



**Evaluation of Arts and Health projects
8 Case Studies**

**Research by Ruth Hecht
for Arts Council England, South West
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Content

	<i>Page</i>
Introduction	3
Context of Arts and Health evaluation	4
Case studies:	
Alex Coulter MSc	5
My Time My Space	7
Paint Yourself Better	9
Project Jump	11
Soundwell Music Therapy Trust	13
The Arts for Health project	15
The Wise Project	17
Upstream Healthy Living Centre	19
List of contacts	20
Appendix 1 – request for information	21

Introduction

In 2005 Ruth Hecht carried out an audit and analysis of Arts and Health initiatives in the South West on behalf of Arts Council England, South West and the South West Arts and Health Forum (now Arts & Health South West).

There was a tremendous response to the research – with over 200 detailed questionnaires completed by people working in the sector. The resulting report *Shared Territories* provides a detailed picture of what work is taking place, where and why; how the work is funded; people's aspirations and needs; and the key issues which face the sector.

Two of the key issues that came out of the report were the need for more advocacy for the sector and the lack of easily available evaluation.

Arts Council England, South West therefore commissioned this piece of research to provide a number of case studies of Arts and Health initiatives which have been externally evaluated.

The case studies will form part of an advocacy document for ACESW to secure funding for an Arts and Health post, and will be used in a variety of contexts to show ACESW's support for Arts and Health.

Methodology

56 people who, as part of the *Shared Territories* research, had said that they carried out external evaluation as part of their Arts and Health work were contacted and asked to send copies of reports and answer some simple questions about their evaluation (see Appendix 1).

Of the 32 that responded only 16 said that they had actually had an external evaluation carried out. 15 evaluation reports were received. Following a meeting with ACESW 8 case studies were selected based on:

- The quality of the evaluation particularly in relation to both qualitative and quantitative data
- The type of project (to get a spread of client groups, art forms and objectives)
- The location of the work (to get a geographic spread across the region)

Follow up work was done with the 8 projects (phone interviews and e-mail) to produce the case studies.

The 8 projects are:

- Alex Coulter MSc – the effect of the hospital environment on perceptions of the organisation (Dorset)
- My Time My Space – Arts activities with women suffering from post-natal depression (Bath & North East Somerset)
- Paint Yourself Better – Arts activities for patients at a doctors' surgery (Gloucestershire)
- Project Jump – sexual health project for 'hard to reach' young people (Bristol)
- Soundwell Music Therapy Trust – group music therapy with people with severe mental health needs living in the community (Wiltshire and Bath & North East Somerset)
- The Arts for Health project – the use of performance arts in dementia (Cornwall)
- The Wise Project – peer-led sexual health drama project with young people (Devon and Somerset)
- Upstream Healthy Living Centre – arts activities with socially isolated people over 50 (Devon)

The case studies are presented in a simple format to mirror a new Arts Council England system of presenting information about arts initiatives.

The context for evaluation of Arts and Health initiatives

'I am a keen supporter of the arts not only for the intrinsic merits of artistic endeavour but perhaps more importantly for the arts' ability to improve mental and physical health' Melanie Johnson – Parliamentary Under Secretary of State for Public Health (2003-2005) (as quoted in *Cultural Medicine, Investment in Cultural Capital for Health* Arts Council England North West, 2005)

It is now widely acknowledged that the arts have a role to play in improving the nation's health. This was first formally recognised at national policy level by the Government in 1999 when the influential PAT 10 report was published (*Arts and sport: Policy Action Team 10; a report to the Social Exclusion Unit*, DCMS). Based on evidence, the Pat 10 report recommended that: 'The Department of Health should encourage health authorities, NHS trusts, primary care groups / trusts and Health Action Zones to use artistic and sporting approaches to preventing illness and improve mental and physical health.'

The growing support for Arts and Health has resulted in calls – particularly from the Health Sector - for both quantitative and qualitative evidence. In particular there is a desire to see evidence that the arts really do have a measurable effect on improving people's physical and mental health. This has led to a great deal of monitoring and evaluation of Arts and Health projects over the last 10 – 15 years.

In 2002 the Health Development Agency published *A review of evaluation in community-based art for health activity in the UK* which reviewed 150 documents. This raised a number of interesting questions about the efficacy of formal evaluation in community based Arts and Health projects because 'the arts is quite often trying to do something quite different to medicine and it is therefore inappropriate to assume that art for health should use medical models of health and wellbeing, measurement and assessment.'

