

ARTS, HEALTH AND COMMUNITY

A study of five arts in community health projects

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Introduction

This is the final report of the Arts in Health National Evaluation Programme funded by the King's Fund, the Northern Rock Foundation and the Nuffield Trust. The evaluation was initiated by five community-based arts in health projects. The Arts & Libraries Department of Gateshead Metropolitan Borough Council acted as catalyst and co-ordinator with this role transferring to the Centre for Arts and Humanities in Health and Medicine at the University of Durham (CAHHM) when it was set up during the period of the evaluation. The projects requesting the evaluation and included in this study comprise: the Wrekenton Lantern Project in Gateshead; South Tyneside Arts Studio in South Shields; the West End Health Resource Centre in Newcastle upon Tyne; Looking Well in High Bentham, and the Bromley-by-Bow Centre in East London.

In May 1999, the King's Fund with representatives from the arts in health projects appointed the programme evaluators. Their brief emphasised the purposes of the evaluation as follows:

- To research the content, purpose and organisation of a range of community arts projects and their 'user/client' groups;
- to explore ways in which, and the extent to which, outcomes are achieved.
- to identify the range of possible outcomes.

Section 1 of this report focuses on the first of these purposes, providing detail on the five arts and health projects and their programmes of work. Section 2 is concerned with teasing out the mechanisms that appeared to be crucial in the practice of arts and health in community settings and its effectiveness in generating health benefits to participants and professionals in their communities. In Section 3 the range of outcomes with respect to the links between arts in community-based projects and health are presented.

Too often evaluation is shaped through the policy and funding mechanisms of which it is part. That the evaluation study was requested by the projects to be evaluated (rather than by donors or by those with managerial responsibilities) provides the opportunity for this to be a research study with all the questioning and critical scrutiny that that implies (Everitt 1996).

Evaluation can be understood as having two main purposes. One is to ensure accountability for the effective and efficient spending of public monies. The second is to provide the means to learn from the experiences of projects. This evaluation focuses on the second of these purposes. The intention of this report is to make visible the work of the arts in health projects in community settings so that others with interests in this field may learn from their experiences.

Some experiences recorded in this report are best anonymised – not because they are in any way out of order but because it is still the case that stigmatising labels and discriminatory practices can be attached to people with private troubles and problems with living. It is always worth bearing in mind the interconnection of 'private troubles

with public issues' (Wright Mills 1959) and that the personal is also political. The evaluation of arts in health projects in community settings shows vividly ways in which the private and public, and the personal and political, can be encompassed in social and health programmes for personal change and development and for changes at community and at public policy levels.

The five arts in health projects are very different in many ways: in buildings, in community settings, their histories and development, organisational structures, in levels of funding, in staffing, in size and scope of their remit, in programmes of activities etc. Thus, in this report, the format for project descriptions is not standard and different methods for generating data and different sources of data have been used to ensure appropriateness for the particular project. Because of differences between projects they should not be compared. This evaluation report is not about suggesting that one is better than another. It is about learning about arts in health in community settings from a range of projects at different stages of development in order:

- to shape policies in the field of health, social welfare, education, arts, culture and community development;
- to inform donors and grant-making bodies of the benefits that might be derived from having opportunities to participate in arts and health in community settings;
- to contribute to the development of professional practice in health, social welfare, community development and community arts;
- to open up possibilities and opportunities generated through arts in community health for practitioners and community activists living in neighbourhoods that do not currently enjoy such provision.

Evaluation Design

While arts in community health has been recognised as innovative work and as generating health benefits, it has been difficult to find appropriate methods to demonstrate the impact of this work. Pioneer Projects (Celebratory Arts) Ltd has been working on ways in which to evaluate arts in community health for some years and its recent study proved invaluable for this evaluation (Angus 1999)

The first phase of this evaluation programme, the design phase, was concerned with the construction of logical framework plans for each of the projects (see Appendix). The purpose of log frame planning is to clarify project interventions in complex and multi-actor situations, to provide a structure to allow those involved in projects to specify the different components of activities and carefully relate means to ends (Gosling and Edwards 1995). Such planning should be an aid to thinking and dialogical discussion rather than a procedural activity (Coleman 1987). It involves thinking about the project activities and thinking through the consequences and implications of these activities. It should be dynamic and should change with process. Once drawn up, plans should be used as working tools rather than as technical templates. Used in this way, log frame planning lends itself well to attending to process in projects, particularly relevant for arts in health projects where, as this report makes evident, much of the work is emergent, developing organically. Thus, for example, at Looking Well the log frame was revisited several times over the

course of the evaluation and the plan proved very useful in helping to formulate the project's proposal to the New Opportunities Fund to become a healthy living centre (Looking Well 1999).

