could have a significant effect on the outcomes for the whole group:

*... the initial statement was that if you don't want your work to be included... then say so. But... then you've got this whole group (laughter), how can you actually separate that?... If one person had said... that meant that the whole thing would have to not be used.
(Staff member)*

Gaining consent was also challenging when participants' engagement was fleeting:

*Sometimes you'd get people coming along and... just putting one bit of wool on the felt... and it was difficult then to try and get someone's consent and... when they've got an attention span of... sort of... ten seconds and they've done their bit and walked off.
(Staff member)*

The requirement for written consent meant that some participants' work was excluded from the project:

*It was quite difficult for people who said they didn't want to sign something but still wanted to take part in it... sometimes it felt a little bit like it was excluding some people.
(Staff member)*

Hence it was not possible to display all participants' artworks:

*Staff member: there are people who maybe wanted to be involved and did produce work but didn't... because for the consent reasons ... their work didn't get as included or as acknowledged... should that be a reason, really, for somebody not being as involved?
Staff member: ... so maybe they are our two most vulnerable groups and that's why that happened.*

There was a difference between consenting to show art work and consenting to research:

*For a lot of service users who... I really don't think this is... me being over-protective... but signing forms in this setting... triggers stuff for a lot of people. ... What I witnessed was a lot of people more willing to sign to have their artwork become part of something... the idea of... "OK this is something that can then go on and other people will see... other people will witness my work"...
(Staff member)*

The consent process required two sets of paperwork:

*It was a bit of a double whammy, I think.
(Staff member)*

Participants deemed unable to give written consent were excluded from the research.

*Staff member: ... as far as the research goes... that is going to exclude people... does that then mean that the research is slightly skewed... you're only looking at people who can participate in a certain way and give consent... there were other people that were involved in this but they're not going to be included in this body of research because they were unable to consent.
Researcher: that's right.
Staff member: is that then a slightly skewed view of what actually happened?
Researcher: it limits the research, doesn't it. So any time we talk about the research we'd have to say it's limited because we took the decision only to include people who could give consent...*

The researchers, guided by staff, had to balance collecting data with what felt comfortable and appropriate during sessions:

*Staff member: and we did it at a point that felt comfortable.
Researcher: it felt comfortable and it felt right and we were able to get some very good quality information from that one session.*

Some staff felt that they did not necessarily have access to support when responding to these day to day challenges:

*Staff member: I always tried my utmost to make sure that people knew what was going on, knew when they were consenting, what they were consenting to, but it was tricky and it was complicated and... yes... there wasn't necessarily loads of support around how we were doing that, I think.
Staff member: yes, we sort of made that up with the artists.
Staff member: we kind of made it up, didn't we, really.*

4.5 Project management issues

Project management issues were discussed including:

- staff expectations
- the role of research
- the role of the Steering Group
- ownership by staff

Staff expectations of the project

The focus group began by discussing initial expectations of the project. Several staff felt that the project had surpassed expectations:

Researcher: did it fulfil your expectations?

Staff member: yes, definitely, yes... because the sessional work we had before is often one-off, ten sessions... twelve sessions maximum... not over a period of nine months... three artists are working one after the other and reflective artists' time the spent together, and so... We haven't had anything quite like that before.

Manager: I think my expectations have been more than met because... yes, we've got these amazing works now actually on show... they were such collaborative works, and that was even more than I had expected. I'd hoped we would involve the staff and carers as well as patients from every dimension that we have in the Unit... and it's just wonderful. And that's partly down to people like (staff member)... who've been working hard on the project.

Some staff did not have clear expectations at the start: they felt that they had relatively little awareness about the project when it commenced:

... I feel like I came in at the... beginning... but I wasn't actually involved in the Steering Group, but I came to some... later Steering Groups... for me, it felt... it was quite a surprise, really. It kind of happened fairly quickly... (Staff member)

Similarly:

It would have been really helpful... to know a bit more about the project, a bit more about why the artist was there, their background and what kind of support they might need... I know it's not always possible to know exactly what support you need but I did think it would have been more helpful if I'd known a bit more in depth at the beginning. (Staff member)

The role of research

This sense of uncertainty was discussed in relation to the research.