In 2004 the Arts Council published *Arts in health: a review of the medical literature* by Rosalia Lelchuk Staricoff (ACE Research Report 36). This for the first time brought together the *medical* literature published between 1990 and 2004 that explores the influence and effects of the arts on health. It includes 385 references that show the effect of the arts on:

- Clinical outcomes
- Staff outcomes
- Education and training of practitioners
- Mental Healthcare

These two publications show the tremendous range of evaluation that has been produced –in relation to the methodologies used, the type of 'arts intervention' taking place, and the health outcomes being measured.

This range is reflected in the case studies below which provide a snapshot from the South West of the beneficial effects of using the arts in a health context.

Group Title	Arts and Health evaluation
Title	Alex Coulter MSc
Subtitle	The effect of the hospital environment on perceptions of the organisation
Introduction (including objectives)	<p>Alex Coulter undertook an MSc to ascertain whether the sensory and aesthetic experience of the hospital environment affects perceptions and judgements of the organisation by patients and staff.</p> <p>The study was based on two acute hospitals - Dorset County Hospital (DCH) and Yeovil District Hospital (YDH).</p> <p>The two hospitals are both successful three star NHS Trusts, however, the environment of DCH is considered to be of a higher quality than the environment of YDH.</p> <p>DCH has been recognised as an Exemplar Site by the Department of Health (there are only 8 such sites in the country) because of the high quality of the patient environment. The Arts project won a national Art and Work Award in 2000 and has been sited as an example of good practice in documents on hospital design and in the clinical governance review by the Commission for Health Improvement.</p>
Funders	Self funded postgraduate research
Partnership input	Dorset County Hospital and Yeovil District Hospital – took part in research University of Bristol – awarding body for MSc
Where and when did the activity take place?	2004 – 2005 in Yeovil, Somerset and Dorchester, Dorset
What evaluation methods were used?	Literature review into creative interventions in organisations; analysis of staff and patient surveys; semi-structured interviews with staff and patients
What difference did it make?	<p>The research findings suggest that:</p> <p>A pleasurable aesthetic experience:</p> <ul style="list-style-type: none"> • Raises awareness of the environment • Improves feelings about being in hospital • Affects emotional well being • Encourages patients and staff to value the environment <p>Artwork is:</p> <ul style="list-style-type: none"> • Appreciated • Contributes to creating an ambiance • Is seen to make environments less clinical • Perceived as a resource for the wider community <p>An identifiable ambiance can be strong enough to:</p> <ul style="list-style-type: none"> • Expel or diminish anxieties • Make the anticipation of going to hospital more positive <p>Whilst the research showed a strong and positive aesthetic experience clearly improves emotional well being, it didn't necessarily translate into judgement of the organisation, which is more affected by an appearance of cleanliness and a well maintained environment as well as other factors such as the experience of clinical care and communication with staff.</p>

