

**A prospectus for arts and health**



The Department of Health (DH)'s overall purpose is to help improve the health and wellbeing of everyone in England. We do this by leading and supporting NHS and social care organisations so they can provide fair, high quality services that offer real choice for patients, as well as best value for taxpayers. The Department commissioned the Strategic Review of Arts and Health, and accepted its findings. The Department's policy is that the arts have a major contribution to make to wellbeing, health, healthcare provision and healthcare environments, to the benefit of patients, service users, carers, visitors and staff, as well as to communities and the NHS as a whole.

Arts Council England (ACE) is the national development agency for the arts in England. Its vision is to put the arts at the heart of national life, and people at the heart of the arts. Between 2005 and 2008, it is investing £1.7 billion of public funds from Government and the National Lottery. This is the bedrock of support for the arts in England. Arts Council England believes the arts play an essential part in creating a sense of wellbeing and improving quality of life, and that this, in turn, contributes to the health of individuals, communities and the nation. Arts Council England was a member of the DH's Strategic Review of Arts and Health Working Group.

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## **Foreword**

**Many people's lives are enhanced by the arts. The arts are enjoyed and valued as part of our personal wellbeing and development, and as part of community and national life. Through the arts we can express and fulfil ourselves, and engage with other people in ways that other forms of communication do not offer. The beneficial impact of the arts are felt by patients, service users, citizens and communities as well as those who work in the NHS.**

This prospectus has been produced to celebrate and promote the benefits of the arts in improving everyone's wellbeing, health and healthcare, and its role in supporting those who work in and with the Health Service. In it, we show that the arts can, and do, make a major contribution to key health and wider community issues.

Some people might dismiss the arts as simply add-on activities, which have little place in a modern, technically-focused healthcare system. But this is far from being the case, as reflected in this prospectus. Those who are involved in the wealth of activity across the country have amply demonstrated the tangible benefits of arts and health. Hundreds of research projects, organisations and individuals are showing that the arts are an integral part of the nature and quality of the services we provide. They reveal the effectiveness and value of arts and health initiatives, and the benefits they bring to patients, service users and their carers, and to communities and healthcare workers in every sector.

The examples and case studies included here are a small sample of the many inspirational projects all over the country. They illustrate the scale, quality and breadth of activity, and are a tribute to the vision, commitment and expertise of all involved in arts and health. We believe this prospectus will be of interest and value to everyone working to improve wellbeing, health and the patient experience, and we commend it to you.

Andy Burnham MP  
Minister of State for Delivery  
and Quality  
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David Lammy MP  
Minister for Culture  
Department for Culture,  
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## **A Celebration**

**The arts make a significant contribution to improving the lives, health and wellbeing of patients, service users and carers, as well as those who work in health and the arts. Together, the Department of Health and Arts Council England have produced this prospectus to demonstrate and celebrate that contribution.**

The prospectus stems from the recommendations of the Review of Arts and Health Working Group, which was commissioned by the Department of Health. The Review strongly concluded that the arts are, and should be clearly recognised as, integral to health and health services. The evidence to support this is provided by numerous examples and research. Indeed, the range of activities to which the arts can contribute, including addressing many of the NHS's and society's most pressing priorities, is considerable and impressive.

At its heart, work involving the arts and health is about shaping and delivering high-quality clinical care that is focused on the needs of patients and service users as individuals or groups. Indeed, it is important to note that the sharing of artistic activity has a valuable part to play in our sense of wellbeing. This prospectus is therefore aimed at all those who work in and with the healthcare and arts sectors, to help them understand the contribution the arts can make to every aspect of their work, to highlight best practice and the evidence base, and to show where more information can be found.

In carrying out our Review, we were fortunate to be able to draw on over 300 outstanding contributions from colleagues involved in the spectrum of arts and health activities. We are grateful to all who shared their views and experiences. Their responses demonstrate great knowledge, interest and enthusiasm for the arts and health, through hundreds of good practice examples and research studies. These illustrate the impact arts and health work has in providing a more positive experience for patients and users, improving clinical outcomes, providing arts therapies, making training and development more effective, improving communication, supporting staff, engaging communities and tailoring services to hard-to-reach groups, who are often most in need of help.

Many examples are included in this prospectus and there are many more which also offer inspiration and experience, on which others can base their own ideas and programmes. Information about these can be found in Section 5, Further Information.

We hope that you find this prospectus useful.

Harry Cayton  
National Director for Patients  
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Department of Health

Peter Hewitt  
Chief Executive  
Arts Council England

## **1 The state of arts and health**

**“the arts are, and should be clearly recognised as, integral to health and health services”**

## **The Department of Health's Review of Arts and Health 2006**

In September 2005, as part of the Department of Health's increasing emphasis on taking the opportunities offered by improving public health and wellbeing, and by joint working with other agencies, the Department began a review of its role in relation to arts and health in order to understand the contribution and potential value of the arts more fully. The Review was set up by Sir Nigel Crisp, the former NHS Chief Executive and Permanent Secretary at the Department of Health, and led by Harry Cayton, National Director for Patients and the Public. A small Working Group was set up and over 300 responses were received from senior NHS managers, NHS arts coordinators, artists, arts therapists, clinicians, charities, individual patients and users, professional bodies, academics, architects, constructors, designers and engineers. In addition, the Working Group carried out a number of literature and research reviews, and interviews with key individuals. In spring 2006, the Department of Health accepted the findings of the Review and commissioned this prospectus, in partnership with Arts Council England.

A copy of the Review can be downloaded at [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

## **The prospectus**

### **- a celebration of the role of arts and health**

This prospectus demonstrates the value of arts and health work in a range of settings. The wealth of evidence and good practice examples illustrates the benefits right across the spectrum of arts and health, including improving clinical and therapeutic outcomes, helping users to express, contain and transform distress and disturbance, creating a less stressful environment for patients, service users, staff and visitors, increasing the understanding between clinicians and the people for whom they care, bettering public health, developing and delivering more patient-focused services, and improving the experience for all.

## **How does the NHS engage with the arts?**

The term 'arts' can include a wide range of activities. As this prospectus shows, the NHS is incorporating the arts in a variety of ways, including as a means to communicate, to improve the environment, to support staff, patients and users, to improve self-esteem, to distract and to empower, as well as to raise the standards of wellbeing, health and healthcare services. It does this in the following ways:

- Promoting and improving health and wellbeing through public health strategies, health education and health promotion, for example, by using theatre to discuss and communicate public health and lifestyle messages that lead to improvements in health and wellbeing, including in groups that can be hard to reach
- Tackling major health issues: Oldham's 'Bronchial Boogie' shows how teaching children with asthma to play wind and brass instruments has cut the time they miss from school and the number of them unable to participate in sports, and reduced their symptoms, sleepless nights and medication
- Community cohesion, regeneration, and improving public health: The arts encourage people to participate, which raises their self-esteem and makes them more open to change, which is often important in improving their health and lifestyle. After participating in Portsmouth's Somerstown Dot to Dot initiative, several women in the postnatal depression group joined other activities, including training for Sure Start, becoming a non-teaching assistant and becoming a member of the local Regeneration Project Board
- Arts therapy, provided by professionally trained art, music, dance movement and drama therapists can be particularly helpful to people who find it hard to express their thoughts and feelings verbally. An award-winning programme in Glasgow helped deliver culturally sensitive treatment to women asylum seekers and refugees with moderate mental health problems and complex trauma. Language barriers were reduced because the interventions did not depend on the spoken word
- Improving the quality of healthcare and promoting better clinical outcomes and more efficient use of resources, such as shortening treatment and recovery times and improving the impact of care. In acute care, the arts have proven effects on wellbeing, recovery and perceptions of pain
- Participating in arts projects has a positive impact on the mental health of participants by raising self-esteem and reducing social isolation, as shown in projects at Bromley by Bow Healthy Living Centre

- Explaining and normalising healthcare The charity A Picture of Health and artists in residence programmes such as the one at the John Radcliffe Hospital, Oxford, provide patients with a way of expressing emotions and worries which may be hard to articulate. They also explain complex procedures through images and provide a normalising experience within stressful and invasive environments
- Improving understanding between patients and staff, and shaping more effective training and development through the humanities: Cambridge Primary Care Trusts and local artists have introduced arts into general practitioner education, using a theatre group to stimulate discussion and insight into mental health problems faced by patients and their doctors. A Yale University study uses art to teach the importance of observation to improve diagnostic skills
- Creating high-quality environments that support patients, service users, carers and staff: The King's Fund's Enhancing the Healing Environment Programme now has over 100 participating schemes. Formal evaluations demonstrate how transforming environments delivers therapeutic benefits, reduces staff and patient stress, supports staff development, and improves retention and recruitment
- Achieving more by working in partnership to bring in outside expertise, such as using the arts to support the development and delivery of major public health programmes. Building alliances with partners such as the police in Connecting Communities in Camborne, Cornwall, has brought football, a BMX track and a dance workshop to a deprived community, building social cohesion and encouraging physical activity
- Improving working lives by creating supportive and less stressful environments for staff: Salisbury District Hospital was one of the first to achieve Practise Level and provides creative opportunities for staff, including participating in the arts, trying something new, winding down after work, meeting colleagues in a different context and reducing stress - all supporting team working, staff welfare and development and creating the friendly environment frequently commented upon by staff and visitors
- As part of the work of occupational therapists and physiotherapists: Using natural creativity and interest in participating as part of successful rehabilitation, men at a post-discharge stroke group set up by occupational therapists at Mayday Hospital in Croydon produce complex Eagle Star quilts. As well as the therapeutic benefits, they meet and support one another, and develop fine motor skills, high levels of concentration and raised self-confidence

## **2 The value of arts and health**

**“arts and health is not a new, untested fringe activity”**

## **The value of arts and health**

As the Department of Health's Review showed there are many fine examples of good practice and robust research studies.

There is a considerable interest in and support for the effective use of arts in health, and enthusiasm to illustrate widespread good practice. People all over the country are using the arts to make a real difference to health and healthcare.

Many arts and health organisations and initiatives have been established for a number of decades, both in the UK and abroad. They involve individuals, groups and organisations from many different backgrounds including the state, private and not-for-profit sectors, artists, clinicians, arts therapists, occupational therapists and managers. They serve a range of people including those with disabilities, mental health problems, terminal illnesses and long-term health conditions, older people, carers, refugees, and people from a wide variety of ethnic origins. Arts and health is not a new, untested or fringe activity. It has long been delivering robust improvements to our health services.

Many people commented that they were most inspired and convinced of the need for, and possibilities of, arts and health work by seeing live examples, either within their own organisation or elsewhere. Although respondents described several challenges, almost every one of these had been overcome by citing another project elsewhere, which illustrates the value of sharing and networking effectively.

## **Success factors**

The Review of Arts and Health sought views on what were the most important factors in developing and delivering a successful project or programme. Most of those who responded spoke of their own experiences and the lessons they had learnt, and suggested the following pointers for success.

- Having support at a senior level, and the interest and advocacy of those who are willing and able to champion arts and health
- Securing a sustained commitment from all those involved. It often requires great persistence to gain the confidence of colleagues, overcome resistance and find solutions to complex problems
- Taking a patient- or user-centred approach to develop a service. There are many examples of how service providers have transformed their ways of working and outcomes by looking at an issue from the patient's or user's

perspective, and realising that there are alternatives to providing the service in the same way it has always been done

- Building partnerships with all types of organisations both within the arts and healthcare sectors, and also with the private sector, local authorities, local libraries, educational facilities, transport services and community groups
- Having people who are appropriately trained and experienced
- Having a dedicated post (which most described as an 'arts coordinator') with the skills and contacts to raise awareness and funding, to provide a focus for the organisation's arts and health activities and strategy-building, and to engage with artists and outside agencies whose role and approach may differ from that of the NHS and who may find it difficult to understand and access the Health Service, but who have much to offer
- Finding effective ways to communicate the benefits of arts and health, using evidence or real examples to demonstrate what is possible and to communicate more clearly what is planned
- Having a robust strategy for arts and health to provide a clear direction and to show how the programme will contribute to the NHS organisation's overall objectives

## **Policy implications**

The Review identified some barriers to the use of the arts in health, which means there are more opportunities to improve services than are currently being taken. The barriers included a misperception by some that the arts are peripheral to most people and therefore irrelevant to their wellbeing; a lack of understanding of what arts and health work involves; assumptions that it is a minority activity with no place in mainstream healthcare; a view that it is just about 'pictures on walls', and concerns at being criticised for investing in an area that the media, staff or patients might feel is inappropriate for NHS resources or attention; and a lack of ready access to good practice and evidence.

However, the situation is quite different. There is a large amount of effective, innovative activity across the country demonstrating real results for patients, service users, staff, local communities, the NHS and society as a whole. The arts and humanities have an important role to play in supporting and enriching the lives of staff as well as patients, through reducing stress and creating better working conditions, in clinical education, training and service provision, and by building stronger relationships between staff, patients and service users and their families, including improving mutual understanding where there are ethnic differences. A number of respondents mentioned that arts and health activities were generally

warmly welcomed by staff, and were seen as a valuable alleviation of what could sometimes be unrelenting and routine work. Many told the Review that even the most withdrawn patients had 'come alive' and that they had gained a new understanding of and respect for patients who found it hard to communicate, helping them to 'see the patient, not the condition'.

Many arts and health programmes and projects contribute to important objectives for:

- The Department of Health - such as developing more patient-centred care; delivering public health priorities on prevention and promotion, mental health, obesity and asthma; shaping tailored care under the National Service Framework for Older People; promoting self-care; improving the patient experience through improved clinical outcomes and more homely environments; supporting staff by tackling stress and enabling them to use their skills more fully; and using the humanities to improve training and education and create a better understanding between staff, patients and service users
- The Department for Culture, Media and Sport (DCMS), which is responsible for arts policy in England, has had a longstanding interest in the relationship between arts and health. Issues of health and social inclusion are at the heart of much that DCMS does. One aim of DCMS is to improve the quality of life for all through cultural activities, not only for their intrinsic value but also for the instrumental benefits they can bring in areas such as health, education and building sustainable communities. Arts and health projects not only promote positive mental health and wellbeing for all but also widen access to arts and cultural opportunities. DCMS is supportive of work in this field and is keen to advocate the benefits to as wide an audience as possible. DCMS and DH have set up a joint working group to look at areas of common interest, such as arts and health, with the aim of working together to ensure appropriate links are made and opportunities identified

## **Department of Health policy**

Arts and health are, and should be firmly recognised as being, integral to health, healthcare provision and healthcare environments, including supporting staff. The arts are, and should clearly be recognised as being, integral to the quality of the experience for patients and service users, and to supporting healthcare staff. They make a major contribution to improving people's lives, their health and healthcare provision, providing high-quality, appropriate healthcare environments and engaging with individuals and wider communities, including hard-to-reach groups. Given the connections between communities, participation, education, health,

employment and wellbeing, there are opportunities for the Department of Health and the NHS to use the arts to bring about change in some of the key influencers of health and in the use of the NHS.

### **Arts Council England policy**

It is now widely recognised that experiencing the arts and culture can create a sense of wellbeing and transform the quality of life for individuals and communities. Every day, artists and arts organisations are having a profound impact on people's health in hospitals, health centres, GP practices and across the community.

To complement this prospectus, Arts Council England is publishing a framework for partnership document, which aims to integrate arts into mainstream health strategy and policy making with a view to promoting a role for the arts in healthcare provision across the country, and for a wider remit in terms of healthy living and wellbeing. Arts Council England's five priorities are:

- Healthy communities, which includes objectives in mental health and for older people
- Healthcare built environment, which includes working with primary care LIFT (Local Improvement Finance Trust) and hospital PFI (Private Financial Investment) developments
- Children and young people
- Workforce development, which includes artists working in health and the healthcare workforce
- Campaigning and resource development for the roles of the arts in health

### **3 Arts and health: research and evidence**

**“arts and culture can create a sense of wellbeing and transform the quality of life”**

## **The impact of arts and health - the evidence base**

Several respondents to the Review commented that many people seemed to believe there are few scientific studies demonstrating a connection between the use of the arts and the impact on health. These views have often made it difficult to secure interest and support.

Although some pieces of evidence are less rigorous than others, the reality is that there is a considerable evidence base, from both the UK and internationally, with hundreds of research studies and evaluated projects that clearly demonstrate the benefits of using the arts in health. These are just some of the examples:

- Dr Rosalia Staricoff's review in 2004 of the medical literature for Arts Council England cites nearly 400 papers showing the beneficial impact of the arts on a wide range of health outcomes<sup>1</sup>
- A study by Professors Roger Ulrich and Craig Zimring<sup>2</sup> found some 700 peer-reviewed robust research studies demonstrating the beneficial impact of the environment on health outcomes. Many have also demonstrated economic savings as well as higher patient and service user satisfaction levels
- Singing has been shown to improve quality of life for people with dementia<sup>3</sup>

1. [www.artscouncil.org.uk/documents/publications/php7FMawE.doc](http://www.artscouncil.org.uk/documents/publications/php7FMawE.doc)
2. Ulrich, R. & Zimring, C. (2004) The role of the physical environment in the hospital of the 21st century. The Center for Health Design.
3. Clair, A.A. and Bernstein, B. (1990) 'A comparison of singing, vibrotactile and non-vibrotactile instrumental playing responses in severely regressed persons with dementia of the Alzheimer's type', *Journal of Music Therapy*, 17, 119–125. Clair, A.A. (1996) 'The effect of singing on alert responses in persons with late stage dementia', *Journal of Music Therapy*, 33, 234–247. Clair, A. (2000) 'The importance of singing with elderly patients', in Aldrige, D. (ed) *Music therapy in dementia: More new voices*. London: Jessica Kingsley pp 81–101.