Yes, I think it wasn't particularly made clear... we just needed to go through that process of deciding how it actually was going to develop... And certainly... I was at work getting e-mails kind of saying that the group was going to be happening next week and we weren't clear about who was going to be involved in that group, who was going to come to the group, whether the reflective artist was going to be included in that group, that research was going to be included... (Staff member)

I found it quite... it was difficult... because I hadn't been involved in the process and I didn't really understand what the research project was about. (Staff member)

Funding for the research was secured at a relatively late stage, making it difficult to give clear information about this:

*I know there were difficulties weren't there with... finding out about funding later than you wanted to... in an ideal world, if we could run it all again and have confirmation of funding earlier...
(Staff member)*

Once the research began, the practical challenge of administering research protocols presented itself. Some front-line staff felt themselves to be rather thrown in at the deep end:

*I think if we had a few preliminary meetings with staff who are working on the ground to look at the logistics of how we would set up those groups and what might be the complications that might arise with... consent, service users, or what might be appropriate... being able to look at that paperwork earlier... But all of that's something that you didn't have control over and that was the difficulty... if we could recreate it all again...
(Staff member)*

A further opportunity to discuss these issues arose at the artists' induction day.

*I think at the induction, too, wasn't it? It was quite tense, the induction.
(Project Manager)*

This tension was picked up by the artists, and staff commented that the artists were also unsure about how things were going to work out in practice:

*Yes, the artists themselves as well worrying...
(Staff member)*

Those who were more familiar with research processes did not experience the same sense of anxiety as reported by other staff:

*Manager: I've been involved in other research projects so I didn't feel that anxiety at all... I knew we had to research it and I knew that the research process was very formal and actually there would be differences between... the formal aspect was and how it was on the ground. I knew that, I guess, so I didn't have any of that anxiety at all and I don't know whether that's because I was involved and I had research knowledge... from the beginning... but I just thought we would be able to work and get on with it and do it, and we did.
Manager: yes, I felt the same experience, as though all the problems had been ironed out pretty much before we actually started the research and... yes, there weren't any real problems, just a little bit of flexibility and how you approached things each time.
Staff member: I think, though, from actually being... when you're actually running the group, though, I think maybe because I don't have any previous experience of being involved in any kind of research, so it was new for me and I suppose there's just a natural element of... kind of... anxiety that would happen anyway if you've never been involved in something like that.*

Despite the initial challenges, staff commented that the research had gone well:

Staff member: but I think we did and did brilliantly and... the research went really well, didn't it.

Researcher: I think what it demonstrates to me is that the research has to be quite fluid... the practice of the research has to be quite flexible and that's not always apparent at the beginning.

Researcher: I would like to support that. I think also... being involved in the front-line... how early do you actually need to be involved... you need to have people who are really in the front-line supporting the whole process, involved at various stages... and knowing what the rationale is, because I think sometimes that was missed.

Role of the Steering Group

The role of the Steering Group was discussed. The group had responded to queries from artists and staff, for example, framing a clear policy for consent and dissemination to guide the project. However, the Steering Group was not constituted as an operational group: it met infrequently and could not therefore serve as a source of support for staff raising day to day queries about consent processes.

Manager: ... it felt like you held quite a lot on your own and felt that you were responsible for dealing with that on your own. And that xxxx that you didn't feel... "Oh, I'm not sure... take it to the Steering Group"

Staff member: ... I suppose yes... it there'd been some way or me to contact the Steering Group... but... I don't know... it felt quite dissipated at that point because the (workshop) groups were actually already running...

The Steering Group was the main mechanism by which information about the research was circulated to staff. In practice, this meant that some staff were not able to fully engage in the preparation stage:

I think we didn't have chance to look at different elements of the research... we knew that the forms... however we presented them... people went, "Blah, blah," ... that we'd look at how best to present that and how we'd go about introducing that to service users...

(Staff member)

Hence a difference between policy and practice was identified:

I think a lot of the bigger... theoretical reasons for doing it were... decided a long time ago... but actually the practical... felt like it was quite last minute.

(Staff member)

Ownership by staff

In order to manage these complex challenges, staff and artists needed to take ownership and made decisions for themselves:

... it was decided... between the artists and... myself that for the first couple of sessions we just wanted to keep it really simple. So we were saying, "Well, can we just keep it us two, please, for the first one... so that we can... get our heads around what we're doing... make some decisions about practical aspects of running a group on the ward... if it is going to be on the ward, or somewhere else."...