	<p>Comments on the artwork as quoted in the research were:</p> <p>'At a time when perhaps you are feeling vulnerable it is kind of just putting you back in touch with life really and you know perhaps giving you something else to focus on.' (Patient)</p> <p>'It's not what people expect when they walk through a hospital, it keeps it all sort of more humane.' (Estates Manager)</p> <p>'I think it does make a difference, I look forward to seeing the artwork, when I go, I look out for it, I think everybody does, and you sometimes see little groups of people clustered round something talking about it.' (Patient)</p> <p>'[A lot of people come in] because they have heard of or read about the artwork and they come in specifically to see an exhibition or whatever. Yes it's good, I get a lot of positive feedback for it.' (Hospital receptionist)</p>
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Group Title	Arts and Health Evaluation
Title	My Time My Space
Subtitle	Arts activities with women suffering from post-natal depression
Introduction (including objectives)	<p>The My Time My Space project was originally piloted in 2003-2004 as a partnership between nesa (an arts organisation based in Radstock) and the Wansdyke Health Visitor Team. It was then extended in partnership with other Health Visiting Teams to other areas of Bath and North East Somerset.</p> <p>45 visual arts sessions and 10 performing arts sessions took place in spring and summer 2005 with 5 different groups of women suffering from postnatal depression referred by Health Visitors from B&NES Primary Care Trust.</p> <p>The aims of the project were to provide quality arts based learning opportunities for up to 54 women suffering from post-natal depression living in B&NES, in order to promote overall mental health and well-being.</p>
Funders	<p>Arts Council England, South West – £5,000</p> <p>Awards for All - £5,000</p> <p>Chew Valley School - £2,000</p> <p>Keynsham Town Council - £ 1800</p> <p>Quartet - £1,500</p> <p>Radstock Town Council - £900</p> <p>Avon & Somerset Police - £146</p>
Partnership input	nesa and B&NES Health Visitor Teams – development and delivery of project B&NES PCT Mental Health Promotion, B&NES PCT Pals/Public Involvement, and participants – formed steering group
Where and when did the activity take place?	<p>Pilot project 2003 – 2004 in Radstock</p> <p>2005 – in Radstock, Keynsham, Bath and Chew Magna</p>
What evaluation methods were used?	<p>Informal feedback by participants to health visitors and artists</p> <p>Adult and Community Education 'end of course review' forms</p> <p>On-going reflective diary by participants</p> <p>Informal end of course evaluation</p> <p>Edinburgh Post Natal Depression Scale at start and end of course to track impact on participant's depression</p>
What difference did it make?	<p>The evaluation report states that, amongst other things:</p> <ul style="list-style-type: none"> • The project had a significant positive impact on participants' mental health, sense of wellbeing, social skills and educational achievement. • The project has also had a long-term impact on participants' lives with the majority progressing onto other educational / social / creative activities as the direct result of their involvement. • Health visitors working alongside clients has normalised professional / participant relationship. <p>The evaluation report identifies a number of health, personal and social benefits for the women, as well as the fact that they learnt new skills.</p> <p>'I'm still collecting the EPDS scores but all [the women] have improved. Women have also sought further art/recreational activities, and are still meeting together. One mum as overcome her anxiety about joining groups, another leaving her children.' (Health Visitor)</p> <p>Quotes below are from participants: 'I'm not feel half as depressed as I was.'</p> <p>'I would have felt isolated and lost without this.'</p>

	<p>'Thank you for inviting me to experience this course – I feel it has made me a more relaxed and positive person.'</p> <p>'The art classes on Fridays for me are wonderful; it's a time for me it's a place I can be me, with other people who will understand, and a place and time I can express myself in lots of different ways through art. I just wish it was for longer.'</p> <p>There is ongoing contact and support with a high proportion of the women following the end of the course (either by nesa or the health visitors) enabling them to track the longer-term impact of the project.</p> <p>There are plans to extend the project with more rigorous evaluation undertaken by Bath University.</p>
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Group Title	Arts and Health evaluation
Title	Paint Yourself Better
Subtitle	Arts activities for patients at a Doctors' surgery
Introduction (including objectives)	<p>In a 5 year period (2000 – 2005) over 300 patients have been involved with arts activities organised by a G.P. at May Lane Surgery, Dursley (Gloucestershire) in partnership with Prema Arts Centre. Some of the patients have subsequently gone on to attend workshops at Prema.</p> <p>Activities have included ceramics, creative writing / poetry and visual arts.</p> <p>The aims of Paint Yourself Better are:</p> <ul style="list-style-type: none"> • To reduce G.P. visits and dependency on Primary Care services by 'heartsink' patients (patients who G.P.s consider difficult or a problem) • To increase people's self-confidence and self-esteem • To give people with ongoing physical and mental health needs the opportunity to access quality arts activities
Funders	<p>Adult Continuing Education and Training, Gloucestershire – approx £1800 annually</p> <p>Arts Council England, South West - £4,900</p> <p>Prema Arts Centre and May Lane Surgery – in kind</p>
Partnership input	<p>Prema Arts Centre</p> <p>May Lane Surgery</p> <p>ACET, Gloucestershire</p>
Where and when did the activity take place?	2000 – 2005 Gloucestershire (May Lane Surgery, Dursley and Prema Arts Centre, Uley)
What evaluation methods were used?	Questionnaires and monitoring of number of G.P. visits. Now also using mental health questionnaires before and after the event based on a hospital mental health score – an evidence based research tool.
What difference did it make?	<p>The arts activities have had a significant effect on the number of visits made by patients to their G.P. They have also increased people's self-confidence and self-esteem, and given them the opportunity to take part in quality arts activities.</p> <p>Initial evaluation of 2 patient's data shows a dramatic reduction in G.P. consultations over a 9 and 11 month period in 2005 – 2006. Both patients had an average of 2 consultations a month with their G.P. but <i>none at all</i> while they were taking part in an arts project over a 3 month period.</p> <p>'This shows the impact of Arts projects at May Lane Surgery on two patients who were considered to be frequent attendees. For both patients the attendance figures leading up to the project are fairly typical of previous years and do not relate to a particular condition.' (G.P. May Lane Surgery)</p> <p>'The activities have had a noted effect on people with bereavement, also positive outcomes from 2 patients with alcoholism and a dramatic effect on 1 patient with agoraphobia who now attends Prema as part of a large group.' (G.P. May Lane Surgery)</p> <p>'In July 2005, 12 very timid patients came into Prema for the first time. They were unsure of coming into an arts centre. They were unsure of their capabilities as an artist. Now, 7 months on, they come into Prema, excited and motivated. They embrace new projects and new media alike and are able to laugh-off their disasters. They share things with one another and have a</p>