- Rheumatoid arthritis sufferers who listened to 20 minutes of their preferred music daily reported a significant reduction in their perception of pain<sup>4</sup>
- The *Study of the Effects of the Visual and Performing Arts in Healthcare* undertaken by Rosalia Staricoff at Chelsea and Westminster Hospital 1999-2003 found that the length of stay of patients on a trauma and orthopaedic ward was one day shorter when they experienced visual arts and live music, and their need for pain relief was significantly less than those in the control group; live music was very effective in reducing levels of anxiety and depression; visual arts and live music reduced levels of depression by a third in patients undergoing chemotherapy; and staff recruitment and retention were improved. This research was conceived, initiated and supervised by Susan Loppert, director of Chelsea and Westminster Hospital Arts 1993-2003, joint author of the articles on the research in *Hospital Development* (June 2001), *New Scientist* (June 2002) and 'Integrating the Arts into Health Care: Can We Affect Clinical Outcomes?', in *The Healthy Environment: Without and Within* (eds. Kirklin and Richardson, 2003).
- The University of Sheffield, South Downs Health NHS Trust and Poole Hospital NHS Trust (2003) found that medical patients in the new acute hospital were released, on average, 1.5 days earlier, there was a dramatic reduction in the amount of painkillers taken by patients in the new wards compared to the old, and in the mental health unit verbal and physical abuse, and the instances of patients injuring themselves, significantly reduced
- More than 30 rigorous scientific studies show how exposure to nature quickly decreases stress and reduces pain, slowing respiration and lowering blood pressure<sup>6</sup>

4. Schorr, J. A. (1993) 'Music and pattern change in chronic pain', *Advances in Nursing Science*, 15, 4, 27–36.
5. Staricoff, R., Duncan, J. and Wright, M. 'A study of the effects of visual and performing arts in healthcare' Chelsea and Westminster Hospital, 2004; [www.chelwest.nhs.uk/aboutus/hospitalarts](http://www.chelwest.nhs.uk/aboutus/hospitalarts)
6. Ulrich, R. and Gilpin, L. (2003) 'Healing arts – nutrition for the soul'. In: Charmel, P. M. Frampton, S. B. and Gilpin, L. (eds.) (2003) *Putting Patients*

First – Designing and Practicing Patient Centred Care, San Francisco: Jossey-Bass, 2003, 117–146

## **Arts and health research studies and programmes**

Some of the most compelling evidence is in the study of the environment on rates of healing and recovery. The implications of this for the architecture, design, decoration and setting of healthcare facilities cannot be underestimated.

### **King's Fund – Enhancing the Healing Environment Programme**

This initiative started in 2000 and has had substantial funding from the Department of Health, which has also funded two academic evaluations, MARU 2003<sup>7</sup> and York/RKW 2006.<sup>8</sup> Both evaluations have clearly shown major benefits for staff, patients, service users and visitors. A number of significant longer-term benefits have already emerged, including:

- the humanising of the hospital environment, by including distractions and improving levels of privacy and dignity
- evidence of the therapeutic impact of good design
- the potential for improved environments to reduce aggressive behaviour and improve staff recruitment and retention
- increased sense of ownership of the hospital environment
- demonstration of how small-scale projects can act as catalysts for major change
- the development of new skills in leadership and facilitation

In many cases, the Trust itself has added funding from other sources, including its own funds, and some have extended the approach themselves to include other areas within their Trusts.

7. Improving the Patient Experience – an Evaluation of the ‘Enhancing the Healing Environment Programme’, King’s Fund /MARU, 2004
8. Improving the Patient Experience – Celebrating Achievement: Enhancing the Healing Environment Programme. Department of Health, 2006

## **Publications**

*Evaluation of the King's Fund's Enhancing the Healing Environment Programme*, Department of Health, 2003. Available from The Stationery Office ([www.tso.co.uk](http://www.tso.co.uk))  
*Enhancing the Healing Environment – A Guide for NHS Trusts*, King's Fund, 2004. Available from the King's Fund ([www.kingsfund.org.uk](http://www.kingsfund.org.uk))  
*Celebrating Achievement: Enhancing the Healing Environment Programme*, Department of Health, 2006. Available from The Stationery Office ([www.tso.co.uk](http://www.tso.co.uk))

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## **Psychological and physical health benefits of singing**

*Bodymind and Voice: Foundations of Voice Education*<sup>9</sup> examines the research evidence for the body/mind integration of human vocal behaviour (embracing nervous, endocrine, and immune systems integration). It was commissioned by the National Center for Voice and Speech [NCVS] in the USA to bring together a wide range of different literatures on voice behaviour and health for the general public.

Among the findings is a review of evidence of the wide-ranging psychological and physical health benefits of singing. The team of contributors includes health and arts education professionals who bring an interdisciplinary focus to the field. Since it was first published, this multidisciplinary text has been widely cited and used in higher education and clinical practice to promote increased understanding of the lifelong benefits of voice development and care. The text is established course reading for universities in the USA, Australia and the UK. The 'bodymind' concept<sup>10</sup> is seen as particularly powerful in explaining the integrated nature of human functioning.

9. Thurman, L. and Welch, G. F. (eds) (2000) *Bodymind and Voice: Foundations of Voice Education*, Revised Edition, Denver USA
10. Pert, C. (1986) 'The Wisdom of the Receptors: Neuropeptides, the Emotions, and BodyMind', *Advances*, 3, 8–16

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## **Bromley by Bow Centre research partnership**

Bromley By Bow is an arts-based community centre, Healthy Living Centre, Children's Centre and community-based education provider. The partnership between the University of Central Lancashire and the Open University carried out a three-year research and evaluation project with the aim of:

- characterising the Bromley by Bow Centre's model of health and social care
- evaluating its existing work
- identifying policy implications

The research employed a complex multi-method evaluation appropriate to a complex, evolving organisation and examined the organisation's activities through its work with older people. For more information see the full report at:

[www.uclan.ac.uk/facs/health/socialwork/bromleybybow/report/report\\_new.pdf](http://www.uclan.ac.uk/facs/health/socialwork/bromleybybow/report/report_new.pdf)

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## **Healing Arts, Isle of Wight 'A Lifetime's Health Delivered Creatively' April 2006 – March 2010**

This is a research programme looking into the health outcomes and economic impact of an art intervention in three key health target groups: stroke survivors,

people with moderate mental health conditions in the community, and children age 5–7 years who are obese or overweight. The programme is being developed and delivered by Healing Arts for the Isle of Wight NHS Primary Care Trust.

- The stroke programme will be delivered on the specialist Stroke Unit at St Mary's, Isle of Wight in a control group study. The research will investigate the level of depression experienced by patients following a stroke and measure any change in length of stay on the unit
- The mental health programme, titled 'Time Being 2', is a structured 12-week programme for people with moderate mental health conditions referred by the Primary Care Mental Health team. It will measure contributions to sustained reductions in the degree of depression and anxiety reported by participants and sustained reduction in participant's use of antidepressants and mental health services in primary or secondary care
- The children's programme will be delivered in partnership with public health and the education service. It will investigate the contribution creativity can make alongside diet and physical activity to prevent and halt the rise in obesity in primary school-age children

At its conclusion, the programme will publish a toolkit on the art in health intervention for each group, for use and take-up by PCTs nationally, along with the data on health outcomes and economic impact – eg the potential for cost benefit and cash-releasing efficiencies of arts interventions in healthcare.

The programme is being funded by HM Treasury's Invest to Save Budget Round 8. Matrix Research and Consultancy Ltd, London, is undertaking the health and economic impact research.

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**Designing for Health: Architecture, Art and Design at the James Cook University Hospital, NHS Estates, 2005  
Centre for Arts and Humanities in Health and Medicine (CAHHM),  
University of Durham**

The Centre has undertaken a range of multidisciplinary research studies on the impact of healthcare buildings on patients and staff, regional audits of arts in health practice, literature reviews, action research in community-based arts in health, comparative studies of international practice in arts in health and scholarly articles on medical humanities.

**Summary**

This project was carried out over two years in two hospitals, Middlesbrough General Hospital and the James Cook University Hospital, both serving the town of Middlesbrough. The research compared hospital accommodation before and after the move into a new building (the JCUH). The JCUH was developed from a pre-existing building, South Cleveland Hospital (SCH), and includes part of the old hospital. These sites were chosen for research because high-quality art and design were intended to contribute to the impact of the new hospital as a 'therapeutic environment'. A multidisciplinary team including a clinician, an arts administrator, anthropologists, architects and a health services researcher, using a mixed qualitative and quantitative methodological approach, carried out the study.

The study team addressed three main questions:

1. How was the design brief for the new JCUH developed and what were the main principles encapsulated in the brief?
2. Were those principles realised and valued in any noticeable way by patients, visitors and staff of the new hospital and did they think the new accommodation was a better environment for patient care than the old one?
3. What was the impact on patients, visitors and staff of the artwork commissioned for the new hospital?

**Findings of the research**

1. Key positive values for patients in hospital are rooms with natural light, control over their immediate environment (heating, lighting and ventilation) and a sense of 'feeling at home'.
2. Patients value the impact that a high-quality environment has on their care, but they maintain that the most important element in high-quality care is the staff.

3. The NHS Trust explicitly intended the artworks to have a wider function than that of providing a 'therapeutic environment'. The works were intended to provide the hospital with links to the community – signalling that JCUH was a quality hospital – and to assist with wayfinding. The artworks on display were valued as providing colour, distraction and a sense of calm within the public areas of the JCUH.
4. Some patients valued the artworks because they made the hospital seem 'less like a hospital'.
5. Some hospital users who would not normally see themselves as consumers of art valued the presence of artworks.
6. The artists felt engaged and inspired by the James Cook theme and felt there was added value to their art in supporting the therapeutic environment.
7. The Trust set up a successful structure in-house for selecting and funding the commissioned artworks, and for maintaining positive public relations and ownership of the process.

Report available at: [www.dur.ac.uk/cahbm](http://www.dur.ac.uk/cahbm)

Forthcoming paper: Jane Macnaughton, 'Art in hospital spaces: the role of hospitals in an aestheticized society', *International Journal of Cultural Policy*, in press for 2007

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### **Invest to Save Budget Programme: Arts in Health September 2004 – September 2007**

This is a north-west region research, training, networking and advocacy programme spanning the arts and health agenda, with a particular focus on public health and the impact of creativity, culture and the arts on wellbeing. Research is focusing on six projects across three cluster groups, including older people, mental health and staff wellbeing. Advocacy and training is focused on continuing professional development training within the NHS, with emphasis on public health networks.

In partnership with Arts Council England, North West, the Department of Health Public Health Team, North West and the North West Public Health Observatory, and as a response to needs identified during networking sessions across the region, the North West Arts and Health Virtual Network will be launched in winter 2006/7. Dissemination of the project will take place between April and September 2007. The core element of the project centres on research and evaluation.

Organisations involved include: Manchester Metropolitan University, Manchester Institute for Research in Art and Design (MIRIAD), the Research Institute for Health and Social Change (RIHSC), Arts for Health, HM Treasury, the Department of Health, Public Health Team, North West and Arts Council England, North West

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### **Mental health, social inclusion and arts: developing the evidence base**

The Department for Culture Media and Sport and the Department of Health commissioned a two-year programme of research in response to the Social Exclusion Unit's report on mental health and social exclusion. The study relates to participatory arts work in England with people with mental health needs aged 16 to 65. It is being carried out by a team from Anglia Ruskin University and the University of Central Lancashire that includes people with experience of using mental health services.

### **Outcomes study**

The aims of the outcomes study were to measure changes in medication and service use, occupational activity, empowerment, mental health and social inclusion, and to assess the extent to which changes could be attributed to arts participation. Sixty-two of the 88 new arts participants who had returned a baseline questionnaire also returned the follow-up version. The results showed that:

- Improvements in empowerment and mental health were greater for participants identified as having 'clinically significant' mental health

problems at baseline and those who did not report a recent new stress in their lives at follow-up than for the comparator groups

- There was a significant decrease in the proportion of participants identified as frequent and regular service users, but there was no change in medication use or use of mental health or primary care services, other than a decrease in use of overnight stays in hospital or crisis centres
- There were no differences in occupational activity or acquisition of formal qualifications but a third of participants did think their involvement with their project had increased their future employment and education opportunities
- ‘Triangulation’ of results from three analyses assessing the part played by arts participation in the improvements indicated that the evidence was very strong for empowerment. The evidence was promising, but less strong, for mental health and social inclusion
- To the extent that improvements could be attributed to arts participation, the greater improvement in empowerment and mental health amongst people with poorer mental health at baseline indicates that arts projects can benefit people with a range of mental health needs, including those with significant mental health difficulties

### **Case studies**

The case studies comprised workshops with project workers, followed by individual interviews with project 34 project participants. The aim was to complement the outcomes study by exploring the processes through which projects achieved benefits for participants. Participants’ accounts of arts participation were examined in the light of project workers’ own theories about how their project achieved benefits. This revealed a total of eight processes that were important in achieving benefits relating to improved mental health/wellbeing, decreased mental distress and reduced social exclusion.

Three processes were important at all six projects:

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

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

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

Two processes were important for some participants at all projects:

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

**Further information about the study is available at:**

[www.socialinclusion.org.uk/publications](http://www.socialinclusion.org.uk/publications)

### **Publication**

Hacking S, Secker J., Kent L., Shenton J. and Spandler H. (2006) 'Mental health and arts participation: the state of the art in England,' *Journal of the Royal Society of Health Promotion* 126 (3): 121–127.

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## Research Institute for Health and Social Change

Staff from the Centre for Social Change and Well-being engage in research which informs policy and practice, enhances the effectiveness of organisations, celebrates diversity and works within a social justice framework to enhance people's lives, health and wellbeing. They use different methods and work in collaborative and participatory ways where possible. They are currently involved with various arts-based projects, including work on water and wellbeing, arts for health and mental health, and arts and social inclusion. They work with organisations including Lime, The Heroes, RadioRegen and the Treasury-funded Invest to Save, Arts for Health projects.

Example of research study with findings: Evaluation of Pathways (to mental health) projects with Lime. Report and conference papers were given, and journal articles are in preparation. See J. Sixsmith and C. Kagan, *'Art makes me feel I have resources otherwise untapped.'* *Pathways Project evaluation: Final Report*, Manchester, RIHSC. ISBN 1 900139 37 5 Available at [www.compsy.org.uk](http://www.compsy.org.uk)

The report draws attention to the benefits of participating in different arts projects in terms of positive wellbeing, stress reduction, relationship building and social capital, skills and employability, communication and trust. It also highlights some of the negative aspects of involvement and the differences between participant and artist perspectives.

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### **Sidney De Haan Research Centre for Arts and Health**

The Sidney De Haan Research Centre is currently conducting a major programme of research on the value of singing and music-making in promoting health.

There are three strands to this programme:

- music and health as a basis for a systematic review focused on singing and health

- • a cross-national study of the perceived benefits of participation in choral singing and relationships to broader dimensions of wellbeing as defined and measured by World Health Organization research on quality of life. The study will involve choirs in England, Australia and Germany
- formative evaluation of the Silver Song Clubs Project, in association with Sing for Your Life Ltd. There are currently 15 Silver Song Clubs in the south-east, bringing elderly people together on a regular basis to make music and sing

The three strands are closely interrelated and all contribute to building a case for the development of Singing on Prescription in association with local Primary Care Trusts.

Clift and Hancox (2001)<sup>11</sup> conducted a study with members of a large choral society in Canterbury and identified five categories of perceived benefits for health and wellbeing associated with participation in choral singing. A further study is currently underway to explore the links between experiences of choral singing and broader dimensions of quality of life. This will contribute towards the detailed planning of a large-scale cross-national study involving choirs in England, Australia and Germany.

11. Clift, S. and Hancox, G. (2001) 'The perceived benefits of singing: findings from preliminary surveys with a university college choral society', *Journal of the Royal Society for the Promotion of Health*, 121, 4, 248–256

## **The University of Sheffield, School of Architecture**

The research team is well known for its investigations in the NHS and for developing new design tools for the Department of Health, including IDEAs (Inspiring Design Excellence and Achievements), ASPECT (A Staff/Patient Environment Calibration Tool) and AEDET (Achieving Excellence In Design Evaluation Toolkit) Evolution.

The research team has successfully used these design tools in evaluation studies, such as that for the 2005–8 programme of post-occupancy evaluations (POEs) of cancer environments for Macmillan Cancer Support. POEs focus on the satisfaction and behaviour of the users. The evaluations are also conducted using The University of Sheffield LEAF (Learning from Experience Applying Feedback) project evaluation methodology.<sup>12</sup> This framework provides for the evaluation of 'Process', 'Product' and 'Performance'.

The study by Lawson and Phiri<sup>13</sup> examined the effects of the architectural environment on the lives of patients, and to some extent, staff, in two NHS hospitals, one each in the general medical and the mental health sectors. Examining two sets of wards, one each in acute general medicine (Poole) and in mental health (Brighton), the study looked at cohorts of patients before and after the building of new accommodation. In both cases, patients were referred to in similar ways and underwent similar treatment regimes, often by the same staff in both new and old wards.

12. Lawson et al (2003) and Lawson et al (2001), unpublished reports available from The University of Sheffield School of Architecture

Findings indicate patients are sensitive to, and articulate about, their architectural environment. They are able to discriminate between poor and good environments and say clearly what they like and dislike about them. Patients appear to make significantly better progress in the new purpose-designed buildings than in the old ones. There is considerable evidence that an overall improved atmosphere and quality of life may be one of the benefits of better places. Patients highly rate both their treatment and the staff caring for them. Most of the architectural features apparently responsible for these benefits appear to be generic place-making features rather than hospital-specific factors. Having a view of the outside world seems very important. Not only being comfortable, but having personal control over the immediate environment is also important for patients.

### **Example of findings**

Patient treatment time reductions of between 14 and 21 per cent are attributable to the design characteristics of new buildings. Findings also include other significant benefits, including reductions in analgesic medication, dramatically reduced patient aggression levels and reductions in staff absenteeism.

13. Lawson, B. A. and Phiri, M. (2003) *The Architectural Healthcare Environment and its Effects on Patient Health Outcomes*, Leeds, NHS Estates

**Qualitative research for PhD – ‘A comparison between using writing as therapy with a therapist and using creative writing with a non-therapist facilitator for mental health service users with significant symptoms of depression’**

**April 2001 – December 2006 (expected date of completion)**

The study included adults from 18 years to elderly, looking at three groups of Using Writing As Therapy (UWAT), using a six-session course, and three groups of established Creative Writing (CW) groups, using their usual format with non-therapists, which were researched and compared.

**Organisations involved**

Oxleas NHS Foundation Trust has funded the PhD at the University of Sussex for Pauline Cooper.

**Findings and benefits**

Pauline had heard many anecdotal claims from writers and through research about the benefits of writing. She decided to explore its potential in her work as an occupational therapist with adult patients. The positive results were exciting and recognised by the private hospital for whom she worked, and they funded her to undertake a masters degree to explore the use of writing further. This work inspired her to continue research, and her ongoing study to DPhil (PhD) at the University of Sussex is being funded by the Oxleas NHS Foundation Trust, highlighting important work that can be done in both one-to-one work and groups.