(Staff member)

This sense of troubleshooting also applied to the research:

... we trouble-shooted it ... liaising with you guys, as researchers.

(Staff member)

Staff were concerned to make sure that participants gained the maximum possible benefit from the project:

I had to... think, "OK, these are the patients that I know well and I know how they're going to respond to this..." and trying to balance that between what the expectations were of the project and the research. I almost had a responsibility to make sure that... the expectations... what you were going to present... were suitable and were appropriate for those people... manageable and... safe and... not... conflict with anything that I would feel was going to be beneficial. So I think maybe the staff on the ground who were actually running the group had a slight sense of protectiveness.

(Staff member)

The timescale meant that these decisions often needed to be made quickly and the project represented a significant workload for staff:

And I had to put quite a lot of work into contacting people and co-ordinating things... I took on a lot of that role of kind of co-ordinating... throughout the whole project.

(Staff member)

As the project progressed, these anxieties seemed to dissipate to some extent:

Staff member: I think it generated a lot of anxiety, though, didn't it, which actually wasn't demonstrated in practice. So... the whole research thing... did go more smoothly than any of us...

Staff member: I think we were worried... I think it did then run much more smoothly. I'm not sure it would have done had we not had that... two weeks running around...

Staff member: those are the kinds of decisions I think we made within the staff group, wasn't it, because I was ringing over to you a lot and saying how were you guys going to do it, how were we going to do it... trying to get some consistency going and...

By the end of the project it was felt that staff had gained understanding of key issues and taken ownership of decision making in order to facilitate effective participatory arts activity.

5. SUMMARY AND CONCLUSIONS

The focus of this study was the relationship between arts and participation in a mental healthcare setting. Conclusions can be drawn in the following key areas:

- The impacts and benefits of arts.
- The issues that mediate participation in arts activity.
- The need to develop flexible provision to support participatory arts.
- The arts facilitation skills that encourage participation.
- The need for interprofessional working, including working with artists.
- The role of staff in supporting participation.
- The role of carers, family members and supporters in encouraging participation.
- The sustainability of arts and health provision.
- The role of the Steering Group and the need for appropriate project support and management structures.
- The role of research in supporting practice development.

The impacts and benefits of arts

While arts therapies and activities are an ongoing part of hospital provision, the project activities differed from other hospital activities in a number of respects. They were not diagnosis-led or linked to specific treatment plans and, unlike art therapy, a key focus was on performance and showcasing of participants' work. Hence these activities form a new area of practice for which appropriate protocols are not yet developed.

A range of positive impacts of participatory arts were identified including motivation, pride, expression and choice. Hence participatory arts, including goal and performance oriented work, can offer valuable benefits to participants in this mental healthcare setting. These activities may also provide restorative experiences of control and decision making to participants, who in this study placed a high value on the project.

While staff found the project intense and demanding, they also identified valuable benefits for themselves including enhanced motivation, skill and learning; feeling valued; widening horizons and wellbeing. Several staff reported that their professional horizons had been broadened as a consequence of taking part in the project.

Wider impacts were identified including enhancing interprofessional relationships and contributing to a sense of community as well as reducing stigma.

The issues that mediate participation in arts activity

Participation can be mediated by a number of issues including the effects of mental health conditions, symptoms and medication. Forms of engagement are diverse and for some groups, often fleeting. Other barriers to participation can include cultural and language issues as well as age, ethnicity, gender and disability. Lack of confidence about skill can limit participation but can effectively be countered by

encouragement and appropriate activity.

The environment can be important, and in this study the use of open plan, flexible spaces seemed particularly well suited to supporting flexible participation.

This project demonstrated the way in which arts activity can sometimes provoke powerful and unpredictable responses from participants. Support and training was provided to ensure that activities take place within safe limits and staff often responded expertly to deal with any potentially difficult situation at an early stage, leaving artists free to work with the creative group process.

Resourcing and sustainability

Successful arts projects require appropriate support and resources. The project relied on staff support and the impact of such projects on staff workloads needs to be understood and acknowledged. Hence participatory arts should not be seen as offering a low-cost diversionary activity.

The sustainability of arts activity for service users should also be considered. Access to ongoing opportunities to participate in creative arts once participants have left hospital is a key issue.