	<p>very strong sense of safety, security and community here and with one another.' (Director, Prema Arts Centre)</p> <p>'I haven't painted since I was a girl. This is the one thing in the week I look forward to. When I was a girl, you were told that you'd never be an artist so just don't bother. Now, I've tried printmaking, I've drawn portraits which I was delighted with. And for Christmas last year, I photocopied a still life that I'd done and sent it as a Christmas card to my family and friends. They thought I'd bought it from a shop.' (Patient about attending Prema arts workshop)</p>
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Group Title	Arts and Health evaluation
Title	Project Jump (pilot)
Subtitle	Sexual Health drama project for 'hard to reach' young people
Introduction (including objectives)	<p>Myrtle Theatre Company developed and delivered a pilot drama project for 'hard to reach' young people to enable them to think about their own sexual behaviour and the impact of their behaviour on themselves and others.</p> <p>The project was initiated by the Teenage Pregnancy Coordinator at Bristol North PCT and linked directly to the Government's policy of reducing teenage pregnancies and sexually transmitted diseases.</p> <p>The aims of the project were to:</p> <ul style="list-style-type: none"> • Develop credible characters to 'speak to' marginalised young people • Ascertain the sexual health issues that young people aged between 13 and 16 feel are important <p>Develop an innovative and appropriate drama production and follow-up workshop programme</p>
Funders	<p>North Somerset Teenage Pregnancy Partnership - £5000</p> <p>Bristol Teenage Pregnancy Partnership - £5000</p> <p>Neighbourhood Renewal - £36,000</p> <p>(note this funding was for the pilot and 20 subsequent performances)</p>
Partnership input	<p>North Somerset Teenage Pregnancy Partnership and Bristol Teenage Pregnancy Partnership - helped develop and fund project)</p> <p>University of the West of England - evaluators</p>
Where and when did the activity take place?	October 2004 – April 2005 in various venues in Bristol and North Somerset
What evaluation methods were used?	The project was formally evaluated by the University of the West of England Faculty of Health and Social Care through: observations, interviews with professionals working with young people, surveys and interviews with young people, and interviews with the project team
What difference did it make?	<p>18 'hard to reach' young people (from a Youth Inclusion Project and a group of Looked After Children and Care Leavers) took part in the development process which 'clearly contributed to the development of <i>Project Jump</i>' (Evaluation Report)</p> <p>34 young people and 18 professionals from different agencies and organisations working with young people saw the play; a smaller number of young people took part in the workshops immediately after the performance.</p> <ul style="list-style-type: none"> • 96% of young people found the play interesting • 70% found it informative • 83% found it exciting • 91% thought it professionally produced • 70% thought the sorts of things discussed were relevant to young people and their friends <ul style="list-style-type: none"> • 52% thought the main message was about safe sex • 22% thought the main message was about relationships • 17% thought the main message was about thinking about your life <p>'The play and workshops were reviewed very positively by both young people and professionals and demonstrated the potential for reaching a wide range of audiences of young people to discuss issues about sexual health.' (Evaluation Report)</p>