UWAT has been seen to be effective in helping clients understand themselves better, assess their situation, loosen ‘stuckness’, and help them to plan their future. It is a good adjunct for other therapies such as cognitive behaviour therapy. However, it does require clients to be motivated to problem-solve, have potential for insight and be literate.

CW, on the other hand, provides a therapeutic arts activity, on a less intensive level, that helps clients express their feelings, using literary devices such as metaphor, with a product outcome that they can either share publicly or use privately. CW was shown to help clients address their feelings of stigmatisation and vent disappointment about loss of employment opportunities, but also to find empathy, confidence and support. In addition, clients have used CW to improve their literacy and communication skills.

UWAT and CW are two different types of writing with different benefit. UWAT is a form of treatment looking at identity, self-esteem and confidence and CW provides a meaningful therapeutic arts activity. In both groups, the research showed that, for both therapists and non-therapist facilitators training is essential particularly with regard to their role, objectives, and understanding of the group as a safe holding space in which to explore the potential writing has to offer. It is clear that writing, an activity of daily living, can be an empowering and liberating tool for clients with mental health problems, particularly those suffering with depression. Ongoing practice using writing indicates that writing has benefits for people with no mental health problems, but who are seeking clarity over problematic life situations or decision-making and is, therefore, likely to benefit carers and staff, for example.

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### **Research on music therapy**

Research details: [www.aru.ac.uk/music/mt\\_research/research](http://www.aru.ac.uk/music/mt_research/research)

This outlines projects undertaken by Anglia Ruskin University staff and students and covers a range of clinical areas.

[www.voices.no](http://www.voices.no) This is a world forum for music therapy

[www.nordoff-robbins.org.uk/research](http://www.nordoff-robbins.org.uk/research) also holds listings of other sites. The Cochrane Library via [www.nelh.nhs.uk](http://www.nelh.nhs.uk) and click on Cochrane Library. There are details of several reviews of music therapy including:

Gold, C., Bentley, K. and Wigram, T. 'Music Therapy for schizophrenia or schizophrenia-like illnesses' (protocol for a Cochrane Review). In: The Cochrane Library, Issue 4, 2003. Chichester, UK: John Wiley & Sons Ltd

Gold, C. and Wigram, T. 'Music therapy for autistic spectrum disorder' (protocol for a Cochrane Review). In: The Cochrane Library, Issue 4, 2003. Chichester, UK: John Wiley & Sons Ltd

Maratos, A. and Gold, C. 'Music therapy for depression' (protocol for a Cochrane Review). In The Cochrane Library, Issue 4, 2003. Chichester, UK: John Wiley & Sons Ltd

Vink, A. C. Bruinsma, M. S. and Scholten, R. 'Music therapy in the care of people with dementia' (protocol for a Cochrane Review). In: The Cochrane Library, Issue 4, 2003. Chichester, UK: John Wiley & Sons Ltd

#### **4 The arts and health in action**

**“many people's lives are enhanced by the arts”**

**The projects included in this section were submitted by organisations as part of the Review, with many specifying how the projects were evaluated. This section will be of use to those who:**

- seek to understand and follow the processes and methods being used to evaluate arts and health
- wish to identify and assess the arguments for arts and health interventions
- need material to support the making or assessing of a business case or strategy for the use of arts and health
- need further information

We have included a cross-section of programmes and projects to demonstrate how the arts are supporting health through:

- improving public health, supporting health education and health promotion messages and changes in lifestyle
- engaging with communities, patients and the public to shape and improve healthcare provision and the partnership between health service providers and other organisations and individuals
- improving clinical outcomes and improving the patient experience
- supporting staff by helping them to work better, develop team working and provide distraction and relaxation
- promoting greater skills and understanding through the medical humanities
- using the arts to improve training and development
- services including acute services, hospice care, rehabilitation, primary, community and mental health services
- services specifically for people with disabilities, children and older people, or for people from black and minority ethnic backgrounds
- initiatives engaging the expertise of NHS staff, including arts therapists, occupational, speech and language and physiotherapists
- schemes drawing on the skills and vision of artists, such as their ability to translate ideas into tangible results, to inspire, to relax and distract and promote a better experience for all
- creating the best environments to support patients, service users, carers, visitors and staff, including buildings of all sizes and gardens, and through public arts performances
- projects demonstrating the creation and management of networking and sharing

## **ARCHITECTURE AND THE BUILT ENVIRONMENT**

### **Barts and The London Breast Care Centre Art Programme**

The redevelopment of the West Wing at Barts Hospital  
2002 - 2004 (Centre opened in September 2004)

The architectural brief for the redevelopment of West Wing was to provide a building that would house all the different departments concerned with breast cancer care. Originally scattered across the hospital, all related departments were to be brought together under one roof in a state-of-the-art outpatients facility.

The patient experience was fundamental to the way the building was designed. The primary concern was for the comfort and reassurance of the patients for whom the unit was being created. The architectural objective was to create a confidently modern treatment of space, which should be both visually and physically reassuring.

In particular, attention was given to the patient journey, to the careful housing of modern equipment reflecting technological advances in breast screening and to 'patient appeal', as well as to maintaining the original Grade II listed building.

The art programme was commissioned by Vital Arts at an early stage in order to be fundamentally integral to the overall design and context of the new facility.

The aim of the art commissions was 'to establish an art programme that was integral to the physical environment of the West Wing, as a means of developing a sense of place, enhancing the quality of the patient's and staff's experience of the building and reinforcing the notion that art can have a positive role to play within the patient's experience of the health service'.

The programme was delivered with a number of key points in mind:

- The art programme should represent the best possible contemporary arts practice
- The long-term integrity of the programme should be consistent beyond the initial refurbishment-related commissions
- The artworks needed to be sustainable and the Trust needed to accept responsibility for the long-term care and maintenance of the artworks
- The art programme should be used to create opportunities for education and to enable staff and visitors to connect with their physical environment at an intellectual, emotional and spiritual level
- Effective interpretation material should be commissioned and distributed over the long-term life of the works and the building

### **Findings and benefits**

Vital Arts has commissioned a full evaluation report on the impact of the art programme commissioned for Barts and The London Breast Care Centre. Findings from the evaluation report, *Staff and patient impressions of the West Wing*, are overwhelmingly positive. Ninety per cent of staff and 88 per cent of patients recognise the positive impact the arts programme and the high-quality environment for patients and staff has had on staff morale and patient satisfaction.

The art programme for Barts and The London Breast Care Centre has become a benchmark for integrating art into healthcare buildings. The Centre is routinely cited as an example of best practice by the Arts Council of England, featuring in its recently published visual arts strategy *Turning point*. It is also highlighted in the CABE publication: *Designed with care*, and on the Axia public art website. This, and the numerous awards the Centre has garnered since it opened, has ensured that Barts and The London NHS Trust have positively embraced the potential of investing in an arts programme for the benefit of patients. Trust redevelopment projects include art as integral to the interior design of any new or refurbished environments and Vital Arts is playing a key role in the interior design of new hospital developments at Barts and The Royal London.

Lessons learnt include: integrate art commissioning early; get crucial buy-in from architect and Trust; set realistic budget and fundraising target; commission artists who are interested in a dialogue with patients and staff; commission the best contemporary art that fits the brief - don't patronise patients or staff with bland or dumbed-down art; commission a range of art - not everyone will like all the art - that doesn't matter, but everyone should find something they like.

On the basis of this experience, the results clearly indicate that integrating arts into healthcare settings delivers a range of positive benefits for patients and staff - including humanising these often relentlessly corporate environments, valuing the input of staff who then perform better, and creating confidence in the service by improving the look and feel of healthcare facilities from both patients and staff perspective.

### **Organisations involved**

Vital Arts - the arts project for Barts and The London NHS Trust, Greenhill Jenner Architects, Theresa Bergne Field Art Projects as curator

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### **Hertfordshire Partnership Trust**

Enhancing the Healing Environment for Mental Health Services for Older People (MHSOP) January 2006 - May 2007

This is a part of the King's Fund programme - Enhancing the Healing Environment, which is a national funding stream. The project focused on the outpatient area of a unit for older adults. Lambourn Grove has evolved in its remit to the area and more demand is being made upon it by outpatients. The entrance can be confusing and the waiting area is narrow, dark and partly used by domestic staff.

A multidisciplinary project team, which has input by a dramatherapist and artist, is keen to turn the space into a calming, peaceful and, if necessary, reflective space for patients who may be receiving difficult news about memory loss or coming to terms with other mental health issues. The project includes product designers who have recently qualified from the University of Hertfordshire to reconfigure the space and incorporate the use of art and lighting design. Briffa Phillips, award-winning architects, are redesigning the entrance and waiting area.

Like some other MHSOP services, Lambourn Grove also receives input from the arts therapies, in this case music therapy. Dramatherapy is provided at the Meadows Day Hospital. It is hoped this space will reflect the understanding that the arts in health play a key role in patient recovery and wellbeing, and will encourage future investment in arts therapies for older people.

### **Findings and benefits**

The project is in progress and will not be complete until May 2007. The project incorporated user involvement through consultation into how to improve service users' experiences through the use of the arts. Staff have also been consulted.

The team behind the Trust's project is passionate about improving and enhancing the services older adults receive and hope that improvements in the space at Lambourn Grove will be a catalyst for other service change, including improving communications between staff and patients and carers.

### **Organisations involved**

King's Fund, Hertfordshire Partnership Trust, University of Hertfordshire: Faculty for the Creative and Cultural Industries, Design Consultancy - Bright New Minds, Blok Design Studio, Briffa Phillips Architects

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## **ARTS THERAPIES**

### **Art Psychotherapy in Child and Adolescent Mental Health Services**

Developed in 1990 and expanded

The Art Psychotherapy Service delivers a specialist service to children and young people, and their parents/carers, as part of a comprehensive CAMHS Service. This modality is an accessible clinical treatment with a range of interventions for young people who have highly complex needs, are hard to engage and who are unable to use verbally based approaches. The service seeks to extend creative and innovative practice while taking into account the views of the users of the service through researching effective methods for audit and evaluation. The work provided is outlined as follows:

- primary disorders include early deficit/ attachment, trauma, depression, self-harm, substance abuse, bereavement, relationship difficulties, self-esteem, destructive behaviour, inability to communicate, social isolation and complicated multiple symptoms
- flexible range of assessment procedures
- individual therapy of medium/long term. Seen weekly or twice weekly for most serious cases
- early intervention under-5s work with child and parent/carer, other brief work with adolescents for up to six months and for other ages weekly sessions from ten weeks to six months
- group and family work. Specialist family focus work with chronic and complex cases
- time-limited intervention generic case work
- interventions to provide a state-of-mind assessment and treatment for looked after children and consultation for carers and social services. For these children, art provides a record and a means to communicate unspeakable distress and confusion. It can facilitate a sense of personal continuity and empowerment which lessen the sense of helplessness and despair leading to highly destructive behaviour and placement breakdown. The therapist is able to work with the child's network and facilitate understanding in a situation where the system makes reactive decisions which retraumatise the child

### **Findings and benefits**

Over the time this service has evolved from a freelance basis to a permanent contract with specialist CAMHS, it has provided a psychotherapeutic resource

which has benefited many young people and provided a depth of understanding and perspective which is highly valued by the multidisciplinary team and colleagues from other organisations. The art psychotherapy treatment facilitates a healing process through the medium of art. Those who come to therapy have the opportunity to use a variety of media. They learn to trust and to develop a dialogue between themselves, their artwork and the therapist who works with non-verbal and symbolic communications.

It is recommended as cost effective and flexible, can respond to diverse clinical need in CAMHS, and can be adapted for a wide age range, including early intervention. Art psychotherapy provides collaborative work across agencies. It enables young patients to mobilise creativity for overcoming emotional difficulties. Practice-led research and effective methods of audit and evaluation are being developed to consolidate the evidence base for art psychotherapy. A service review has been undertaken.

### **Organisations involved**

CAMHS, Social Services, Education, Youth Offending Team, Substance Abuse Team

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### **Roundabout Dramatherapy Project**

September 2002 (ongoing)

Roundabout is a team of dramatherapists providing therapeutic activities to meet the psychological, educational and artistic needs of people who are disadvantaged.

Two Roundabout dramatherapists provide dramatherapy sessions for children with autistic spectrum disorders and from other mainstream classes. Some of the children attend in pairs and receive one-to-one dramatherapy and some attend in groups of up to four children. The children are referred to the groups through the school's therapy referral system. Teachers, parents, carers and other school staff can use this system to refer children who they think might benefit from

dramatherapy. The children are assessed by the dramatherapists and grouped in consultation with the school staff.

Children are referred for a number of reasons and these include:

- to increase confidence
- to find ways of expressing anger and frustration
- to increase social interaction
- to release imaginative thoughts
- to explore ways of communicating
- to address high levels of anxiety

The dramatherapy sessions address these issues through focusing on the following general aims:

- to develop creativity and imaginative thinking
- to encourage cooperation and turn-taking
- to build confidence and self-esteem
- to develop a sense of self and how to relate to others
- to explore movement work
- to work effectively alone and with others

### **Findings and benefits**

This project has proved very worthwhile and continues to be very successful. Roundabout has been able to offer its service to a large number of children attending this school, and on the basis of the success of this project have established similar projects in a number of other primary and secondary schools. Effective communication and prioritising time for liaising with school staff, parents and carers is vital for this project. The programme is regularly evaluated through eliciting and recording user feedback, meetings with parents and carers, and writing individual reports for all of the children at the end of term and for individual reviews. Excerpts from individual reports illustrate the progress the children have made.

'As the term progressed we were delighted to witness A choosing to play different roles such as the baker and a visitor to the zoo. He seemed to want to interact with other members of the group playing animals, rather than playing them himself, and in these situations he found it easier to come back to being 'himself' at the end of these stories. We also found that A was able to relax more in the sessions

especially during the last part of the sessions where initially he appeared distressed that we were finishing and had to try and quickly tell another story. He was then able to stay in the moment and acknowledge the relaxation and ending as he prepared to focus on returning to the classroom.'

'B was able to work extremely well with this format and he clearly enjoyed playing and choosing a character as well as telling the story. The challenge for B was more in the telling as he needed to use a good strong voice and contain other people's ideas so that he could express his own. B developed his ability to do this with support from the dramatherapists and was clearly delighted when he achieved control of the group and saw his ideas acted out for him.'

'C also enjoyed the games and exercises in the sessions, in particular playing with a beach ball, which we used for turn-taking and group work. He was able to share his athleticism and as the weeks passed he became relaxed and chatty at these times, interacting in a spontaneous and fun way. The sessions clearly offered him a space to express his feelings in an indirect way without there being an overwhelming focus on him, which he made clear he did not want. He sought out support when he needed it and worked well with the other children, clearly enjoying their company and attention.'

### **Organisations involved**

Roundabout and the primary school

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## **CHILDREN**

### **Alder Hey Arts: Cultural Champions Programme**

May 2006 for 12 months in first instance

The programme included artist residencies, workshops with children and families, professional development training for staff in using the arts, development of child-centred resources and enhancement of the hospital environment through participation and the display of artwork. Examples include:

**FACT:** A sound recording artist working with children to capture the sounds of nature in the park and bring these into the hospital for others to appreciate. A digital visual artist creating virtual games and communication media for patients nursed in isolation.

**Liverpool Comedy Trust:** Comedians working with play specialists to develop self-assertiveness skills with patients who have poor body image. A cartoonist illustrating a leaflet describing radiotherapy.

**Merseyside Dance Initiative:** Introducing dance into physiotherapy programmes.

**METAL:** Involvement in a production of 'King Cotton', chronicling 200 years of slavery, and workshops involving ethnicity and diversity.

**Royal Liverpool Philharmonic Orchestra:** Working with a music therapist and orchestral musicians to create a CD and a musical instrument box for every ward.

**Tate:** Using the Tate collection for distraction therapy and continuing professional development for staff.

**Walk The Plank Theatre Company:** A community programme exploring inclusivity, working with the Haven Project and young people who are refugees unaccompanied by parents.

**Window Project:** Creative writing work with poets to be illustrated and displayed around the Trust.

## **Findings and benefits**

Working in a healthcare environment, particularly with children, is challenging and rewarding for the artists, particularly in learning new communication skills and learning from the skills of healthcare professionals. It is an environment of cultural learning for all involved. The Cultural Champions and healthcare staff link together and find new ways of working across arts and health disciplines. Evaluation is part of the 'Invest to Save' research project, which is evaluating the effects of introducing an arts in health programme to a children's NHS Trust.

## **Organisations involved**

Arts Council England, North West; Liverpool Culture Company; 'Invest to Save'; Arts for Health; Manchester Metropolitan University  
Cultural Partners in the North West;  
FACT; Liverpool Comedy Trust; Merseyside Dance Initiative; METAL; Royal Liverpool Philharmonic Orchestra; Tate Liverpool; Walk The Plank Theatre Company; Windows Project (creative writing)

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## **Developmental Movement Play (DMP)**

This long-term project aims to develop understanding of the significance of early movement play in building foundations for future health and wellbeing. Early years practitioners from settings across England have attended a new training programme and implemented radical changes in their settings as a result. The training is led by dancers who provide a sound theoretical basis as well as practical support for working with spontaneous, child-led movement - biologically driven movement that will support emotional, social, physical and intellectual development. The project is supported by a six-year action research project gathering evidence about the benefits for children. To date, 14 Cycle One early years partner centres across the country have returned detailed evidence about young children's involvement in movement play and associated development,

which resulted in a comprehensive report and CD-ROM. Cycle Two is now underway with a further 11 partners.

### **Findings and benefits**

These are from Cycle One research partners:

- All say they have increased confidence to support movement activities
- All centres report increased involvement in physical activity for children in their settings
- Practitioners report significant development in speech and language for participating children
- They observe that children encouraged in DMP are more considerate to their friends, read and understand feelings more easily and show less frustration and anger
- DMP provides a framework and language that early years practitioners can share with therapists and specialists working with children and families where there are identified challenges to development. This has helped to develop partnership working around early identification and intervention

Themes being explored in Cycle Two:

- extended outdoor learning opportunities
- expanded opportunities for movement indoors
- issues around summer-born boys
- communication matters - sharing practice with parents/staff/other departments
- building a shared understanding and approach between early years practitioners and special needs support teams
- transition issues for children moving from early years settings into school

In Cycle One, research partners returned detailed evidence from 50 case study children using an adapted sensory motor checklist. They also kept process-oriented evidence through project scrapbooks. Children were given disposable cameras and asked to provide the project with pictures of the movement play they wanted us to see. Structured interviews - with individuals and in groups - provided evidence about themes across all 14 settings.