The arts facilitation skills that encourage participation

Participatory arts processes in mental healthcare settings need to be flexible in order to accommodate the diverse responses of participants. In this study artists and staff responded to diverse needs in a number of ways, for example, by continuously monitoring engagement and pacing activity.

Arts facilitators need to be skilled in accommodating a wide range of interaction styles. As well as promoting collaboration, in this study artists were able to include those who wish to explore personal expression within the structure of the group activity.

In this study core facilitation skills adopted by artists to encourage participation within safe limits were identified. In addition, facilitators need to be able to counter any negative ideas and experiences that might limit participation and minimise barriers to participation such as cultural and language issues, age, ethnicity, gender and disability. These are presented in Table 4 (Appendix 1).

The need for interprofessional working, including working with artists

Artists who are unfamiliar with working in hospital settings require support in order to be able to work effectively in these settings. In this project they were not expected to work unaccompanied with vulnerable patients and this provides an example of best practice. Arts activity can provoke powerful and unpredictable responses from participants, hence support and training for artists is needed to ensure that activities take place within safe limits.

The project developed structures to support inter-professional working including the 'up-' and 'down-brief' meetings. These were useful and highly valued although there was not always a shared understanding of their purpose: they took different forms depending on the professional backgrounds and skills of those involved. Hence if this model is to be further generalised, the purpose and focus of such meetings may need further clarification.

Supporting staff who facilitate projects

The role of staff was a key theme to emerge from this project and staff support for the project was essential. Staff were involved in project planning, session planning, recruiting participants, co-facilitating, managing risk, obtaining consent and supporting research and dissemination.

As well as highlighting their existing skills the project provided a significant opportunity for creative learning and development among staff who were highly motivated to take part. Several staff reported that they had gained confidence and skill from their involvement. However, the project was intense and generated a significant workload. It also generated challenges, such as obtaining written consent from participants. These issues need to be further explored in training and dissemination events such as induction. Ongoing support should be provided to staff charged with implementing related Trust policies and procedures.

The role of carers, family members and supporters in encouraging participation

For some individuals, the presence of a carer or partner had a powerful effect on their ability to participate and benefit from the activity. However, it is not always feasible to include carers or supporters in activity: some hospital policies preclude this.

The role of family members and visitors in providing additional support to participants, facilitating their participation and helping them to cope with being in hospital was apparent in this study. Creative arts activity also provided an opportunity for carers and family members to engage with staff. However, it was not always possible to facilitate their involvement. This is an issue for further exploration in research and practice development.

The role of the Steering Group and the need for appropriate project support and management structures

The Steering Group was established to provide overall guidance to the project. However, it was not the brief of this group to oversee operational delivery, and the Group met too infrequently for it to be used as a sounding board for emergent problems and challenges.

Hence as well as a project Steering Group, it was evident that an interim operational group would have supported project delivery. Ideally this would have access to strategic and policy information as well as defined representation from stakeholder groups, including front-line staff, artists and researchers. It would need to have clear responsibility for operational decisions. The resource implications of supporting this

group, for example, allowing artists' time to attend meetings, would need to be addressed.

Such a group may have addressed what became a dominant concern during the first phase of the project: the issue of written consent. Although Trust protocols concerning consent were in existence, these were not always understood by staff and it was not clear whether they were completely applicable in what was an innovative project that departed from usual practice with its emphasis on showcasing work and public performance.

The Steering Group did provide clarification on operational issues, such as the policy for consent, framing this for the project. However, by this time, staff and artists had gained confidence and some of their initial anxieties had dissipated. Nevertheless, clarification about policies surrounding consent would be useful for staff and artists at the start of projects. Ongoing support should be provided to staff charged with implementing these policies and procedures.

The concerns raised by staff about the difficulties of obtaining written consent and the appropriateness or otherwise of strategies to inform participants offer useful learning. These should be further explored in training and dissemination events.

The role of research and reflective arts in supporting practice development

The project demonstrated the value of education and training for front-line care staff about research. It also demonstrated the value of involving staff in the development of project protocols and research tools. This needs to happen at an early stage to ensure that their knowledge and experience has a positive impact on the project.

The research process raised a number of challenges. Research was an unfamiliar process for some staff at the start of the project and the inclusion of a research element added to the sense of uncertainty that the project created. This was compounded by late confirmation of funding for the research and by what proved to be a rather unwieldy mechanism of disseminating information about the research and the project through the Steering Group.