	<p>The evaluation showed that 'the pilot project demonstrated its potential to:</p> <ul style="list-style-type: none">• Provide a successful approach for 'hard to reach' young people• Impact on the work of a range of agencies and organisations involved in work with young people• Achieve an important national profile' <p>'I think the way it was presented with the main focus of the workshop as working as actors [sic] and developing the role made it safer for our children to look at the issues. They were able to consider choices and consequences which often they can't or won't do. It wasn't "preaching" which would have immediately alienated a lot of our students.' (Professional worker quoted in Evaluation Report)</p> <p>The evaluation of the project led to a number of recommendations focussing on:</p> <ul style="list-style-type: none">• Further development of the consultation process• The preparation of agencies and organisations prior to the performance and workshops• Issues raised by the play and workshops• Sustainability and follow-up work with agencies and organisations• Further evaluation. <p>The content and delivery of <i>Project Jump</i> have subsequently been revised, and following a much larger tour of <i>Project Jump</i> to 20 venues in 2005 further evaluation has been undertaken by UWE (to be published in April 2006)</p>
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Group Title	Arts and Health evaluation
Title	Soundwell Music Therapy Trust
Subtitle	Group music therapy with people with severe mental health needs living in the community
Introduction (including objectives)	<p>Soundwell Music Therapy Trust ran group music therapy sessions for adults with severe mental health needs living in the community over 3 years, which included a three-month external evaluation period.</p> <p>They used a variety of instruments and did not put any pressure on members of the group to participate.</p> <p>The aims of the project were to:</p> <ul style="list-style-type: none"> • Increase self-esteem, confidence and motivation • Reduce isolation • Reduce stress / anxiety • Improve communication and relationship building skills • Provide a sense of belonging • Heighten self awareness and awareness of others • Give people an opportunity to express themselves creatively
Funders	<p>National Lottery Community Fund - £59,000</p> <p>Avon and Wiltshire Mental Health Partnership NHS Trust - £3,500</p> <p>Wiltshire and Swindon Community Foundation - £22,000</p> <p>West Wiltshire District Council - £500</p> <p>Other small grants from Charitable Trusts</p>
Partnership input	Bath MIND Advocacy Project - evaluator
Where and when did the activity take place?	<p>2002 – 2005 in various venues in Bath and North East Somerset and Wiltshire</p> <p>January – March 2004 – evaluation by Bath MIND Advocacy Project</p>
What evaluation methods were used?	<p>Interviews with 6 participants without the music therapists present by external evaluator</p> <p>Evaluation by Soundwell Music Therapy Trust includes: weekly written evaluation by therapists; case reviews; contact with referrers; independent advocacy interviews with service users.</p>
What difference did it make?	<p>The project has grown from offering 1 music therapy group to 2 ongoing groups a year, 8 outreach sessions a year and individual sessions for those unable to access groups.</p> <p>17 service users have attended the sessions for periods of 6 – 18 months; 230 service users have used Soundwell Music Therapy Trust's services in total over the 3 years including those attending one off outreach groups.</p> <p>The following changes were noticed in participants:</p> <ul style="list-style-type: none"> • Improved ways of relating • Improved ability to communicate both in and out of sessions • Improved levels of attendance • Improved motivation and involvement in social activities • Improved levels of independence <p>Many of the participants committed to a weekly group for over 6 months, referred to as a major achievement by professionals working with them; for many it is the only social activity they have been able to attend.</p> <p>'I am aware of a number of my patients who have found it beneficial to receive</p>