Developmental Movement Play 2005 Full report and CD-ROM available from Wendy Leveson, Company Administrator, JABADAO: 0113 236 3311.  
info@jabadao.org

### **Organisations involved**

Devised and led by JABADAO National Centre for Movement, Learning and Health; practitioners in all nine government regions have participated in training.

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### **Jump Together**

June 2005 - June 2006

- Jump Together is an innovative theatre and drama project to facilitate and enhance collaborative working and multi-agency partnership to improve outcomes for vulnerable young people
- A pilot project with Healthy Care partnerships in the south-west region involved a wide range of stakeholders, including foster carers, residential care staff, health and social care workers, teenage pregnancy coordinators, strategic managers and Directors of Children's Services
- Work was developed and managed through collaboration between regional and national stakeholders, contributing to their professional learning and development
- Myrtle Theatre Company delivered a piece of stimulus drama, Jump by Lucy Catherine, and delivered a day of drama workshops to support and develop local interagency planning and working on a child-focused agenda to provide early interventions to prevent risk-taking behaviours, including early pregnancy, alcohol and substance misuse and domestic violence
- Issues of joint working inform local training and strategic service development, and provide joint training for staff

### **Findings and benefits**

The project provided an opportunity to:

- inform research and practice

- develop regional work with national organisations to deliver improved
- local services
- provide learning for artists, children's workforce, commissioners and researchers
- facilitate learning and development
- inform interagency professional development for commissioning drama interventions
- inform the national research and practice agenda, and inform policy makers

#### Key lessons learnt:

- interactive drama can be effective in sensitive/complex health promotion areas
- Drama offers opportunity for observation-based learning with an inter-professional group viewing and exploring issues raised within a play or vignette. A post-drama workshop can also provide opportunities for interactive activities in which participants share knowledge and experience (exchange-based learning), work together to solve problems (action-based learning) and re-enact or role-play situations relating to the play/vignette (simulation-based learning)
- Drama has been used within an inter-professional learning context and identified as a powerful medium, which contributed to those, involved gaining an enhanced awareness of the need for collaborative working. A drama approach draws on a range of interactive techniques that enable professionals to acquire, in particular, the skills, attitudes and confidence required to develop collaborative competence
- Given the sensitive and complex areas of vulnerable young people's health, the drama approach offered the opportunity to help participants think creatively about how to work collaboratively to meet their needs. Respondents felt this type of approach was better than didactic teaching because it was more interactive, challenging, exciting and fun

#### Further learning and improvements included:

- greater clarity of purpose and outputs from the day for organisers and participants
- improved preparation of organisations prior to the performance and workshops
- co-facilitation with theatre company undertaken by a range of public health professionals
- development of drama exercises addressing key issues, eg conflict, communication

- a need to develop good-quality practice standards for commissioning theatre and drama projects and to create a national profile for using drama for interagency training purposes

### **Evaluation**

University of West of England Centre for Public Health Research

### **Organisations involved**

National Children's Bureau, Myrtle Theatre Company, Regional Public Health Group, Healthy Care partnerships in the south-west, University of West of England. Funders: Teenage Pregnancy Unit and Arts Council England, South West

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### **Roots and Wings, Dewsbury**

Summer 2003 to spring 2008

An arts and emotional health project in a West Yorkshire primary school, set up by the school's senior management and funded by The Children's Fund, Kirklees. Activities include visual arts, celebratory arts, drama/movement therapy, writing and storytelling. Community events include an annual summer parade to celebrate transition to high school and a winter lanterns and storytelling night. As a result, children are perceived as 'culture-carriers' of the neighbourhood - change happens as a result of what they do and new community traditions, such as the transition carnival and lanterns event, are palpable examples of their involvement.

### **Findings and benefits**

Many of the children live with violence - verbal, physical, emotional, domestic or media - on a daily basis. The project supports them to help change some aspects of local culture and establish a more nurtured generation. The children need different choices for adulthood and some need better memories of childhood. The next stage is to have an influence on the ethos and culture of the emergent Children's Centre and to effect change in other primary schools' attitudes to transition. It will help build effective partnerships between primary and secondary schools and with the Behaviour Support Service. The project contributes to children's health services, including the Educational Psychology Service, Pupil

Support Service and Educational Social Work. Nationally, it links with agencies such as the National Children's Bureau and has been approached by others to help influence policy and practice elsewhere. Reflective practice is standard in every session and activity. Each component activity of the project has its own journal, telling the story of that activity: together, they form a library of the project. Through a close working relationship with school staff, relevant information is gleaned from school statistics, eg attendance, attainment and behaviour logs. The data generated demands rigorous, objective investigation and so involves a professional evaluator who interviews staff and participants and assembles statistical information and regular reports. These reports help to influence policy, with advocacy and dissemination of good practice.

'Roots and Wings is an outstanding element which has raised the school's profile. Pupils' artistic skills, writing and personal development, for example, are enhanced by its many superb activities. The school's deeply held belief that academic advancement depends on pupils being emotionally stable and having a high sense of self-worth is paying dividends.'

Ofsted Inspection May 2006

### **Organisations involved**

Chickenley Community Primary School, Dewsbury; The Children's Fund, Kirklees; Loca Arts Development Agency, Batley; Chickenley Children's Centre; Dewsbury Minster; Earlsheaton Secondary School

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## **CLINICAL OUTCOMES AND IMPROVING THE PATIENT EXPERIENCE**

### **InterAct Reading Service**

Started in 2000

InterAct uses professional actors to read to stroke patients in the stroke units of hospitals and in stroke clubs. There is an increasing literature of clinical research that highlights the fact that reading to stroke patients stimulates the neural pathways of the brain and thus stimulates recovery and rehabilitation.

Professional actors are used because they have the necessary skills to bring a performance to life, rather than simply read. InterAct reads in 14 hospitals in London, together with hospitals in Stoke, Birmingham and Manchester. The charity reads to 24 stroke clubs in London, additional to the stroke units. InterAct uses a network of actors to ensure that someone is always made available so that patients are never let down.

In most of the hospitals, the readings happen three times a week, for approximately two hours at a time. Each hospital chooses what times and days they want the readings.

The actors read to patients who the nurses or therapists suggest could benefit and who want to be read to. The majority of the readings are on a one-to-one basis. The actors spend as much or as little time as seems appropriate - talking, reading and listening with each patient. On average, four or five patients are read to in each session. InterAct will also do group readings, provided there is a relatively quiet space where this can happen, and the nurses are happy to move the patients. Several hospitals have taken up this option. The objectives of the readings are to provide the type of stimulation known to help rehabilitation, and alleviate the boredom and depression which are so often a part of stroke.

The stroke clubs are visited as regularly as they wish. The actor will read a programme which has been especially prepared for that specific group. It usually contains a poem, a short story, a couple of features and some jokes. The reader will try and stimulate conversation with and between the group.

### **Findings and benefits**

The project is unique and patients and staff welcome it. Patients feel it not only stimulates them, but improves the environment and the experience of being on a hospital ward.

The key lesson that the charity has learnt is to ensure that what is provided includes readings of materials chosen by the patients themselves, rather than imposed on them by the project.

In 2001 InterAct won the Best New Charity of the Year from Charity Awards UK. In 2003 we were given a Tesco's Community Award. In 2005 InterAct was a winner of an Impact Award from GlaxoSmithKline in association with the King's Fund.

### **Organisations involved**

InterAct Reading Service reads at the following hospitals: Charing Cross, Barnet, Kings, Mile End, the National, Chelsea and Westminster, St Thomas', St Mary's, Whittington, Clayponds, Royal Free, West Middlesex, Bucknall, Finchley, Mosely, Wythenshawe. The charity has developed close links with nurses and occupational and speech therapists to ensure that InterAct is part of the Integrated Care Pathway for stroke patients.

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### **Singing Medicine**

Established November 2004

This is an innovative and groundbreaking project devised by Ex Cathedra and Birmingham Children's Hospital. Singing Medicine is a full programme of activities that commenced in November 2004 for a period of 12 months at Birmingham Children's Hospital. The project includes singing and music activities for children with life-limiting conditions on the oncology, renal, cardiac, neurology and liver wards, the Retinoblastoma Clinic, and the Intensive Care Unit. The activities include children's siblings and families, and hospital staff.

Singing games and songs from around the world offer all children of all ages and abilities enjoyment, distraction from the general hospital environment and specific hospital procedures, mental stimulation, purposeful play, activities to engage the

family, PSHE (personal, social and health education) development, and physical movement.

The project is delivered by a team of highly experienced teachers and workshop leaders. Between them they have a wide range of experience, expertise and training and are well supported in the hospital environment by a nursing adviser who provides training on such issues as infection control as well as providing emotional support. The project is currently funded by Youth Music, with partnership funding from Urban Cultural Fusion. This project was the regional winner for the NHS Health and Social Care Awards, Children's Category 2005.

### **Findings and benefits**

- Singing is good for the whole being, and offers a feel-good factor
- Singing activities offer the children much needed coping mechanisms and distraction techniques
- Through singing activities, children are developing their personal, social, emotional and education skills
- Singing games lead to better social inclusion on the ward, enabling siblings and children to play together
- Singing activities motivate children to get out of bed, encouraging movement and deeper breathing, which is particularly important for healing and preventing infections
- Singing activities keep the brain active and alert, and provide stimulation
- Children's vocal and musicianship skills are developed

'You ought to do Singing Medicine, it makes you feel better. Singing Medicine helps you play.' H, boy aged 7, long-term patient on oncology ward, to another patient

'This is the most exciting arts project I have ever seen!' Head of Policy and Programming, Youth Music

### **Organisations involved**

Birmingham Children's Hospital and Ex Cathedra

## **Contact**

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## **COMMUNITY ARTS AND COMMUNITIES**

### **Milton Keynes - Healthy Heritage**

May 2005 - June 2006

This was a community arts project that responded to a heritage watercolour collection of Milton Keynes landmarks housed within Milton Keynes General Hospital's Fracture Clinic waiting area. Outputs from the projects were then displayed among the source heritage collection. These outputs consist of a large-scale painting by primary school pupils, a DVD of a dance piece produced by teenagers from a local housing estate, and soundscapes produced by an arts group for the visually impaired.

### **Findings and benefits**

- Created a vibrant interactive waiting area in a key outpatients area
- Developed strong links between institution and local community
- Created a strong advocate for the varied role of the arts within an acute hospital setting
- Helped build a trusting relationship with Buckinghamshire County Museum so that more heritage exhibits could be brought into the hospital setting
- The project has received two years more funding to continue the work and recruit staff to deliver it, which has helped build capacity of the organisation
- The exhibiting of local heritage within a much-used public space such as a general hospital makes very good sense and helps break up the boredom of time spent in a hospital

- Heritage can be the catalyst for some rich and varied project work. It is a good spark for working with young people and school children

Evaluation reports have been produced throughout for funders, and a short DVD film of the children working on their project has been edited. Other film and sound-based outputs exist as a record of the project.

### **Organisations involved**

MKArts for Health (lead organisation); Heritage Lottery Fund; Milton Keynes Council; Buckinghamshire County Museum; Bucks Association for the Blind; Langland Community School; Milton Keynes General Hospital

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### **West Park Hospital, Darlington**

November 2001 to December 2004

The re-provision of adult and elderly mental health inpatient and day hospital facilities for the south of County Durham and Darlington was a £20m Private Financial Investment (PFI) scheme which was part of a major brownfield site redevelopment scheme to the north west of Darlington Town. The Public Finance Initiative scheme set out to include art, poetry and landscaping as key themes at the very beginning of the project, so that they could be seen to link the hospital with the community facilities that were being developed as part of the West Park site. These included public park land, housing, a school and community facilities, a rugby club and all supporting infrastructure.

The arts theme 'Caring, Daring, Sharing' has been used throughout all elements of the West Park development to influence the sculpture, landscaping, poetry and

artwork which have contributed to the development of a sustainable community. All of this was made possible by establishing an informal partnership between County Durham and Darlington Priority Services NHS Trust, Darlington Borough Council and Bussey and Armstrong Projects Ltd, the site developers, along with the support of Arts Council England, North East.

### **Findings and benefits**

The project aimed to ensure that the hospital provided an important link to the surrounding community and that wherever one went on the West Park site, the art, poetry and sculptures provided tangible links to each element of the community it served. It also provided points of interest and conversation for the hospital for patients, staff and visitors.

From the beginning, the project has demonstrated that it is part of the local community and committed to its long-term sustainable future. It also ensured that the bidders for the PFI contract understood from the very beginning that the scheme had an important arts theme to which they were expected to contribute. It has also gained local and national recognition for an innovative and sustainable development.

Lessons learnt include: Be patient with artists and let them develop the key themes over time. By getting the arts element in at the early stage of the development, the bidders and preferred partners can be engaged in the process and demonstrate long-term commitment to partnership working. Engage staff, patients and carers in the process and they will be extremely supportive of the themes being developed and proudly 'own' the new facilities. The whole arts project has produced a much more user-friendly environment, which provides a calming atmosphere for patients and a very pleasant place for staff to work in.

### **Organisations involved**

West Park Hospital, Darlington

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## **Bromley by Bow Centre**

The Bromley by Bow centre includes over one hundred projects - a church, complementary therapies, art studios, a nursery, community care projects, garden projects, a community café and a community cinema. It is a unique partnership between the private, public and voluntary sector. The many art projects include a pottery, stain glass window workshop, stone sculpture, furniture design, landscaping enterprise and silk screen painting. The design of the building is quite stunning and has won a number of national awards.

The centre is used by the government as a model for Healthy Living Centres and NHS LIFT premises and was formally designated by government as a Healthy Living Centre in 2000 and achieved Beacon Status in 2001. In 2003 the centre was designated by government as a national Children's Centre. The centre recognises the holistic approach to health and healthcare and the importance of education, the environment, arts, employment and housing.

## **Findings and benefits**

Extensive evaluation has been commissioned which shows a third of the community use it on a regular basis and 90 per cent use it at least once a year. The local community is 50 per cent Bengali and 25 per cent other minority ethnic groups. Uniquely, use of the building reflects the ethnicity of the local community and it is playing a key role, with the use of arts in the projects, in bringing diverse communities together. It is a model for delivery of primary care and also for community regeneration.

## **Organisations involved**

Bromley by Bow Health Centre

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## **DISABILITY**

### **The meaning of life and deaf - Exploring deaf identity through poetry**

Spring 2006

The project involves deaf students aged between 5 and 19 years attending special designated provisions within Greenwich Teaching Primary Care Trust. Students have had opportunities to explore their deaf identity through writing poetry, which they have then translated into British Sign Language (BSL). The poetry will be printed in a book entitled *The meaning of life and deaf*, with an accompanying DVD showing the children signing their poems in BSL, which we hope will give the students a sense of ownership and pride in their work. Students will be involved in designing these products, eg doing illustrations. The project has provided opportunities to establish links with the British Deaf Association (BDA). The BDA invited students to perform their poetry in BSL at London City Hall as part of BSL Recognition Week in March 2006.

### **Findings and benefits**

This project has aimed to address psychological issues and promote mental health. Linked closely to the Every Child Matters vision, this project has successfully provided opportunities for students to:

Be healthy

- promoting mental health through opportunities to explore and express thoughts/feelings around deaf identity
- celebrating deaf culture and its language and providing access to this for all students
- providing opportunities to meet deaf role models, eg poets, artists

## Enjoy and achieve

- providing opportunities to experience success in academic work, particularly written work, which can be extremely difficult for deaf students due to language and communication difficulties
- providing opportunities for this work to be acknowledged, celebrated and shared, particularly with families of deaf children

## Make a positive contribution

- raising the profile of deaf students in each educational provision by sharing work with the wider school community and beyond
- providing opportunities for individual and collective work to be shared with other students who may identify with and benefit from accessing their work

## Organisations involved

Speech and Language Therapy, Greenwich Teaching PCT; Greenwich Education Advisory Service for Deaf and Hearing Impaired Children

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## ETHNIC DIVERSITY

### **Creative Communities: First Steps**

May - August 2004, evaluated, project now ongoing

Arts organisation Kala Sangam, in collaboration with Ravenscliffe Sure Start and Café West Sure Start, coordinated programmes of music and movement sessions in four parent and toddler groups in community venues in three Bradford districts. The artist designed each session to focus on a different cultural theme and used music, props, stories and activities to engage both the children and the carers in interactive imaginative play. The project aims to promote health benefits in terms of early years child development and communication skills, promoting physical

activity and parenting skills and developing confident communication with health and care professionals, using music and movement. Funded by Bradford Vision - Neighbourhood Learning in Deprived Communities and Bradford Health Trust.

### **Findings and benefits**

The artist's evaluations highlight how the adults gained a lot in terms of self-confidence through creative interaction with their children. The children themselves responded with great enthusiasm and showed increases in confidence, physical coordination, interaction and communication. There was a skill-sharing element between the artist and the support workers: several of the support workers welcomed the opportunity to share ideas and learn new creative techniques to use within their own work. One group welcomed the creative input in their sessions so much that, following a successful funding bid, they have purchased instruments and creative resources they had been introduced to through participation in this project, and have set up their own group.

The programmes were fully evaluated by the artist / facilitator and the participants and externally by Leeds Metropolitan University as part of the Bradford Arts for Health programme. Sessions were successful because the people involved gave so much and were receptive to new ideas. For example, the artist identified how the mothers took on a facilitative role and really worked with the children: 'It was lovely to observe the interaction and the developing confidence.' Parents commented on how much the children enjoyed the sessions and they liked the introduction of music from many cultural traditions. These short programmes were run as pilot projects and the evaluation informed Kala Sangam's plans for a longer programme of healthy early years' development and parenting skills through creativity. The project was welcomed by parents and health workers alike. Key elements for sustainability and long-term benefit were developing parents' skills and confidence in creative interaction, and play and working with health and care staff. The format has been used in other settings and embedded through integrating the development of new artist facilitators and building the skills of centre health and care staff through workshops and mentoring. A programme is currently planned for parents of children with learning disabilities and their siblings.