Once the project was under way, staff gained experience in managing research processes and they also took part in research dissemination events where they were able to meet with colleagues who had experience of similar challenges. These experiences were valuable. This suggests that education and training for front-line staff about research is important in order to underpin the Trust's commitment to developing an evidence-based approach through research.

The difficulties of timescale and communication described above meant that Steering Group members and not front-line staff were initially involved in the development of research protocols and the design of research tools. However, as the project developed, staff shared valuable experience and knowledge, for example, helping to revise the Participant Information Sheet in order to make it more user-friendly. This suggests that front-line staff should be involved wherever practicable in the development of project protocols and research tools at an early stage in order to ensure that their knowledge and experience has a positive impact.

The project introduced a novel way of researching arts in the form of the reflective residency. The difficulties described above also meant that some staff were also uncertain about the role of the reflective artist. Since this was not perceived to offer a direct benefit to service users it received lower of a priority by staff than workshop delivery and artist support. This compounded difficulties of communication and meant that the reflective arts process, which was initially designed to complement the research, was to some extent separated from the research process. This was because staff felt that they and service users would not be able to cope with the presence of both the reflective artist and a researcher at the same time. This reflects the way in which operational rather than strategic priorities shaped and to some extent limited the project at the start.

However, towards the end of the project staff came to appreciate the work of the reflective artist, which came together at the final showcase event. The activity box produced by the artist together with the series of drawings that supported the reflective process provide a lasting legacy and will no doubt aid dissemination of the project, helping it to make a lasting contribution to the development of this emergent field. Further research is needed into the role and contribution of creative evaluation methodologies.

6. RECOMMENDATIONS AND FURTHER RESEARCH

Participatory arts activities represent an emergent area of practice for which appropriate protocols are not yet developed. While the results of this small study cannot necessarily be generalised to mental health services more widely they do highlight the benefits to participants and staff of arts activity. They also raise key issues for those involved in delivering or developing such provision in mental healthcare settings. The study suggests that all those involved in planning and delivery of mental health services should:

- Consider the potential role of arts activity in promoting participation and engagement among participants and staff.
- Develop practice by supporting research and evaluation.

In addition, those involved in providing participatory arts in mental health services should:

- Consider the resources needed to underpin effective and sustainable participatory arts activity.
- Develop the skills of staff and facilitators involved in service delivery.
- Provide support for staff who are involved in project delivery.
- Develop strategies to support interprofessional working, including working with artists.
- Consider the involvement of carers, family members and supporters in participatory arts.
- Create appropriate project support and management structures.

Further research is needed to:

- Provide evidence on the effectiveness, cost effectiveness and impact of participatory arts activities in mental healthcare settings
- Identify measurable outcomes from arts activity
- Identify specific groups of service users who should be targeted in future activity
- Understand the mechanisms through which arts can benefit service users
- Identify organisational issues that contribute to effective and sustainable interventions including management, ownership, organizational culture and funding sources for arts activity.

APPENDIX 1: TABLES

Table 1. Record of observation sessions

Observed sessions	BFAM611 Poetry	BFBM611 Poetry	ND211Poetry	Music	BFAM1602 2dArt	BFBM1602 2dArt	BFBM1802 2dArt
Participants	Adults	Adults	Older adults	Adults	Adults	Adults	Older adults
Setting	CTU	CTU	Older adults unit – open plan area	CTU	Adults	Acute Ward – open plan area	Older adults unit – open plan area
Number of participants	5	6	4	14	6	1 - 5	5

Table 2. Overview of key themes emerging from the observation research

Diverse responses to the Arts	<ul style="list-style-type: none"> ▪ Levels of participation ▪ Consistency of participation ▪ Coming and going ▪ Degree of interaction ▪ Degree of independence ▪ Different contributions ▪ Making choices and decisions
Mediating participation	<ul style="list-style-type: none"> ▪ Healthcare needs ▪ Individual experiences and stories ▪ Support from carers ▪ Perceptions of skill and experiences of art ▪ Group differences: culture, language and age ▪ Group dynamics ▪ Hospital policies and staffing ▪ The physical environment ▪ Consent issues
Facilitation skills	<ul style="list-style-type: none"> ▪ Preparation ▪ Structuring sessions ▪ Steering the group ▪ Responding to individual needs, including healthcare needs ▪ Accommodating diverse levels of participation ▪ Offering choice and facilitating decision making ▪ Working with support
Staff support	<ul style="list-style-type: none"> ▪ The ‘up-brief’ and ‘down-brief’ brief meetings ▪ Supporting recruitment ▪ Supporting activity ▪ Supporting research