	<p>music therapy. In particular, currently, my patient LT has been helped significantly in terms of his ongoing recovery from serious mental illness. The therapy has stimulated his interest, motivated him, helped boost his self-esteem, and assisted in his re-engagement with the wider world. To lose such a form of therapy would be a significant loss to patients in the future.' (Consultant, Avon and Wiltshire Mental Health Partnership NHS Trust)</p> <p>'Your service provides continuing good returns in the form of ongoing recovery and clinical improvement in our mutual clients for a relatively small [financial] investment.' (Consultant Psychiatrist, Rehabilitation Services, Bath & North East Somerset)</p> <p>'The music therapy helps me relax and have an awareness of others around me. It soothes the soul and all the complications of life. The clarity of the music puts me in the good frame of mind.' (service user)</p> <p>Soundwell Music Therapy Trust has subsequently received funding from the Big Lottery, Avon and Wiltshire Mental Health Partnership NHS Trust, and West Wiltshire Primary Care Trust to develop the work as weekly sessions, into other geographic areas, and with older adults and women-only groups and carers.</p>
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Group Title	Arts and Health evaluation
Title	The Arts for Health project
Subtitle	The use of performance arts in dementia
Introduction (including objectives)	<p>Cascade Theatre Company worked in a 25 bed dementia assessment unit in Bodmin Hospital with dementia patients, staff and carers using poetry, song, drama and storytelling to enable patients, carers and staff to explore a variety of issues and to look at how they relate as people to each other.</p> <p>The aims of the project were to:</p> <ul style="list-style-type: none"> • Improve understanding of dementia for carers and ward staff • Enable the patients to communicate emotions, thoughts and personal histories in a way that they could be listened to, understood and above all valued
Funders	Duchy Health Charity - £10,000
Partnership input	Cornwall Partnership NHS Trust – development, evaluation and funding Cascade Theatre Company – undertook creative work
Where and when did the activity take place?	February – October 2004 in Bodmin Hospital, Cornwall
What evaluation methods were used?	Qualitative and quantitative measures including semi-structured interviews and the Bradford 'ill being' and 'well being scores' Evaluation undertaken by Dr Giles Richards – Consultant Psychiatrist for Older People, Cornwall Partnership NHS Trust
What difference did it make?	<p>16 sessions took place altogether with 28 clients over a 9 month period.</p> <p>Overall the project improved the quality of life for service users and their carers.</p> <p>The quantitative results showed that all the patients showed improvement in 'well being' and a reduction in 'ill being'.</p> <p>The majority of the clients said they had enjoyed the sessions and would come again, and all of the carers thought that their relative had benefited from the session.</p> <p>The sessions also helped:</p> <ul style="list-style-type: none"> • Improve relationships with staff and patients • Emphasised the patient centred approach that the ward is striving for • Promoted a change in the atmosphere of the ward and the culture – away from a task orientated culture to a more natural humanistic approach • Improved self-esteem amongst staff <p>The Bradford 'ill being' and 'well being' scores used to evaluate this project have been validated in assessing the well being of dementia sufferers and is a quick and easy tool for staff to use.</p> <ul style="list-style-type: none"> • The 'ill being' scores showed an average of 8 before the sessions and 5 after the sessions • The 'well being' scores showed an average of 24 before the sessions and 37 after the sessions <p>'Some of the best clues to patient well being were seen through observing changes in body language and in some instance, behaviour. On many occasions patients who had previously been curled up and staring at the floor</p>

	<p>were seen to be sitting up or standing often with smiles on their faces.' (Staff member quoted in Evaluation)</p> <p>'It was wonderful to see the clients interacting as a group. So often patients tend to feel isolated and music, singing and laughter bring people together, cheer them up and make me as a member of staff feel that I am making a difference to the patient's quality of life.' (Staff member quoted in Evaluation)</p>
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Group Title	Arts and Health Evaluation
Title	The Wise Project (pilot project)
Subtitle	Peer-led sexual health drama project with young people
Introduction (including objectives)	<p>The Wise Project was initially devised in 2002 to compliment the APAUSE Sex and Relationships Education Programme which runs in around 140 schools in England and Wales funded primarily through Health and Education Authorities with Teenage Pregnancy monies.</p> <p>David Evans, of IMULÈ Theatre-for-development and a PhD student at Exeter University worked intensively with Year 11 GCSE drama students to develop and deliver the project to Year 10 PSHE students. Sensitive issues around teenage sexual negotiations were explored with little or no verbal dialogue, using floor puppets, and solutions were arrived at through interactive theatre techniques.</p> <p>The aims of the pilot were to:</p> <ul style="list-style-type: none"> • Devise, pilot and evaluate a peer-led classroom based intervention • Improve the capacity for young people to negotiate sexual intimacy and negotiate access to healthcare services • Develop material alongside training for wider dissemination
Funders	Department of Health via the Teenage Pregnancy Unit – £45,000 Universities of Exeter and Plymouth - £10,000 in kind
Partnership input	University of Exeter and Peninsula Medical School
Where and when did the activity take place?	2001 – 2005 in Devon, Somerset, Stretford, Powys
What evaluation methods were used?	Short-term impact evaluation and longer-term evaluation methods in the form of quantitative data (questionnaires) were used to measure how the intervention affected the young people with qualitative process evaluation (video and audio recordings of small groups of students, peer educators and staff). The questionnaires used Likhard agree / disagree scales, and the Mann-Whitney U Test was used to measure directional shifts.
What difference did it make?	<p>The project was successfully piloted in six schools with 1300 pupils.</p> <p>Positive gains were shown in the young people's knowledge, attitudes and beliefs in relation to negotiating skills and behaviour linked to sexual intimacy and accessing healthcare services.</p> <p>The use of visual metaphors and symbols in the form of 'floor puppets' proved to be a successful way to deal with the fact that young people negotiate sexual intimacy through non-verbal interactions more than through verbal dialogue.</p> <p>Almost 70% of students said they would 'probably find the sessions useful either soon or some time in the future.' However only 40% reported that they found the sessions enjoyable – possibly because of the challenging nature of the material.</p> <p>The students demonstrated highly significant increases in their knowledge of risk taking, STIs, pregnancy and local health care provision, with greater knowledge gains made by boys than girls.</p> <p>There was a significant shift towards their belief that they could perform some</p>