### **Organisations involved**

Kala Sangam South Asian and Global Arts; Ravenscliffe Sure Start; Café West Sure Start including health visitors and crèche / playgroup staff.

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## **GARDENS**

### **Teardrop Garden, Wansbeck General Hospital**

Construction March - July 2003

The Teardrop Garden was designed by Michihiro Onishi of the Ryu Group, Northumbria University in response to a request by the Teardrop Support Group of midwives and bereaved parents. Based on ancient Japanese design principles and feng shui, the garden incorporated specific areas for contemplation, prayer and reflection. Each area is secluded from the other by plants, trellis and metal screens. A key element of the design is in the placing of hand-carved sandstone sculptures within the garden borders to symbolise the passing of time. Two water features are placed within seating areas to create a calming effect. As the garden has matured, the conifers encircling the prayer area have created a high screen to provide privacy for the visitor. The metal pergola now has a heavy canopy of wisteria and each arbour is clothed with fragrant climbing plants. Bereaved parents who visit the garden take great solace from the simple task of tending the garden. Staff and visitors to the hospital cherish the distraction that the garden offers within a busy working hospital.

#### **Findings and benefits**

A need was identified for a private area to be available on site where patients and their relatives could escape the clinical environment into a space where the outside world was reflected. The garden provided an essential bolthole for upset relatives, stressed staff and long-term patients who needed to find some private space for reflection. The separate areas of the garden, screened off from view by plants and arbours, provide privacy where needed. The garden provides a reminder of life beyond the hospital environment, thus promoting a sense of wellbeing.

An evaluation of the project undertaken shortly after opening indicated that the garden was a much-needed amenity, particularly for relatives of patients who were seriously ill, who previously had to sit in hospital day rooms. Staff groups escape to the garden for break time and feel refreshed when returning to duty. Many long-term patients take great enjoyment from taking care of the garden and have

commented, 'It provides a welcome distraction from hospital treatment and enables you to focus on life outside a hospital setting.'

### **Organisations involved**

Northumbria Healthcare NHS Trust in collaboration with Professor Gerda Roper, School of Arts and Social Sciences, Northumbria University, who is now contactable at the School of Arts & Media, University of Teesside

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## **HUMANITIES**

### **Creative arts in health care**

February 2004, running annually as an optional eight-week course

Since 2004 eight to twelve medical students in their 2nd year at the University of Bristol have opted for a creative arts module. The group was co-facilitated by a GP and an arts facilitator covering different fields such as music, art, poetry, creative writing and drama. The sessions involved student creativity such as writing and sharing poetry and paintings, and engaging in music workshop led by a music therapist. There were also sessions which involved analysis and discussion on the artistic work of others. Some of the themes addressed included health, illness, addiction, death, cancer and palliative care. Reflection both within group discussion and personally in student reflective diaries was promoted to enhance learning.

### **Findings and benefits**

The qualitative study of the student experience and learning on this course involved triangulation of data from their reflective diaries, focus groups and interviews. Student learning was more about transforming perspectives and beliefs than assimilating facts. They became more aware of their emotional selves and more developed in their appreciation of their attitudes towards others' perspectives. These were encouraged through the process of creativity and reflection, and engaging in this process led to student deliberation regarding the role of education and learning.

'The process (of writing a poem) requires you to be very honest and it stirred up many emotions that have remained dormant. Normally I would laugh off matters like this and reflect on it later. It required me to be more honest with myself.'

'I really enjoyed listening to other people's opinions about the play, because a few of them were completely opposite to mine and it's good to hear a different viewpoint.'

'The creative arts gives one an idea to read between the lines, and get the full story before being insensitive and obtrusive. Many doctors are like this these days - you see them in our year already, developing into a guarded "medical machine".'

'I thought I was this kind of person who would sit down and be quite happy to memorise facts and just get on with things. But I think I really do need an artistic element to life.'

This study provided evidence that the use of arts and creativity in medical education can address the 'self' of the student doctor and encourage significant 'perspective transformations'. This has been termed 'transformative learning' within the educational field. If the therapeutic alliance is dependent on the doctors' personhood, or the way they apply their science, then medical humanities could make important contributions to medical students' education and their future work as doctors.

### **Organisations involved**

University of Bristol

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### **Hearth: Professional development in mental health issues through theatre**

January 2003

The Hearth Centre is a centre for health, education and the humanities with art at the heart. The centre has developed a specialism in mental health issues and offers the following professional theatre programmes for use in workforce and multi agency professional development:

- When Time Collapses explores the case for early intervention in psychosis through the presentation of a narrative about a family struggling to cope with the illness in isolation. The play has been used in the training of health professionals, including specialist registrars in psychiatry, senior health officers (SHOs) and GPs, but it has also been used to promote debate among key stakeholders and policy makers about early intervention in psychosis
- Revolving Door is a play about young male suicide and has been primarily used by NIMHE/CSIP with multi-agency professional groups to develop joint suicide prevention strategies, in line with Standards One and Seven of the National Service Framework
- 
- Paperchase explores mental health disability in the workplace and has been used as a major workforce development programme in Disability Discrimination Act compliance for all employees in Dudley Beacon and Castle PCT

'...the work was impressive and powerful in its impact.' Louis Appleby, Mental Health Tsar

### **Findings and benefits**

The benefit of using drama is that it has the capacity to affect audiences, and then to move them on in their thinking by engaging them in a living narrative, raising questions rather than providing answers. The powerful impact of drama stimulates dialogue between different parties within the audience, which often includes mental health service users, professionals and policy makers. Hearth's programmes have been used to promote discussion about current professional practice, and attitudes towards and treatment of people with mental health difficulties, in the hope that engagement in the dramas will lead practitioners in the field to affect real changes.

All the programmes regularly receive over 90 per cent positive evaluations. Following two performances of When Time Collapses in Southampton and Stafford, resources were immediately allocated to the appointment of early intervention teams in the localities.

### **Organisations involved**

Hearth works in association with the Interactive Skills Unit in the Department of Primary Care and General Practice in Birmingham University Medical School, NIMHE/ CSIP, strategic health authorities and PCTs in the West Midlands and other regions, and Rethink.

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## **MENTAL HEALTH**

### **Singing for the Brain**

Established 2003

Singing for the Brain is a therapeutic social singing group activity for those with Alzheimer's disease and other dementias and for their carers. According to figures from the Alzheimer's Society, there are 775,200 people with dementia in the UK, and with an ageing population these numbers are set to grow. There are also 850,000 carers involved in caring for those with neurological illness. Singing for the Brain provides both carer and cared-for with a shared enjoyable activity which benefits them both and enables them to have some relief from the everyday struggle of coping with dementia.

The sessions themselves start with a 'meet and greet' time where everyone can have a drink and chat and share their problems and make new friends. This is followed by an hour of vocal activity starting with a gentle warm-up for the whole body - releasing tension and encouraging good intonation, breathing and articulation. The group is then able to enjoy singing a range of songs using different techniques to keep interest and stimulate memory and whole body coordination through movement such as clapping and stamping as well as rounds, call and response and varying the emotional content of songs. The whole session ends with a cool-down, quietly humming a gentle song to send everyone home in a calm and happy mood.

Started in 2003 as a pilot project of three sessions set up by Chreanne Montgomery-Smith of the West Berkshire Alzheimer's Society and Dr Nicholas Bannan, then of the University of Reading. Following the pilot's success, further funding was obtained to run more sessions from January 2004 and the whole project has been running successfully up to the present time under the leadership of Liz McNaughton, a freelance specialist in speech and singing.

## **Findings and benefits**

The benefits of the sessions have proved to be cognitive, physical, emotional and social: memory is activated, confidence boosted, depression lifted and overall energy improved. This is backed up by findings in a growing body of research into the connection between music and the brain - and singing in particular, which seems to benefit everyone in a drug-free and therefore cost-effective way. Further research needs to be undertaken to see to what extent people with neurological illness are helped through singing - for while it cannot provide a cure, it certainly helps to improve quality of life and general wellbeing and may also help to slow down the degenerative process.

Demand for sessions in other parts of the county led to a training course for more leaders and helpers which was held in the autumn of 2005 (Singing for the Brain: making singing for health happen) funded by the local Community Education Fund and West Berkshire Council. As a result of this, several more groups are up and running and, as long as funding can be found, more training courses are planned for the future.

Since starting the sessions, Liz McNaughton has been approached to lead singing workshops for those with Parkinson's disease and stroke, greatly benefiting these groups as well. The Singing for the Brain model is also being adopted as an example of best practice by the Living with Dementia team at the Alzheimer's Society. This seems to indicate clearly the importance of the link between singing and health for the wellbeing of everyone and how seriously it should be considered by all health professionals.

## **Contact**

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## **Pathways**

October 2002 - April 2006

Pathways was established to show, through community creative engagement, how the arts can impact upon mental health and wellbeing with those perceived to be at risk and hard to reach. An initial research and development year was followed by a three-year programme of artistic delivery

in selected multiple derivation areas of Manchester. Two pieces of integral evaluation were commissioned and three major profiling events took place. A short film showing participants' testimonials, four books, two exhibitions, a participatory event and numerous artworks are the physical outcomes. The strategic outcome has been the adoption of the creative practice methodology within a Manchester-wide Culture and Health Strategy and a new project focused on alcohol and young people (jointly supported by the Manchester City Council Culture and Joint Health Units).

### **Findings and benefits**

The programme was evaluated in two stages, the final stage by the Manchester Metropolitan University, Research Institute for Health and Social Change. Taking a holistic perspective, information was gathered from artists, participants, Lime staff and project venue managers. Experiences and assessments of the workshops were collected through interviews, graffiti boards, diaries, questionnaires and research participant observations as well as emotional and social documenting via participatory group methods including the 'tree people' and 'social atom' techniques. A plethora of qualitative, testimonial and quantitative data exists (available from Lime).

This is an innovative exploration of artistic practice focused on individuals. The outcomes have been lifestyle changes linked to a range of public health benefits and targets. So successful is the programme, it has been accepted by a Manchester-wide Strategy Working Group.

### **Organisations involved**

Lime; Manchester City Council Cultural Strategy and Joint Health Units; South Manchester Healthy Living Network; ZEST (north Manchester Healthy Living Network); Manchester Health Promotion Service; Manchester Metropolitan University, Research Institute for Health and Social Change; Zion Arts Centre; Zion Arts project; YASP; AWAD (African Women's Arts Development); The Powerhouse, Hulme; Newall Green High School, Wythenshawe; Tree of Life, St Mark's Church, Wythenshawe; Family Action, Benchill, Wythenshawe; Claremont Resource Centre, Afro Caribbean Support Group; Manchester Foyer; Women's Centre; Studio1 (Manchester Mental Health and Social Care Trust)

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**Millennium Arts Project (MAP):  
arts workshops for patients with young-onset dementia**

2003 ongoing

MAP places artists-in-residence on hospital wards, in associated day centres and community settings to provide intellectual stimulation and pleasurable, creative activities for people of all ages who have a mental illness. The young-onset dementia arts work is tailored to the specific needs of younger people with dementia (typically 45-65 years), and includes pottery, textiles, landscape design/gardening, and an evening dance group for both service users and carers. The work combines social opportunities with physical and intellectually stimulating activities.

**Findings and benefits**

The needs of those with young-onset dementia differ from those of older people. Dedicated services are few, resulting in social exclusion and marginalisation. Loss of occupation can lead to boredom, low self-esteem and a risk of depression. The arts workshops offer 'normal', age-appropriate activities aimed at the preservation of skills, with opportunities for collaboration, companionship and enjoyment. They allow people to try out new activities at a time when they think that anything new is not an option for them.

Such work is both beneficial and cost-effective. It offers sensory experience, creativity and achievement, which helps participants regain confidence, take control of what they are doing, and feel valued and appreciated. The workshops also offer social support and the possibility of forming friendships. Carers say members appear calmer and more relaxed after attending.

Key lessons: The participants live at home, and ideally workshops should be community-based, as transport can be costly. Statutory transport can be unreliable, which is upsetting to people with dementia, and they find an NHS logo stigmatising. Artists must be experienced in working with the mentally ill and the relevant age group. Each workshop should not exceed 10/12 participants, and a

volunteer helper is invaluable - indeed often essential. Close liaison with relevant mental health professionals is vital.

Evaluation: The organisers carry out their own evaluation. There is also close collaboration with the young-onset dementia nurse coordinator, who refers the participants and carries out ongoing evaluation of the benefits for individuals and the group as a whole. The nurse coordinator also seeks carer views and attends regular meetings with artists and those responsible for setting up and running the workshops, so that problems or possible improvements can be discussed.

### **Organisations involved**

The Millennium Arts Project is run by the Friends of Fulbourn Hospital & the Community, Cambridge

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### **Under My Skin**

2002 - 2005

Under My Skin was a vocational rehabilitation scheme for service users at Start Manchester (for people from secondary mental health services who have severe and enduring mental health needs). Based around art skills acquired at Start, Under My Skin offered work placements and accredited training, and also involved the creation of a final art exhibition that promoted positive mental health messages. The exhibition additionally showed the distinctions between learning disabilities and mental health needs.

Three work placements, two with accreditations attached, were created for three Start service users to train in project management and teaching. The service users were enabled to use the skills they had acquired through their art studies at Start, applying these skills in a real work setting. They learned work-ready transferable skills in this way, as well as additional art skills, and a completely new set of

teaching skills. The teacher training accreditations were nationally recognised through the Open College Network.

The three trainees taught textile design to six service users (hereafter referred to as learning disabled artists) from Manchester Learning Disability Partnership. The six learning disabled artists have significant mental and physical disabilities and behavioural difficulties.

The three trainees were supervised and trained by two specialist professional artists, one from Start Manchester and one from Manchester Learning Disability Partnership. The trainees studied teaching theory for three months, and then worked on practical teaching and project management placements for nine months, followed by three months of assisting with the final creation of the exhibition of visual art that ended the project.

The six learning disabled artists each designed and made a fashion accessory that expressed an aspect of their personality. Each artist took inspiration from the historical collection at Manchester Art Gallery. These fashion accessories were made into a final exhibition called 'Under My Skin' that was seen by approximately 30,000 people. Feedback from visitors to the show demonstrated a change in perception around mental health and learning disability issues.

This scheme won a One Small Step MLA Award 2005.

### **Findings and benefits**

Preliminary research told us that people with severe and enduring mental health needs are rarely offered vocational training. We showed that three such people have much to offer to society. Though vulnerable to stress and relapse, and considered at very serious risk in the event of relapse, the three service users are competent and able people with valuable skills. They proved that with the right support they could face complex work situations and challenges, and manage stresses and risks successfully. All three have gone on to successfully work in voluntary teaching placements and classroom assistant placements at colleges, community groups and gallery settings. One user is now successfully studying in further education and one in adult education. Feedback shows significant confidence gains, changes in self-perception, ability to be resilient to stress, increased awareness of how to use coping strategies, and important changes to aspirations for the future.

Benefits for the gallery were that their staff developed greater confidence around mental health and learning disability issues.

Evaluation: We evaluated the project through detailed feedback from the three trainees during the project, and from their artist-supervisors, their consultants, carers and key workers. We referenced our findings to current research around vocational rehabilitation and other relevant topics. We published the evaluation on our website, created a DVD about the project for distribution and public viewing, and put on a high-profile visual art exhibition.

Key lesson learnt: The use of the gallery as a mainstream partner was vital in three ways: it allowed us to reach a huge new audience to whom we could disseminate positive messages and information, thus building social inclusion; it offered us unique art facilities in a mainstream setting that gave a real and normalising working experience to the three Start service users, and to the six learning disabled artists; and it allowed us to work closely with gallery staff to help them extend their mental health awareness. We have gone on to develop two other partnerships with galleries, including the Now, Voyager project.

We would recommend the wider extension of training and work placement opportunities to people with severe and enduring mental health needs. Delivery through a partnership with a mainstream partner is highly beneficial because of the doors it opens for people who may otherwise be excluded from working opportunities.

### **Organisations involved**

Start Manchester; Manchester Mental Health and Social Care NHS Trust; Manchester Learning Disability Partnership; Manchester Art Gallery; Benchmark Furniture

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## **Creative Minds (London Arts and Mental Health Forum)**

Established January 2005

London Arts and Mental Health Forum is made up of organisations and individuals from across London who work in the arts and mental health fields.

Creative Minds is a London-wide 'user'/ 'survivor'-led art networking forum. It is dedicated to challenging stigma and prejudice surrounding artists connected to the mental health system by promoting and providing support, publicity, networking and exhibition opportunities to arts organisations and individuals involved in arts and mental health. It aims to enable dialogue within the arts and mental health communities and to create links between mainstream art and arts in mental health.

## **Findings and benefits**

The initiative was worth doing as it has created dialogue and promoted information-sharing between organisations and has created a central 'space' forum for further information dissemination.

Small organisations often need support and help in IT skills and are stretched for time, so personal contact and visits are a must. Furthermore, smaller organisations often need flexible timescales for submission of material as they usually need to secure funding to support their involvement in events, and this can be very last minute, thus affecting their ability to respond promptly to deadlines.

### **Organisations involved**

Survivors Poetry; Cooltan; Credo; Creative Routes; Mad Pride; Muses; Studio Upstairs; Portugal Prints; Chaucer Day Centre; Day2Day; Core Arts; Castle Day Centre; Sangam Arts; Trust Art Project; Bethlam Gallery

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## **NETWORKING AND SHARING**

### **Arts and Health South West / Arts Council England, South West**

In 2005, over 200 individuals and organisations took part in an audit and analysis of arts and health in the south-west region which resulted in the report Shared Territories. The research was undertaken by Ruth Hecht.

### **Findings and benefits**

- Hundreds of people are involved in arts and health work in the south-west
- The work has had both a direct and indirect impact on hundreds of thousands of people
- A large percentage of the arts and health work in the region is tackling some of the government's key health themes and targets
- The arts and health sector is extremely diverse - particularly in terms of the type of work being done, the arts involved, the client groups with whom people work, and the scale and sustainability of the work

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## **East Midlands Arts and Health Forum**

Launched December 2004

The arts and health forum is supported by Arts Council England, East Midlands and East Midlands Public Health Group. It is facilitated by the Centre for Arts and Humanities in Health and Medicine (CAHHM), and is a support and learning network for a broad range of individuals and organisations interested in the field of arts and health.