Table 3. Overview of key themes emerging from the Focus Group

Project management issues	<ul style="list-style-type: none"> ▪ Initial expectations ▪ Dealing with uncertainty ▪ Prior experiences of research ▪ Consent: policies and procedures ▪ Support for staff ▪ Role of the Steering Group ▪ Ownership by front-line staff ▪ Learning from the research process ▪ Surpassing expectations
Managing consent	<ul style="list-style-type: none"> ▪ Offering participants a choice ▪ The practical challenge of obtaining consent ▪ Excluding participants ▪ The difference between consenting to show artwork and consent for research ▪ Excluding participants from the research
The impact of the Project on participants	<ul style="list-style-type: none"> ▪ Motivation of participants ▪ Diverse forms of participation ▪ Working towards an end goal ▪ The downside of goal oriented work: ▪ Physical impairments ▪ Depth of work
The impact of the Project on staff	<ul style="list-style-type: none"> ▪ Motivation of staff ▪ Expanding horizons ▪ Creative learning process for staff ▪ Supporting participants ▪ Supporting artists ▪ Staff skills ▪ Workload ▪ Bringing staff, patients and communities together ▪ Promoting staff wellbeing

Table 4. Facilitation skills identified from the observation research

Preparation	<ul style="list-style-type: none"> ▪ Preparing materials ▪ Building on previous work by participants ▪ Preparing the physical workshop space ▪ Identifying equipment needed
Structuring sessions	<ul style="list-style-type: none"> ▪ Setting objectives ▪ Establishing boundaries, e.g. confidentiality, voluntarism ▪ Providing continuity by referring to previous work ▪ Pacing activity for intensity and difficulty ▪ Time management ▪ Allowing spontaneity when needed ▪ Ensuring a successful outcome
Steering the group	<ul style="list-style-type: none"> ▪ Providing an initial sense of purpose ▪ Ensuring the flow of activity ▪ Maintaining participants' focus on the activity ▪ Monitoring individual and group responses ▪ Balancing directive and non-directive styles. ▪ Giving clear verbal direction ▪ Demonstrating activity ▪ Providing non-verbal cues such as modeling initiative ▪ Changing dynamics or intensity
Responding to individual needs, including healthcare needs	<ul style="list-style-type: none"> ▪ Acknowledging individuals ▪ Addressing individuals by name ▪ Remembering significant details about participants ▪ Sharing information and engaging in conversation ▪ Sharing knowledge and techniques ▪ Demystifying arts processes ▪ Eliciting participant's responses and views ▪ Providing verbal and non-verbal reinforcement ▪ Providing satisfying processes ▪ Not rejecting participants who behave in unexpected ways ▪ Tuning into emotional wellbeing and moods ▪ Being non-intrusive, not asking inappropriate questions ▪ Pacing and tailoring activity in response to different needs ▪ Adapting and adjusting, e.g. to participants' impairments
Accommodating diverse levels of participation	<ul style="list-style-type: none"> ▪ Diversifying activity to accommodate fleeting engagement ▪ Introducing new activities to include new participants ▪ Introducing progression ▪ Recognising individuals' skills and strengths ▪ Providing one to one support where needed ▪ Allowing participants to work autonomously ▪ Encouraging individuals to 'shine' ▪ Connecting with participants' stories and experiences
Offering choice and facilitating decision making	<ul style="list-style-type: none"> ▪ Offering a range of activities ▪ Providing a range of materials ▪ Demonstrating a variety of techniques ▪ Giving guidance when needed ▪ Giving verbal encouragement and praise ▪ Using nonverbal gestures to encourage choice ▪ Allowing participants to decide ▪ Demonstrating flexibility
Working with support	<ul style="list-style-type: none"> ▪ Discussing session plans with staff ▪ Communicating effectively ▪ Seeking advice and support during sessions ▪ Debriefing after sessions ▪ Knowing where to seek support outside of sessions ▪ Participating in research and professional development

APPENDIX 2: REFERENCES

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