	<p>kind of negotiation around using a condom and refusing sexual intercourse – particularly for the girls.</p> <p>One of the pilot schools which achieved the lowest league table rating in the Devon LEA got very similar scores to the other school which was one of the higher rated schools. 'This demonstrated that a Year 11 drama group from a school with low academic attainment which in addition were deemed to be unusually weak were able to deliver the project very nearly as effectively as the drama students from a much higher achieving school.' (Evaluation report)</p> <p>'I can recommend the lessons unreservedly to any drama teacher who wants to get involved in this area of vital importance in our young peoples' lives.' (Head of Expressive Arts / Head of Drama as quoted in evaluation report)</p> <p>The WISE programme is now available to any school and comes with a comprehensive training programme for teachers including a manual with video support materials in CD-ROM, DVD or VHS format.</p> <p>It is used as a stimulus for a Theatre in Education unit of study in the Year 11 GCSE drama curriculum.</p>
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Group Title	Arts and Health evaluation
Title	Upstream Healthy Living Centre
Subtitle	Activities with socially isolated people over 50
Introduction (including objectives)	<p>Upstream works with socially isolated people over 50 years of age in mid Devon by providing individually tailored creative, leisure, learning and social activities to suit each participant's own interests and passions.</p> <p>Activities have included print-making, reminiscence and oral history, music-making, photography, painting, poetry, pottery, and quilt-making. A book of poetry and paintings has been produced, as well as a calendar of paintings, and a CD recording of memories.</p> <p>The aims are to:</p> <ul style="list-style-type: none"> • Improve participants' quality of life • Restore participants' self-confidence • Revive participants' passion for life • Encourage independent living (rather than dependency) • Overcome social exclusion • Enable people to maintain high quality shared experiences and supportive community networks • Look at wider determinants of health • Disseminate results widely • Embed the Upstream approach in to public health provision and voluntary and community services
Funders	<p>New Opportunities Fund - £575,000 Arts Council England - £30,000 Community Fund - £37,200 SAGA - £15,000 Help the Aged - £5,000 HBOS - £4,895 Mid Devon District Council, West Devon Borough Council, Crediton Market & Coastal Towns Initiative - £4,250 Plus smaller private donations and much in kind help</p>
Partnership input	<ul style="list-style-type: none"> • Peninsula Medical School & Mid Devon Primary Care Research Group; School of Education & Life Long Learning, University of Exeter - research and evaluation • Queen Elizabeth's Community College - in kind office support • Devon County Council, Social Services, Education Arts & Libraries; Mid Devon District Council; Mid Devon Primary Care Trust; Mid Devon CVS Tiverton 'Involve' - all strategic advice, management support and front-line co-operation <p>Plus many others</p>
Where and when did the activity take place?	The formal evaluation period was June 2003 – October 2005
What evaluation methods were used?	<p>Interviews with stakeholders; feedback from staff; longitudinal observational study (based on questionnaires) with participants which included accepted methodologies for measuring quality of life, depression and perceived social support</p> <p>Evaluation undertaken by Dr Colin Greaves and Dr Lou Farbus of the Peninsula Medical School (Primary Care)</p>
What difference	The qualitative and quantitative research suggests that engaging socially isolated elderly people in social and creative activities using the tailored