As part of an ongoing development programme, forum meetings are held and attendees come from the arts, health, education and voluntary sectors to share experience and learn about each other's approaches and practice. In addition, specific themed learning or development days are held that relate to needs identified by forum attendees. These learning days have included healthy eating and sexual health themes.

### **Findings and benefits**

The project has brought together professionals from a number of different sectors and enabled them to realise that different approaches can have significant and lasting effects on individual and community wellbeing. A new understanding of practice has emerged and a number of new partnerships are beginning to emerge with the support of the Arts Council and other partners. The team has also learnt lessons about the capacity needed to undertake the work and is hoping to build up leadership at regional level for this work over the next two to three years.

### **Organisations involved**

Over a hundred individuals and organisations are attendees or participants in the programme, including City Arts (Nottingham), Nottinghamshire Healthcare NHS Trust, Amber Valley Borough Council, Leicester Comedy Festival, Converse Theatre (Lincoln), Queens Medical Centre (Nottingham) and the Regional Healthy Schools co-ordinator.

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## **OLDER PEOPLE**

### **Sandwell Third Age Arts (STAA)**

Established 1997

STAA provides creative opportunities for older people with mental health problems, including dementia, and their carers in Sandwell in the West Midlands. It offers programmes of creative activities ranging from music and dance to painting, textiles and crafts, depending on the interests of the people we work with. STAA receives written referrals from health and caring professionals. Family members and carers can also refer. Its team of artists run individual sessions in people's homes or place of living, and group sessions in community, hospital or day centres.

#### **Findings and benefits**

STAA helps older people to stay mentally and physically well. Sessions maintain a person's wellbeing; they 'keep people's spirits up'. Sessions alleviate symptoms of depression; people are diverted, focusing on the activity rather than the illness. Sessions give people a new purpose by supporting them to start a new hobby or to revisit an activity they have stopped. Sessions in people's homes provide human contact, help to alleviate isolation and help in a weekly routine. Activities get people to use and maintain the skills they still have and slow down the decline of skills that people with dementia experience. Working in a preventive way, STAA helps people to stay out of hospital and maintain their independence so they can stay at home for as long as possible.

Evaluation: Each programme of sessions is evaluated by looking at its impact on the wellbeing and quality of life of the individuals who take part and whether the aims for the participating person or group identified at the beginning have been achieved. We do this by our artists recording comments from participants. They make a written record of what happened in a session using feedback forms. We gather people's opinions about the activity itself and how they felt taking part. In 2004, STAA's work was independently evaluated by Professor David Jolley and Kate Read of DementiaPlus West Midlands.

#### **Organisations involved**

STAA works with community psychiatric nurses, occupational therapists, physiotherapists and nurses from Sandwell Mental Health NHS and Social Care Trust; with social workers from Sandwell Council's Department of Social Inclusion and Health; and with workers in council-run residential homes. STAA also works with other charities such as the Alzheimer's Society and Age Concern.

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**Sing for Your Life**

Sing for Your Life Ltd is currently running 20 Silver Song Clubs across the south-east region. The clubs offer elderly people and their families or professional carers opportunities for engagement in music-making and singing activities. The programmes for each session are designed to promote wellbeing through enjoyable, creative activity, physical movement, mental stimulation and social interaction. An experienced facilitator and skilled musical accompanist run each club, with support from volunteers drawn from a local amateur choral society or singing group, many of whom are post-retirement age. Links with local singing groups are facilitated by partnership with Making Music South East.

**Findings and benefits**

The operation of the Silver Song Club Project has been closely monitored and evaluated during the course of its development, and evidence has been accumulated about the quality of the experiences provided for participants and their positive impacts.

Corvo<sup>14</sup> undertook detailed observation of Silver Song Club sessions run by three clubs in Kent, together with interviews with facilitators and participants. Bamford<sup>15</sup> has evaluated the work of a Silver Song Club in Southampton. Both studies demonstrate active participation among elderly people in music-making and singing activity, generating mental stimulation, social interaction and positive wellbeing.

A substantial evaluation of the Silver Song Club Project is being conducted by the Sidney De Haan Research Centre for Arts and Health. An independent cost-benefit analysis of the Silver Song Club Project with respect to the longer-term health and social care of elderly people is also planned. For further details see: [www.canterbury.ac.uk/centres/sidney-de-haan-research](http://www.canterbury.ac.uk/centres/sidney-de-haan-research)

### **Organisations involved**

Sing for Your Life Ltd; Making Music South East; Sidney de Haan Research Centre for Arts and Health

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14. Corvo, E. (2005) Evaluation of the Silver Song Clubs Project. Unpublished dissertation submitted for the MSc in Health Promotion and Public Health, Canterbury Christ Church University.
15. Bamford, A. (2006) Southampton Silver Song Club: Reflections on Music Making with Elderly People Facilitated by Student Volunteers. Canterbury: Canterbury Christ Church University. ISBN: 1899 253 58 0

## **PATIENT AND PUBLIC ENGAGEMENT**

### **Project Boost, Hull**

January 2004 ongoing

Boost is an innovative partnership project between the Hull Youth Offending Team (YOT) and the Arts and Health team, part of the Health Improvement Team of the Hull and East Riding Primary Care Trusts. The Crime Prevention Service of Hull City Council also contributes funding to the project.

Boost aims to engage young offenders or those at risk of offending in meaningful creative activity in order to improve health and wellbeing and to reduce and prevent offending. The project was initiated by the Arts and Health team and originally, due to funding sources, was focused on boys only, using a drama approach. Although very successful, it was clear that the scope of the project needed to be widened and, since its inception it has developed and changed in response to these needs. Boost is now a multi-artform project for all YOT clients with input from Simon Crook, lead artist for four days a week.

Boost takes a health promotion/prevention approach and aims to promote the mental health of hard-to-reach young people and young offenders by improving confidence, self-esteem, communication and relationship skills. It fosters social inclusion and attainment by signposting young people to mainstream creative and education opportunities and provides a safe context in which young people may experience personal success. Boost works in partnership with a wide range of partners to ensure that these transition opportunities are managed sensitively. Partners include a range of local arts organisations, learning agencies, social services, etc.

The project is now very well established and is highly valued by YOT staff and young people alike. An important feature of Boost is that it is integrated into the YOT structure and works closely with staff to devise programmes of work according to client need and to work with referred clients. Lead artist Simon Crook also provides occasional creative workshops for staff to promote ownership and understanding of the project. Additionally Simon has helped the YOT design information leaflets for the service.

### **Findings and benefits**

Due to the flexibility of the project, being multi-arts and able to travel to various venues, the take-up rate and attendance levels have been high. Approximately 72

per cent of sessions booked are successfully attended - a significantly high figure that demonstrates a great deal of commitment to the project by the referred clients. Being based within the YOT and being a long-term project brings huge advantages in terms of the ability to respond rapidly to new clients and their timetables.

The project was evaluated as part of a general inspection of Hull YOT (part of a national inspection) during autumn 2005 and was featured in the resulting publicised findings as an example of good national practice.

The project is evaluated through the use of an independent evaluator, and clients are involved in ongoing evaluation and reflection during sessions.

Feedback: Boost is highly valued by the Hull YOT and the clients it works with. These are some examples of feedback the project has received:

#### **Case managers**

'The project engaged well with the clients I referred, and they were some of my more difficult clients to engage.'

'It allows young people the chance to build on skills they might otherwise keep hidden. In some instances the results have been remarkable, and led professionals to look at the clients in question in a new light.'

'Hull YOT is very fortunate in being able to offer our young people the opportunity to participate in arts project work as part of their orders. Our highly skilled arts worker offers a wide range of art and music work which has been extremely popular among our young people and inspirational in helping them increase their confidence and skills. An invaluable and oversubscribed service!'

#### **Other staff**

'Your sessions were probably the only significant engagement that X had during his order - I'm really glad to see the work is continuing beyond his order!'

#### **Young people**

'I didn't think I'd ever draw something that good.'

'Thanks for everything you've done for me - I really learned a lot!'

'I learned more in this one session than in all of the education in prison.'

## **Organisations involved**

Arts and Health, Hull YOT

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## **Turbulence**

November 2005 - May 2006

'Turbulence' is a board game and supporting DVD created by young people for young people, to be used within a supporting environment such as youth service or school. Teachers or health professionals can use the package as an ice breaker to provoke discussion and debate around the challenges young people face that affect their health.

The participants created a survey which was carried out by over 200 young people in order to identify key health issues to inform the creation of both the game and video. The results were then incorporated into the script and the game cards. The game itself is flexible enough to incorporate the results of a local survey, raise awareness of local support services and professionals, to make it more unique and relevant to that user area. It can also be played to comply with a school policy on sexual health education.

## **Findings and benefits**

The project provided many challenges, in that all the young people had the responsibility of undertaking the survey, writing the script and filming, assisting with questions and designing the board game. All participants worked alongside artists, school staff, health professionals and arts development to create the products, and all gained in positive personal, professional and organisational development.

The project highlighted the need for raising the profile of school health advisors (SHAs) and the importance of breaking down barriers for young people so they can access SHAs. It gave this particular school a fantastic opportunity for the young people to see the SHA and nurse as people not just professionals - and visits increased. The confidential survey highlighted the key issues and the concerns of young people. Health professionals and teachers in the school can now focus on these issues, and embed them within citizenship, PSHE and additional awareness theme days.

The process of undertaking a controlled and confidential survey within a youth organisation or school and using those findings to create something visual tackles issues that many young people find it hard to express or seek help with. The results will also assist the development of future work and the focus of other health-related work that affect that particular school. In this case, many young people expressed worries around the affects of divorce, family illness and cancer, rather than wanting more information on drugs and alcohol awareness, etc. A project that includes the school health advisor / nurse reduces the stigma of seeking their professional help and advice and enables them to experience new ways of working with young people.

What you put in is what you get out! The project highlighted the lack of support material for professionals whose responsibility it is to communicate health issues to hard-to-reach groups. Consent was sought from all parents, guardians and key staff at every stage. This gave the participants the freedom to really tackle and discuss sensitive health issues to inform the products. Communication and the participants' ownership was key. Allow the young people to be the inspiration and the drivers, but the support staff should provide the motivation and steer!

## **Organisations involved**

Cannock Chase District Council; Cannock Chase PCT; Cannock Chase High School; Arts Council England, West Midlands (supported via arts lottery award)

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## **Complaints Video Group**

February 2002 - ongoing

A group of people with learning disabilities in Tower Hamlets has been supported to make a video and workbook about how to complain about services. The group developed the story for the video through improvisation and role play. They then took on different jobs in the making of the video, including acting, filming and directing. The group is now introducing the video and workbook to other people with learning disabilities in a series of workshops. The group's aim is to raise awareness of the right to complain and of how to do it. The idea for the video came from Tower Hamlets' Community Learning Disability Service (CLDS). The CLDS had never received any complaints directly from people with learning disabilities. It was felt that more creative ways of raising awareness of the complaints procedure were needed.

## **Findings and benefits**

The project is very innovative in that it is truly service user led. This means that every decision relating to the project is made in consultation with the complaints video group members - people with learning disabilities. It is also ground breaking as a partnership project between mainstream services and a local charity.

Benefits have been many, including:

- development of skills and confidence in the people with learning disabilities involved
- raised awareness among staff and people with learning disabilities about the right to complain and complaints procedures
- a video/DVD and workbook has been produced which will provide an ongoing training resource on complaining
- a version of the video/DVD has also been produced with a Sylheti narrator (Sylheti is a regional dialect in Bangladesh)
- skills developed are being applied to new projects eg Kim Dee (see contact) is now supporting multidisciplinary CLDS team members to make multimedia health action plans in line with recommendations from the White Paper Valuing People

Key lessons learnt:

- Service user-led projects require extra time
- Small projects can get bigger as interest develops in them!
- Working in partnership requires careful planning and agreements
- Skills developed in one project can be applied successfully to future projects

Evaluation: Aims and objectives for the project were written up before it commenced. There has been ongoing evaluation of the project through regular steering group meetings. The group received funding from the Learning Disability Development Fund (among other funders) and its progress has been regularly reviewed by the Tower Hamlets Partnership Board, which includes both service user and staff representatives.

### **Organisations involved**

The project was run as a partnership project between CLDS and One to One Plus until the advocacy group folded last year. CLDS has now taken on sole responsibility for the project.

- Community Learning Disability Service (CLDS) is an integrated service between Tower Hamlets Primary Care Trust and Tower Hamlets Social Services
- One to One Plus is a former advocacy group for people with learning disabilities in Tower Hamlets

### **Contact**

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## **PATIENT AND STAFF SAFETY**

### **Music Therapy Services**

#### **Child and Adolescent Mental Health Services South West London and St George's Mental Health NHS Trust**

Since 1982

Music therapy as part of specialist and comprehensive Child and Adolescent Mental Health Services via multidisciplinary input offering assessment and treatment to families and children/young people with complex mental health needs in Merton and Sutton. Supervision and consultation offered by music therapists to other professionals and workers where music is used in health settings and where risks require assessment and monitoring. Commissioning of a new Primary Mental Healthcare Worker in Learning Disabilities Post in 2005 - successful candidate a music therapist using specialist skills around mental health promotion and prevention in local schools and healthcare settings. In 2005 - Contribution to teaching at St George's Hospital Medical School - Special Study Module for Junior Doctors - "Music in Medicine" and a consultant Music Therapist Post established to support and develop specialist service.

### **Findings and benefits**

- The Music Therapy Service delivers in accordance with local and national strategic directives as set out by the Children's National Service Framework and Every Child Matters Outcomes Framework
- Music therapists' specialist skills are also used as a supervisory and consultative resource by other workers, eg social workers and community musicians where they are involved in therapeutic work using music with vulnerable client groups

### **Organisation involved**

South West London and St George's Mental Health NHS Trust

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## **PRIMARY CARE**

### **Paint Yourself Better**

Since October 2004

Paint Yourself Better involved the appointment of an artist in residence in a GP surgery to work alongside other staff to deliver care to patients. The remit was two-fold: first, the development of artistic work by the artist using inspiration from patients and the healthcare setting; second, seeing patients on a one-to-one basis or in groups, to improve artistic skills and improve various health problems. Staff were also given paid time to attend a session with the artist.

### **Findings and benefits**

The project was set up because there was a feeling among GPs at the practice that a large number of problems were primarily not medical in origin and there was increasing concern about over-medicalisation of normal life. In addition, it was felt that creative activities increased self-esteem and made people feel better. Some patients with very difficult long-standing mental health and personality problems have been hugely helped by this scheme, their very high attendance rates at the surgery have dropped considerably and there has been a measurable increase in self-confidence scores. Very diverse ranges of conditions have benefited, including anxiety and depression, drug addiction, alcoholism, Parkinson's, dementia, agoraphobia, bereavement crises and postnatal depression.

Lessons we have learnt: The personality of the artist is a key element in successful schemes. Most of the people that benefited from Paint Yourself Better are vulnerable and lack self-confidence, and we have been very lucky to have an artist who is gentle and encouraging. She now takes a group of 14 to the Prema Arts Centre, a place where none of them have been before, so that a different range of skills can be learnt.

The medical and nursing teams must feel some ownership of schemes. All staff had a paid session with the artist at the start of the scheme to gain an understanding of the benefits. A supportive relationship with our local arts centre and free use of their space helped to prolong the project. Adult Continuing Education and Training have supported the scheme consistently and have been flexible with their funding rules to allow the scheme to blossom.

Evaluation: Evaluation forms based on hospital anxiety and depression rating were done at the start of the course, after eight sessions and six months later. The

completed artwork is part of an ongoing exhibition at the Arts Centre and at May Lane Surgery.

### **Organisations involved**

May Lane Surgery; Prema Arts Centre; Adult Continuing Education and Training (ACET); Arts Council England, South West; Dursley Learning Community

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### **'Time Being 1' - Arts on Prescription**

January 2003 - March 2005

'Time Being 1' was an Arts on Prescription programme specifically designed by Healing Arts for people with mild to moderate mental health conditions, to enable them to recover and regain control of the condition, prevent development of acute or long-term conditions, and establish a continuing healthy lifestyle. Participants were referred by GPs, the Primary Care Mental Health Team, and by self-referral. Each module of the programme consisted of 12 consecutive weekly two-hour workshops in visual arts, music and singing, dance and movement, and creative writing led by four artists in each practice. These were held at community-based venues.

A lead artist oversaw the programme content and delivery. A coordinator managed induction, exit and six-month evaluation interviews with each participant, and also was responsible for administration and publicity.

### **Findings and benefits**

The programme was evaluated using the Isle of Wight guidelines for the management of common mental health problems in primary care.

- 102 people took part and there are full evaluation records for the 59 people who completed the whole programme
- 64 per cent showed lower indicators of depression and anxiety on completion
- 69 per cent recorded improvements in their social health
- 64 per cent reported experiencing greater self-confidence and self-esteem

- 63 per cent reported improvement in their general physical health and outlook
- 74 per cent said they would include creativity in their long-term lifestyle

'Time Being 1' was a pilot scheme. In the early stages it was difficult to engage the medical profession. By year two the PCT's Professional & Executive committee approved the referral process, placing the referral option on GPs' computers. By spring 2005 there was a waiting list. However, without cost-benefit analysis and more detailed health impact studies, the PCT would not agree to take over financial commissioning from the New Opportunities Fund (NOF). This level of evaluation was not available through the NOF grant.

As a consequence of 'Time Being 1' Healing Arts now has one of the most experienced team of artists in the UK working in this field of healthcare, providing a social model of health, placing the participant's perspective and viewpoint at the centre of their programme of healthcare.

### **Organisations involved**

Delivered by Healing Arts for the Isle of Wight Healthcare NHS Trust. Financed by the New Opportunities Fund Healthy Living Centres programme.

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## **PUBLIC ARTS PERFORMANCES AND ARTS AS RELAXATION**

### **The Joy of Live Music**

April 2003 - March 2006

The charity Music in Hospitals (MiH) was established in 1948, with the mission to improve the quality of life of adults and children with all kinds of illnesses and disabilities in hospitals, hospices, day care centres, special needs schools, nursing and residential homes through the joy and therapeutic benefits of professionally performed live music. Each year MiH organises more than 4,000 live concerts throughout the UK. Each concert is presented by professional musicians who are carefully selected by audition for their high standard of musicianship, communication skills and breadth of repertoire. These skills enable them to relate to each member of the audience whatever their age, illness or disability. The Joy of Live Music, funded by the Department of Health Section 64 General Scheme Grant, was a three-year project which provided 485 professionally performed live concerts for adults and children with life-limiting illnesses.

#### **Specific aims**

- To reduce the feelings of pain, isolation, depression and anxiety often experienced by those affected by life-limiting illnesses
- To assist the healing process
- To improve communication and understanding of patients' needs
- To widen access to the arts for those in NHS hospitals, hospices and associated care homes
- To raise awareness of the valuable role live music can play in improving healthcare for patients, staff and relatives
- To enrich the environment in which both carers and the cared for live and work

#### **Findings and benefits**

Monitoring and evaluation: Healthcare staff and musicians are asked to report on the suitability of the programme of music, the presentation and communication skills of the artists, the audience's response and reaction and general suggestions and comments. MiH is particularly keen to hear from the patients and residents themselves and encourage healthcare staff to include direct comments and quotes.

'Patients (and staff) up and dancing. One very depressed and ill lady initiated the dancing and was lively and uplifted for the rest of the day - we saw a whole new person! Complete change in mood of audience. One of those magical moments when some very sick patients were taken right out of themselves - a great morale boost.'

All feedback is being logged into MiH's database, which assists in selecting appropriate musicians for future concerts and also gives an excellent insight into how the concerts are being received.

Outcomes: The response to the MiH concerts was overwhelming, with many positive reports and comments from healthcare staff, patients, visitors and musicians - clearly demonstrating how far the project went in achieving its aims. 'Patients who normally are unable to move a great deal moved to the rhythm, which provided a natural physiotherapy.'

The reports show clear indicators of enjoyment and participation in the music from the audience. Those with limited communication and movement were made to feel involved and part of the performance. Our musicians were flexible and imaginative in meeting the individual needs and capabilities of their audience. Each performance was carefully tailored so that everyone was able to gain pleasure and enjoyment from the music.

Responses such as clapping, toe tapping, dancing, singing along to the music, eye contact and smiles are frequently documented in the reports we received and show the happy and relaxed atmosphere that was created at each concert.

Throughout the concerts, MiH musicians sensitively responded to the needs of their audience, changing the music to suit the mood of those who have short attention spans, are very anxious or tire easily. This variety helped to uplift and stimulate patients and as well as providing relaxation, comfort and calmness. Holding hands, making eye contact and kneeling in front of patients all helped to engage even the most shy and withdrawn members of the audience and draw them into the music.

The concerts demonstrated the power of live music to uplift people and transform those who are depressed and low to smiling, animated and cheerful. The happy and relaxed atmosphere at the concerts also helped new patients to adjust and settle in while sharing in the enjoyment of the performance with fellow patients.

MiH concerts often succeed where other activities have failed and staff noted reactions from those who had not responded to treatment or had been very withdrawn and difficult to engage. Staff also reported residents feeling happier and less anxious during therapy sessions and treatments.

The performances also helped patients find ways to open up and communicate their feelings. Staff found that the concerts became a focal point for positive discussion hours and even days after the musicians left. Patients engaged in conversations with each other and with staff about the experience, creating an open and relaxed atmosphere more conducive to delivering care. Staff also learnt new things about the background and personality of those in their care as they opened up during a concert, helping to improve communication and understanding of patients' needs

'All children were very attentive and watchful. A normally sleepy child stayed awake and alert throughout the performance. Lots of smiles and positive verbal reactions and staff enjoyed it too - tapping feet, clapping and singing along to familiar tunes.'

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### **The Creative Art Room at St Gemma's Hospice**

St Gemma's has a well-equipped and spacious room situated in the day hospice specifically dedicated to exploring creative art activities with patients attending the hospice. Two art workers who job-share run the art room, a 20-hour post over four days a week, with practical support from four art volunteers who attend one day a week each. The art workers are part of the day hospice multidisciplinary team. Patients are welcome to use the art room any time between 10am and 4pm,

Monday - Friday. Work is also done with individual patients on the wards when referred.

Art workers and volunteers have facilitated creative activity for many years at St Gemma's to support and enable patients to improve their quality of life. Through group projects and individual work, a wide range of media is explored: glass and silk painting, mosaic, clay and plaster modelling, digital art and photography, drawing and painting, sewing, mixed media and collage.

### **Findings and benefits**

The work is carried out in an open and flexible way to incorporate the wide range of interests, experience and abilities that patients have and want to express; in this way each patient can determine for themselves what they want to try and do. At a time when they may be feeling loss of control, this can be very empowering.

The room is a vibrant workshop space and exploration of media is emphasised. Initially, some people feel very apprehensive about trying anything to do with art, but with gentle encouragement in a safe, supportive environment, most people become totally absorbed in their creative work - often surprising themselves with the high standard of work they produce. This can be very rewarding at a time when they may be experiencing many losses.

Getting involved in a creative activity often seems to help alleviate pain and anxiety while patients are absorbed in the process. Many patients comment on its therapeutic value in terms of being some time out, but also about how it means much more. The culmination of their creative work becomes a tangible affirmation, validating their sense of achievement - their sense of self - which can be truly life-enhancing, not only for themselves, but family and friends too.

### **Patients quotes**

'My husband calls it his therapy! He's just pleased to see me happy, I've had such a bloomin' awful time of it, but I'm happy when I'm doing art.'

'You learn new things here.'

'It's soothing and carefree.'

'It helps you forget your troubles.'

'It's changed my perception on every day life - how I look at things.'

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### **Room with a View**

2002 - ongoing

A camera placed on the roof of Kingston Maurward House, with a view of its lake and gardens, is beamed live into the hospital on to flat screens in isolation rooms used for leukaemia patients. Funding is being sought for Phase 2 of the project, which will provide another live view of the bird lagoon on Brownsea Island (Dorset Wildlife Trust), with links into three other hospitals via the NHS N3 network. Based on evidence that a view of nature can improve medical outcomes, a research project is being conducted to assess the benefits for patients.

### **Findings and benefits**

The project gives patients confined to hospital access to a view of the real world, the weather and changing seasons. It is particularly beneficial where there are no windows, or windows with a poor view. Patients have control over the view by being able to switch it on and off and will have a choice of two views in Phase 2. The first patient said that seeing the sunrise made him feel alive. An ongoing medical research project is measuring both the biomedical and psychological effects of Room with a View on stress.

The technical and practical challenges of Phase 1 have been significant; a bespoke technological solution capable of producing a very high-quality image that simulates reality has taken four years to achieve. We now have a system design that will allow us to expand the project to more views and more hospitals.

### **Organisations involved**

West Dorset General Hospitals NHS Trust  
Elimination of Leukaemia Fund  
Fine Family Foundation

Macmillan Cancer Relief  
Kingston Maurward College  
Dorset Wildlife Trust  
John Lewis PLC  
Poole General Hospitals NHS Trust  
Kings College Hospital NHS Trust  
Yeovil District Hospital NHS Foundation Trust

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## **PUBLIC HEALTH, HEALTH PROMOTION AND HEALTH EDUCATION**

### **Bromley by Bow Centre - Art and Asthma**

November 2002 - March 2003

Art and Asthma was a 10-week course for children aged 5 to 11 years with asthma run by the practice nurse/artist and one of the centre artists. The course was run after school in the centre reception and was attended by 10 to 15 children and their parents. First-year medical students on special study module placement were involved in the weekly workshops.

The workshops were designed and run in three phases: monitoring asthma; trigger factors; and controlling asthma. Each week the art produced from the session was hung in the reception area, thus creating an instant involvement with all the participating children. All children were given a peak-flow diary and recorded their peak-flow for the duration of the workshops. During this period the children produced blow paintings with stencilled airway shapes, made airway mobiles, created models of allergens that cause asthma (cigarettes, house dust mites, sprays cans); sculpted a large bronchial chandelier with inhaler colour coding; and produced an asthma space station from empty inhalers. Each of the workshop phases had an educational component integrated into the art-making activity and the facilitators ran quizzes to establish levels of knowledge of around each of the asthma areas.

## **Findings and benefits**

There was excellent feedback from the children with clear improvement in their asthma management. The project was evaluated for its impact on the children and their parents. All of the children showed marked improvement to their peak-flow. The children and their parents also answered a post-course evaluation questionnaire and were very positive in the feedback about the project. The key areas of the project were the high standard and variety of art making, access to nurse-led asthma care, the levels of enjoyment experienced by the children and their pleasure at seeing the art in reception. The involvement of the surgery staff in reception was an unforeseen bonus, as staff commented on how their knowledge of asthma and involvement in the project had been enhanced through explaining the art installation to those attending surgery and to visitors.

The centre has successfully bid for and is now involved in a subsequent asthma project which has funding and support from Asthma UK and Pfizer.

## **Organisations involved**

Bromley by Bow Health Centre

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## **Edible Images - Portsmouth**

September 2005 - April 2006

Edible Images involved Dot to Dot and Portsmouth City Council's Health Improvement and Development Service (HIDS) in working with 50 Year 10 students to produce artwork to improve the décor of school dining rooms, and encourage the serving and selection of healthy food and drink. Students created designs in fresh fruit and vegetables, which were then photographed and manipulated on computers. Thirty different designs were created, professionally

printed and applied to tabletops. Students also created 50 images of 'exercise' - collaged fresh fruit and vegetables, based on photographs they had taken of sports, swimming and dance activities in their school, plus images from the internet. The whole school voted on the images and the ten most popular were printed on one-metre square boards and installed in the dining halls.

### **Findings and benefits**

- Engaged 48 students, several with challenging behaviour, in creating the artwork
- Students handled and tasted fresh fruit and vegetables
- Transformed two dining halls, making them more pleasant places to use

The HIDS worker evaluated the project using data, feedback forms, artists' diaries and photographs gathered during the project.

- The work and skills of the young people have been recognised and valued
- Involving whole school in voting for wall graphics gave pupils' ownership
- Use of the arts has promoted the 'health' message
- Thorough planning and communications ensured that the project ran smoothly
- The school has reported increased consumption of healthy lunches by staff and pupils

The project also led to:

- a PowerPoint presentation about the project being shown at a conference
- in Kent
- regional '5 a Day' coordinator has requested images and slides
- Healthy Schools coordinator has expressed interest in extending to other schools
- the work being included in future
- funding bids

Key lessons:

- Providing high ratio of artists' and healthy eating workers' support ensured that those with challenging behaviour achieved in a meaningful and publicly recognised manner

- Good example of imaginative ways of improving a space
- The environment that people are offered to eat in is extremely important

Comments from participants and visitors:

'Excellent initiative that also concentrated lots of additional skills: team working, technology, organisation, etc.'

'Attractive and vibrant approach to brightening any room. Why don't more schools do this?'

'The pupils' hard work really paid off. The dining rooms look really good, and will hopefully influence young people, and encourage them to make healthy choices.'

### **Organisations involved**

Dot to Dot (Arts) Ltd; Portsmouth City Council Social Services Health Improvement and Development Service; St Luke's Secondary School; Funders - Local Strategic Partnership and Portsmouth City Council

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### **Route to Health**

October 2002 - repeated annually

The Route to Health is a community arts trail of artwork created by the local community and inspired by a health issue that is relevant to them. Each October all the works created throughout the year, made by all ages and abilities, are showcased along a one-mile outdoor trail in the natural environment of Cannock Chase. Artworks are created by many local organisations, from pupil referral units to adult support services, and all use this opportunity as an innovative way of

contributing to meeting health objectives. The initiative aims to engage hard-to-reach groups not only to become more informed on health issues and raise the profile of local services, but also to act as an engagement tool so that they can experience the health benefits of being in a natural environment that's on their doorstep. Fresh artworks each year encourage our local community to repeat visit and visitors can absorb health information in an informal and non-threatening way. Each piece is supported by a key health message and often promotes a relevant support service. All artworks link into Choosing Health and local priorities.

### **Findings and benefits**

Value: Prior to the Route to Health, the trail was very much unused. It now boasts 50,000 visits a year and a major increase in local users. It has been able to raise the profile and inform its visitors of both local and national health issues from skin cancer to mental health. It engages all ages and abilities. It has been embedded within many organisations' objectives and delivery plans and has great community ownership, thus positively affecting the delivery costs. There has been noticeable increase of people with access issues now being able to experience the mental and physical health benefits of being in a natural environment.

Art is a fantastic way of engaging and motivating people and a great tool for communicating difficult subject matter. The project has allowed its creators to take a personal journey of discovery and development, improving their knowledge, health and wellbeing. The project is a way to form great partnerships, both strategically and on an operational level. This is contributing to making a stronger local network and platform to deliver Choosing Health.

Key lesson: The initiative and partnership has to be flexible enough to change and to work with what organisations can offer and commit to. The actual materials used to create artworks in the first year highlighted the fact that the local community was not connecting to their local natural space, as many produced works that had no consideration for the environment and its flora and fauna and visitors. The partnership has to have the right mix of skills to oversee delivery, health and safety and to manage the trail once it is up and running. The initiative needs 100 per cent commitment by all key partners with no one taking a lead role. Acknowledge, reward and celebrate the communities' contributions and commitment. Wherever possible link elements of the project with accreditation.

Evaluation: The initiative is evaluated each year by the participants and organisations to see how it can improve. A small in-depth visitor survey was carried out which gauged a sense of local visitor numbers, responses to seeing art

in the environment and how people viewed art as a method of communicating health messages compared to traditional methods. Each of the partners gained an insight into relevant specifics - such as how often people exercised, who they came with, were they part of the project, etc. This was part-funded by the Countryside Agency. A DVD which asked visitors questions on the day of the launch was also made.

### **Organisations involved**

Cannock Chase District Council; Cannock Chase Primary Care Trust; Forestry Commission - West Midlands

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### **VocalChoices**

VocalChoices is a set of key vocal exercises to be used to encourage vocal development in special schools for the benefit of pupils and teachers alike, put together by Liz McNaughton, freelance voice specialist, and Matthew Kemp, music specialist at Addington School, Reading, Berkshire. According to the Department for Education and Skills (DfES) there are 1,471 Special Educational Needs (SEN) schools in the UK. By developing a vocal foundation package this work aims to fill a gap in vocal education identified by the Provision of Music in Special Education Survey (PROMISE 2001) carried out by the Institute of Education, University of London and the Royal National Institute for the Blind.

### **Findings and benefits**

It is well known and formally recognised by the DfES and the TUC that teachers are very prone to voice problems. In fact, they are the largest professional group attending voice clinics in Europe and North America. Speech difficulties are also among the most common problems in remedial education, which has a population of 1.4 million pupils.

A pilot package of 20 key exercises has therefore been put together for regular use in the school timetable covering posture, breathing, resonance and articulation. It is also hoped it will provide a resource for stimulating or calming in

both group and individual situations. It has been designed for use by non-specialist staff as well as music specialists and it is hoped it will provide a type of vocal self-help that will benefit and enhance not only the voice but also the social and communication skills of the whole school.

The exercises have been piloted in two schools in Berkshire and have demonstrated that such an approach could be very beneficial for pupils in promoting vocal development, coordination skills and social awareness as well as supporting the healthy voice use of their teachers. The pupils taking part in the pilots were Key Stages 1 - 4 and FE level with MLD, SLD and PMLD as well as pupils with autistic spectrum disorders. As a result of the pilots there are now medium and short versions of the exercises to meet timetable requirements.

The benefits of working with voice are physical, cognitive, emotional and social and can potentially lead to further musical development. Pulmonary function and cardiovascular activity can all be improved as well as awareness of self and others.

So far the work has been done alongside practical workshops, INSET training and local support. The plan is now to pilot at two further schools using a trial DVD of the exercises plus an explanatory handbook. It is hoped that with this kind of package the exercises can be useful at any time in the school day and as a distance learning resource for teachers.

It is intended that VocalChoices can be used to cover all ages, genders and ethnic groups within the SEN community. The exercises can be done standing, sitting and even lying down. They will have a more limited use with the less able groups of the SEN spectrum but initial reports confirm that there is still a positive response even at PMLD level.

The work has been demonstrated at INSET training days for SEN teachers at the Institute of Education and there has been an enthusiastic response, suggesting this package would have equal application in mainstream education. It can also act as a bridge for teachers between speech and language therapists and music therapists and in some way ease their heavy workload - not as a replacement but as a useful supportive tool.

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## **STAFF AND ARTS**

### **Enhancing the Healing Environment, King's Fund in collaboration with the Queen Elizabeth Hospital Arts Programme**

April 2001 - April 2003

Staff prioritised a long, bleak three-tiered, double-ramped corridor space that is nearly 50 metres long for a dramatic overhaul. Artist Sharon Kivland and artist/doctor Angela Hodgson Teall invited 1,500 Trust staff to submit their first name signatures to be applied to the walls of the space. Large canvases, in two bright contrasting colours, up to 4.5 metres in height were constructed to display the signatures.

### **Findings and benefits**

It takes 60 seconds to walk a space that used to be cavernous and empty and is now festooned with colour and enlivened by the handwritten, multi-cultural script of 1,500 members of staff. Everyone can find a name or script to identify with. During the first month staff searched for their own names at every available opportunity. They still stop and chat in the space, in a way that did not happen before. The Chairman of the Medical Staff Committee admired the ingenuity of the work. Staff love it. One porter said he felt as if he had been given a pay rise, now that his name was displayed 'at the top of the bill'. The scale of the work, which complements our other permanent and temporary, community-based art confirms that the hospital is full of art and culture.

### **Organisation involved**

Queen Elizabeth Hospital NHS Trust, Woolwich, Greenwich, London

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## **How Music Therapy can support a staff team**

October 2005 - December 2005

The music therapy service at St Ann's consists of eight music therapists working across the following service groups: acute mental health, psychiatric intensive care, rehabilitation (mental health), elderly mental health, community mental health, medicine for the elderly service (neuro-rehabilitation) and community adult learning disability. The music therapy department has been established at St Ann's since 1993 and this research project is one of many projects undertaken during this time.

This specific initiative was an MA research project involving an experiential music therapy group with a staff team. The research aimed to look at how increased awareness of music therapy would affect referrals of clients to the music therapy service. It also aimed to explore how music therapists' psychodynamic model of working could be expanded to support staff teams. The research included a pre-questionnaire, ten weeks closed group music therapy for a staff team and a concluding questionnaire.