<p>did it make?</p>	<p>approach of Upstream:</p> <ul style="list-style-type: none"> • Can enhance overall health-related quality of life • Has an impact on depression • Increases perceived social support • Can benefit physical health in the long term if activities are sustained <p>A substantial number of individuals reported experiencing quite radical transformations including:</p> <ul style="list-style-type: none"> • Enhanced psychological well-being • Lifestyle changes • Physical health benefits <p>Of the 373 referrals which Upstream had received by September 2005, 171 took part in a survey as part of their 1st visit which contributed to the research; 72 provided data at a 6 month follow up; and 51 for the 12 month follow up.</p> <p>Some of the outcomes from the 6 month survey are:</p> <ul style="list-style-type: none"> • 60% experienced clinically meaningful benefit • 30% experienced a high degree of positive change • The number with clinical levels of depression fell from 45% to 35% • No significant change was found in physical health. 'The lack of a decline may be a positive outcome in this high-morbidity group, however.' <p>Some of the outcomes from the 12 month survey are:</p> <ul style="list-style-type: none"> • Improved depression scores were maintained • The overall health utility index (which combines physical and mental components) improved significantly • Social support scores improved significantly • Physical scores showed a trend towards improvement <p>'The picture is broadly consistent with a sustained increase in health quality of life, and particularly depressed mood, with additional benefits in terms of perceived social support and physical health emerging over time.' (Evaluation Report)</p> <p>One woman never went out and said that all her friends and her husband were dead. 'Her life was absolutely a barren desert. Then Upstream did some home visits and gradually introduced her to this little art group and... she's made friends and she's a new woman. She's not depressed and withdrawn as she was. She's got confidence... she's cheerful... it's just opened up new horizons for her and made her life better.' (Professional worker, Evaluation Report)</p>
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List of contacts						
Case Study	Name	Organisation	Position	Address	e-mail	Telephone
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Project Jump	Judy Orme	UWE, Faculty of Health & Social Care	Reader in Public Health	UWE, Glenside Campus, Blackberry Hill, Stapleton, Bristol BS16 1DD	judy.orme@uwe.ac.uk	0117 328 8836
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The Arts for Health project	Giles Richards	Cornwall Partnership NHS Trust	Consultant Psychiatrist for the Elderly	Treveillis House, Lodge Hill, Liskeard, Cornwall PL14 4EW	Giles.Richards@cpt.cornwall.nhs.uk	01579 335361
The Arts for Health project	Carol Brooking	Cascade Theatre Company	Executive Director	PO Box 70, Truro, Cornwall TR4 9YF	cascade@talk21.com	01872 222216
The Wise Project	Evans, David	IMULE, Peninsula Medical School	Artistic Director	Peninsula Medical School, Dept. of Child Health, Church Lane, Heavitree, Exeter, Devon EX2 5SQ,	David.L.Evans@ex.ac.uk	01392 403146
Upstream Healthy Living Centre	Goodenough, Simon	Upstream Healthy Living Centre	Director	Glebe House, Church Street, Crediton, Devon EX17 2AQ	simon@goodenough.co.uk	01363 777575 / 778029

Appendix 1 – information sent to potential case studies

Do the arts really affect people's health?

I have been contracted by ACESW to produce a report summarising the formal external evaluation of Arts and Health projects in the South West.

This will be done by compiling a list of evaluation reports, based on the information from the *Shared Territories* research in 2005.

ACESW is undertaking this piece of work because their Senior Management Team has committed to part-funding a full-time fixed term (3 years) Arts and Health Officer. This piece of work will be used by ACESW to approach organisations interested in joint funding the post, and funding it in full from Year 4. This is one of the positive results that has come from the *Shared Territories* report.

In 2005 over 220 people in the South West filled in a detailed questionnaire about their Arts and Health work. 51 said that they had undertaken external evaluation of their work.

You are one of those people!

If you would like to take part in this next stage, then please could you:

- Send me a copy of any reports or documents linked to the external evaluation.
- Answer the questions in the attached form and return to me
- Send me one or more photographs of the work

As you may know I am also in the process of setting up *Arts and Health South West* (previously known as the *South West Arts and Health Forum*). A key part of this will be a web site which will contain a wide range of resources for people working in Arts and Health in the region. This piece of work will also help gather information for *Arts and Health South West*.

I appreciate that you are busy, however, I hope you can find the time to do this as it will greatly contribute to the development of Arts and Health work in the region.

Questions

You:

Your organisation:

Your Telephone:

When did the evaluation take place?

Who external to you / your organisation undertook the evaluation?

Which (if any) Local Authorities were involved, e.g. as project partners / funders?

Which (if any) NHS Trusts were involved, e.g. as project partners / funders?

What were your objectives (you do not need to list these if they are clearly stated in any accompanying material)?

What were your results (you do not need to list these if they are clearly stated in any accompanying material)?

What was your research method?

Were clinical research methods used? (If so, what?)

Were the results published and if so where?

Did the evaluation result in the development of your organisation's arts practice? If so, how?

If you have a digital copy of a report, are you happy for it to be placed on *Arts and Health South West's* web site (currently under construction)?