### **Findings and benefits**

This project enabled the team to explore ways in which the service could be promoted more effectively and increase potential for multi-disciplinary team working. The team recommend the project because the post-research questionnaire data appeared to show that experiential music therapy increased understanding of the purpose of music therapy in a way that was more effective than information leaflets or presentations. Other staff groups have since requested similar groups and have offered funding for this to be carried out. Evaluation was through questionnaires before and after the experiential music therapy group.

### **Organisations involved**

Music therapy department at St Ann's Hospital

Research Lead: Emma Lovell, Senior music therapist, Supervisor; Alison Mahraj, Head of music therapy and professional lead for arts therapists in Haringey;

Experiential music therapist: David Holmes, Deputy head of music therapy

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## **Staff Arts Club**

2000 - ongoing

Monthly artist-led workshops designed to allow staff to take a relaxing break during the day or to 'wind down' after work. Workshops give staff the opportunity to try their hand

at a variety of artforms, which they may then decide to pursue in their own time. Workshops have included watercolour, pastel, glass etching, feltmaking, pottery, mosaic and belly dancing.

### Findings and benefits

Staff get a chance to meet each other, learn new skills - some use the sessions to get ideas for their work, eg occupational therapy. Staff appreciate being able to switch off from a hectic day and workplace stresses by doing something creative. This initiative contributes to improving working lives. Timing of the sessions is important so that the majority of staff can attend. Other considerations are duration, venue and public liability insurance for workshop leaders. Regular feedback is gained after each workshop session - open-ended asking for comments not ratings. A mini-survey carried out to find out what days and times are best and suggestions for future workshops.

### **Organisations involved**

ArtCare and local artists

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## **TRAINING AND STAFF DEVELOPMENT**

### **Peninsula Medical School Special Study Unit**

Autumn 2005 - summer 2006

Zest, working in partnership with the Peninsula Medical School have devised a study module for 4th year students focusing on the wider aspects of providing 21st century medical care. The time allocated for this unit is three two-day sessions with the Zest team; the balance of the project work is carried out by the students off site. In addition, students have committed their own time to the project. They were given freedom to choose an area of their own interest that involved looking at the impact of design on the healing environment, or to look at the real life project: 'Way finding' for Southwest Cardiac Centre, with particular focus on:

- meeting the needs of future users and capitalising on opportunities to improve the healthcare environment
- engaging with hard-to-reach audiences
- engaging staff in the development of any scheme

The students researched the area and carried out a survey in the hospital of hospital users' recognition of images and icons as a way-finding tool. This involved setting up a series of different images at different sites in a very busy hospital corridor and interviewing a cross-section of passers by. The students submitted a piece of written work for assessment and put together a presentation of their findings for the Medicine and Art? Conference held by the Peninsula Medical School in June 2006.

#### **Findings and benefits**

To state the obvious, medical students are the doctors of the future and by the 4th year of their training they will have been exposed to a wide range of clinical experiences. This module seeks to expose them to the wider healthcare environment, the impact of art and design, and an appreciation of the different ways these can affect the environment - something that many of the students had not really considered, and which should equip them to contribute to future discussions on design during their careers.

Key lessons: It is important to be flexible in approach and to work with students on a project over a period of time.

Evaluation: Visual documentation, stills and DVD. Questionnaires and evaluation of information gathered. Written piece of work about the process and the

outcomes, and presentation to the Medicine and Art? Conference held by the Peninsula Medical School in June 2006.

### **Organisations involved**

Zest: arts for health, Project Manager and Peninsula Medical School, Project Sponsor

### **Contact**

Trystan Hawkins

Zest: arts for health

Bircham House

Plymouth International Business Park

Plymouth PL6 5WR

W: [www.zestarts.org.uk](http://www.zestarts.org.uk)

### **A problem-based learning scenario entitled 'All you need is love'**

September 2000 - October 2002

Dead Earnest Theatre was commissioned to create a piece of dramatic work that would be used as a teaching tool for final year medical students at The University of Sheffield. It was to be performed live and presented as a video. The piece focuses on the story of a man who commits suicide on his 40th birthday, as there is evidence that there is an increase in the suicide rate for men around this age. The video/live performances were then used as the basis of a research project into problem-based learning (PBL) and the effectiveness of different teaching models. The questions the researchers wanted to answer were: 'What is the best way to deliver a problem-based learning scenario?' 'What do we want the students to take home?' 'What do the students learn?' and 'How would students like us to teach?'

The piece itself was based on the story of Alan who, on his 40th birthday, leaves a video diary to his father that reflects back over his life. Significant memories are re-enacted, which revealed a lifetime of living on the margins of society. In each scene there was also a reference to intervention by a health service, social care or educational professional. The suggestion is that although there was potential for intervention to protect him from childhood abuse and neglect, the signs were always missed, ignored or forgotten. Later, Alan failed to receive appropriate help with his mental health and substance misuse problems.

The piece was presented to seminar groups throughout two consecutive teaching years. In total the project involved 424 students; 215 saw a live performance and 209 saw the video. In each case at the end of the presentation students broke into small groups to discuss their initial thoughts, feelings and their impressions of PBL and to analyse the learning themes.

### **Findings and benefits**

- 88 per cent of students either 'strongly agreed' or 'agreed' that the drama enhanced their learning experience
- The live performance was regarded as a more effective learning tool than the video
- Both modes of delivery generated many ideas for discussion and themes. Individually, students recognised up to 13 different themes and as a group, 37
- Students agreed that PBL is a useful/enjoyable mode of learning
- Partnership working between the theatre group, the academic unit of general practice and the learning development and media unit allowed for an exchange of knowledge and expertise, but also engendered mutual respect

### **Organisations involved**

Dead Earnest Theatre; Institute of General Practice & Primary Care and Learning Development and Media Unit; The University of Sheffield

### **Contact**

Dead Earnest Theatre  
The Quadrant  
99 Parkway Avenue  
Sheffield  
S9 4WG  
0114 227 0085  
E: [info@deadearnest.co.uk](mailto:info@deadearnest.co.uk)  
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McDonald & Partners  
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## **5 Further information**

**“the NHS is incorporating the arts in a number of ways”**

**A very large number of individuals and organisations are involved in arts and health. This document can only begin to list them. Set out on the following pages are some of those individuals and organisations, and their contact details, which will give some idea of the type and range of arts and health initiatives.**

### **Arts for Health**

Arts for Health (AfH) works with and unites artists, designers and healthcare professionals in improving the quality of life for all those involved in providing and receiving health and community care. Based at the Manchester Metropolitan University, and now part of MIRIAD and the Academy of Health and Wellbeing, AfH was established in 1988. Through its information, advice and consultancy service, the centre assists with the practical development of art and design projects and events, giving advice on appropriate funding, planning, management, monitoring and evaluation of art and design projects. It provides a network of links between new and existing arts projects and organisations concerned with the arts, architecture, design and craft, health authorities and funding bodies. The Centre also holds a worldwide archive of developments in this field dating back to 1973. AfH also has a major research function, and is currently leading a research programme into the impact of arts and health, funded through the Treasury's Invest to Save programme. In April 2007 the second world symposium 'Culture Health and the Arts' will take place at Manchester Metropolitan University, succeeding the first and extremely successful world symposium held in 1999.

### **Contact**

W: [www.mmu.ac.uk/artsforhealth](http://www.mmu.ac.uk/artsforhealth)

### **Centre for Arts and Humanities in Health and Medicine, University of Durham**

The Centre for Arts and Humanities in Health and Medicine (CAHHM) was set up in 2000 by Sir Kenneth Calman, the Vice Chancellor of Durham University and former Chief Medical Officer for England, to follow on from the Nuffield Trust's influential pre-millennium conferences on arts and humanities in medicine. CAHHM aims to meet the groundswell of interest from many areas of social policy and academic disciplines in the importance of the arts as a force for improving the health and wellbeing of communities and individuals. CAHHM currently runs research and project work in three priority areas:

- arts and health in community settings
- architecture and design of health service buildings
- medical humanities

### **Contact**

For arts in health: Mike White

E: [mike.white@durham.ac.uk](mailto:mike.white@durham.ac.uk)

For medical humanities:

Dr Jane Macnaughton

E: [jane.macnaughton@durham.ac.uk](mailto:jane.macnaughton@durham.ac.uk)

T: 0191 334 2913

W: [www.dur.ac.uk/cahbm](http://www.dur.ac.uk/cahbm)

### **Music in Hospitals**

Music in Hospitals' mission is to improve the quality of life of adults and children with all kinds of illnesses and disabilities in hospitals, hospices, day care centres, special needs schools and nursing and residential homes through the joy and therapeutic benefits of professionally performed live music.

Contact

Diana Greenman

Chief Executive

Music in Hospitals

74 Queens Road

Hersham

Surrey KT12 5LW

T: 01932 252809

E: [diana@music-in-hospitals.org.uk](mailto:diana@music-in-hospitals.org.uk)

W: [www.music-in-hospitals.org.uk](http://www.music-in-hospitals.org.uk)

### **Paintings in Hospitals**

Paintings in Hospitals is a registered charity that provides original works of art on loan to NHS hospitals, hospices and other healthcare facilities to enhance the healing environment for the benefit of patients, staff and visitors. Founded in 1959, the charity holds a collection of 4,000 works of art by modern British and

contemporary artists. Today, the charity provides this service to over 250 hospitals, hospices and other healthcare facilities across England, Wales and Ireland and benefits many millions of NHS patients, staff and visitors each year.

**Contact**

Stuart Davie, Director

Menier Gallery

Menier Chocolate Factory

51 Southwark Street

London SE1 1RU

T: 020 7407 3222

Fax: 020 7403 7721

W: [www.paintingsinhospitals.org.uk](http://www.paintingsinhospitals.org.uk)

**The University of Sheffield, School of Architecture Research Team**

The research team, led and coordinated by Professor Bryan Lawson and Dr Michael Phiri, is based at The University of Sheffield, School of Architecture. The Higher Education Funding Council awarded the school a top rating of 5 for any School of Architecture and a rating of 'excellent' for teaching. It is thus ideally qualified to conduct the work with an appreciation of training outcomes.

The research team has, for some time, been working with NHS Estates, Department of Health and other bodies to investigate the impact of the designed environment on patients, staff and visitors. Due in part to this work, a major database of worldwide research has been established and published by NHS Estates as the Safer Environment Database and on the Department of Health KIP (Knowledge Information) portal. This work, corroborated by parallel research in the USA, now shows over 1,000 items of worthwhile research. Taken together, this research indicates strong relationships between certain features of the designed environment and patient levels of satisfaction and health outcomes. The evidence shows the possibility of reducing treatment times, lowering levels of analgesic medication, reducing levels of aggression and improving patient regime compliance. Parallel evidence shows that staff levels of satisfaction, performance, recruitment and retention can all be affected by careful design.

**Contact**

Dr Michael Phiri

School of Architecture

The University of Sheffield  
Arts Tower  
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Dean  
Faculty of Architectural Studies  
School of Architecture  
The University of Sheffield  
Sheffield S10 2TN  
W: [www.shef.ac.uk](http://www.shef.ac.uk)

### **Sidney De Haan Research Centre for Arts and Health**

The Sidney De Haan Research Centre for Arts and Health is committed to researching the contribution of music and other participative arts activities in promoting the wellbeing and health of individuals and communities. Its current objectives include:

- undertaking scientific research into and evaluation of the potential benefits for wellbeing and health of active engagement in music making
- documenting and providing the research evidence base for establishing 'Singing on Prescription' for its wellbeing and health benefits
- working in partnership with health and social care agencies and service users in the south-east to promote the role of music and arts in healthcare and health promotion
- contributing to the wider development of the field of arts and health research and practice through membership of national and regional networks, publications and educational activities

**Contact**

Professor Stephen Clift  
Canterbury Christ Church University  
11 Church Street  
Folkestone  
Kent CT20 1SE  
T: 01303 220870  
E: [s.clift@btinternet.com](mailto:s.clift@btinternet.com)  
E: [sdhcentre@canterbury.ac.uk](mailto:sdhcentre@canterbury.ac.uk)  
W: <http://www.canterbury.ac.uk/centres/sidney-de-haan-research>

**London Arts and Health Forum (LAHF)**

This is a London-based networking organisation for health and arts professionals and health-related organisations. They work to promote and support arts in health activity across London and nationally.

The organisation is free to join and offers regular events, a monthly newsletter, training sessions and advice and support for artists, architects, clinical staff and anyone with an interest in arts in health.

**Contact**

London Arts in Health Forum  
Floor 1, Menier Chocolate Factory  
51 Southwark Street  
London SE1 1RU  
T: 0845 602 0825  
E: [info@lahf.org.uk](mailto:info@lahf.org.uk)  
W: [www.lahf.org.uk](http://www.lahf.org.uk)

**South East Arts and Health Partnership**

The South East Arts and Health Partnership is supported by Arts Council England, South East, the South East Cultural Consortium and the South East Regional Public Health Group, and brings together people with a strong commitment to developing links between arts and health across the south-east region in both community and health and social care settings. The partnership aims to act in a strategic and advisory capacity for arts and health issues, and as a network that

brings together arts and health 'champions' across the south-east region, in order to develop and promote evidence-based practice.

### **Contact**

Professor Stephen Clift  
Chair, Partnership Steering Group  
Sidney De Haan Research Centre for Arts and Health  
T: 01303 220870  
E: [s.clift@btinternet.com](mailto:s.clift@btinternet.com)  
W: [www.seah.org.uk](http://www.seah.org.uk)

### **Arts & Health South West**

Arts & Health South West aims to raise the profile and influence the development of the arts and health sector across the region, provide information and support for those working in the sector and encourage partnerships between health and arts professionals. Arts & Health South West provides information and support about every aspect of the arts and health sector from arts therapies to arts in primary care; from public art, dance, music, creative writing and theatre development to evaluation, funding, training and strategies.

### **Contact**

Emma Williams  
Co-ordinator  
Arts & Health South West  
PO Box 2696  
Bristol BS2 2AL  
T: 0117 907 3861  
E: [info@ahsw.org.uk](mailto:info@ahsw.org.uk)  
W: [www.artsandhealthsouthwest.org.uk](http://www.artsandhealthsouthwest.org.uk)

### **Zest**

The health community in the Plymouth area is delivering the Vanguard Health Programme, a series of service reviews and a major building programme which will transform the area's facilities and create a more patient-centred environment. Zest: arts for health has been established to work as an integral part of the Vanguard and LIFT projects, and is working closely with the design teams in

realising Plymouth's ambition for the built environment and delivering a vibrant programme of arts projects. Zest has one full-time employee (funded by Arts Council England, South West) supported by two part-time workers, and is based in the Planning Department, reporting to the Director of Planning, and working jointly with Plymouth Hospitals Trust and Plymouth Primary Care Trust.

### **Contact**

Trystan Hawkins  
Artistic Programme Co-ordinator  
T: 01752 437006  
E: [Trystan.Hawkins@phnt.swest.nhs.uk](mailto:Trystan.Hawkins@phnt.swest.nhs.uk)

### **The arts therapies**

The arts therapies comprise the four separate professions of art therapists, music therapists, dramatherapists and dance movement therapists. A registered art, music or dramatherapist is someone who has undertaken an approved training in one of the arts psychotherapies at postgraduate, MA or MSc level and who is registered with the Health Professions Council (HPC). Registration with the HPC is a legal requirement in order to be able to practice.

### **Art therapy**

Art therapy is a form of psychotherapy that uses art media as its primary mode of communication, to create 'safe spaces' and relationships in which skilled practitioners can help users to 'express the inexpressible' in safety. Practitioners work with children, young people, adults and the elderly, and these clients have a wide range of difficulties, disabilities or diagnoses. Using art materials to make images which can be thought about with a qualified and registered art therapist may help relieve difficult or painful feelings and can help increase general wellbeing.

### **Contact**

British Association of Art Therapists  
24-27 White Lion Street  
London N1 9PD  
T: 020 7686 4216  
E: [info@baat.org](mailto:info@baat.org), [www.baat.org](http://www.baat.org)

## **Dance movement therapy**

Dance movement therapy is the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration. It is founded on the principle that movement reflects an individual's patterns of thinking and feeling. Through acknowledging and supporting clients' movements the therapist encourages development and integration of new adaptive movement patterns together with the emotional experiences that accompany such changes. Dance movement therapy is practised as both individual and group therapy in health, education and social service settings and in private practice. Dance movement therapists work with a wide variety of clients including people who are emotionally distressed, people with learning difficulties, those with physical or mental illness and people who want to use the medium for personal growth.

## **Contact**

The Professional Association for Dance Movement Therapy in the UK (ADMTUK)  
32 Meadfoot Lane  
Torquay TQ1 2BW  
E: [queries@admt.org.uk](mailto:queries@admt.org.uk)  
W: [www.admp.org.uk](http://www.admp.org.uk)

## **Dramatherapy**

The Health Professions Council's Standards of Proficiency for Arts Therapists, document 2003, defines dramatherapy as: 'a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation, and the performance arts have a central position within the therapeutic relationship'. Extensive knowledge of the performance arts is combined with theories of psychotherapy to create an inclusive methodology which can be adapted to serve the needs of clients. Dramatherapists are both artists and clinicians.

**Contact**

British Association of Dramatherapists  
Waverley  
Battledown Approach  
Cheltenham  
Gloucestershire  
GL52 6RE  
T: 01242 235515  
W: [www.badth.org.uk](http://www.badth.org.uk)

**Music therapy**

Music therapists are trained both as highly skilled musicians and as therapists who are able to work psycho-therapeutically. Training is at MA level with students already having a first degree in either music or a related field such as psychology, social work or teaching - although a high degree of musicianship is essential to training.

Music is a powerful emotional medium. The ability to listen to and respond to music is universal and may remain unimpaired by illness, injury or disability. Music therapy draws on this ability to enable clients to communicate through music. By providing a safe, therapeutic environment in which to express and explore feelings and experiences in the context of a trusting music-therapeutic relationship, awareness and self-insight can grow and develop. Music therapy predominantly uses improvised music-making between client and therapist as an immediate and personal form of communication and expression of feeling. Together, therapist and client build a shared understanding through their music making which informs the ongoing aims and direction of the therapy.

**Contact**

Association of Professional Music Therapists (APMT)  
APMT Administrator  
61 Church Hill Road  
East Barnet  
Herts EN4 8SY  
T/Fax: 020 8440 4153  
E: [APMToffice@aol.com](mailto:APMToffice@aol.com)  
W: [www.apmt.org](http://www.apmt.org)

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14 Great Peter Street  
London SW1P 3NQ

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