The log frames for the projects have been working documents to help guide the evaluation. The log frame planning exercises in the arts in health projects were particularly useful in clarifying the aims and purposes, and intended activities, of projects that are holistic and thus sometimes described in very ephemeral ways. To evaluate whether participating in the arts in a community setting promotes good health is so broad a task as to make it impractical. However, to work out objectives that could lead to the achievement of this broad aim, and the activities that will be undertaken to work towards the accomplishment of objectives, makes evaluation a much more practical exercise.

In arts and humanities, and in health and social welfare, evidence of what has happened, seemingly with what effects, does not in itself make judgements about the 'good' of the project or practice. The process of judgement making can be, and indeed should be, informed by such evidence, but evidence itself does not proscribe judgement (Everitt and Hardiker 1996). It is important to try and separate the process of judgement-making from that of evidence generation in order that attention is paid to both. However, this separation can only be made at a conceptual level. In practice, the processes of generating evidence, understanding that evidence and making judgements are intertwined.

The 'methods of verification' column, the third column, of the log frame details, from the perspective of projects, all the ways in which data might be generated to measure whether and the extent to which 'indicators of effectiveness', the second column, were apparent in the work. Some of these methods, but not all, were used for this evaluation. Perhaps the most important method was that of participant observation by the evaluators and associated participative discussions in the projects. This was particularly valuable in that it fostered good communication between the evaluators and the workers, the artists, the volunteers and the participants so that relations of trust and openness were developed. These in turn generated rich and sensitive data. Participant observation also offered opportunity for the evaluators to experience the ethos of projects which is difficult to convey in words – through interviews and even in this report. However, such a method is costly in terms of evaluator time and not always possible when evaluation budgets attached to community projects are small.

Because of limited resources, this evaluation was not able to employ all methods of data generation identified as possibly useful by projects. But also, because of professional boundaries and confidentiality, it was also not feasible to pursue all methods. For example, data has not been gleaned from patients' records kept in GP surgeries. This is subject to a recommendation in the final concluding chapter of this report. The methods used in this evaluation included:

- participant observation and participative discussion in projects
- attendance at and participation in project meetings
- community surveys undertaken by project participants
- documented discussions in projects
- workers' records and diaries

- participants' writings
- attendance registers, day books and scrap books
- project documents such as funding applications, minutes of meetings
- evaluator interviews with participants, workers, artists, volunteers, participants and workers from other agencies

Each project had its own forums for the making of judgements. For the evaluation programme as a whole, two programme conferences were held in which two or three workers/volunteers/users from each project participated. The first programme conference concentrated on defining concepts for the evaluation. The second programme conference concentrated on reflecting on findings emerging through the evaluation.

The log frames for each of the projects are in the Appendix. It is important to remember that these are working documents in process. They are not produced here as 'final' documents. They illustrate to the reader the methodology of log frame planning. They summarise, in considerable detail: the aims, objectives, activities and resource inputs of each project (column one); the indicators of effectiveness of each of these (column two); the range of methods that may be useful in verifying whether and the extent to which these indicators are present (column three) and the assumptions made by the projects in their planning of all of these (column four).

The methodology of logical framework planning

A log frame has four columns and four rows as follows:

narrative	indicators of effectiveness	methods of verification	assumptions/risks
<i>goal</i>			
<i>objectives</i>			
<i>activities</i>			
<i>inputs</i>			

- The first column, the narrative of the project, sets out the overall goal, the objectives which should ensure that the project travels in the direction of this goal, the activities that will help meet the objectives and the inputs or resources needed to conduct these activities. It has an 'if-then' logic, eg if these inputs are secured, then these activities will be undertaken, then these objectives will be met, then this goal becomes realisable.
- The second column, indicators of effectiveness, addresses the question 'what would show us that we have been, and the extent to which we have been, successful in:
 - getting nearer to realising our goal?
 - going some way to achieving our objectives?
 - undertaking our activities?
 - securing the resources needed?

The 'if-then' logic is continued both vertically and horizontally.

- The third column, methods of verification, addresses the question ‘ how will we discover those things that would show us that we have been successful?’ Again, the ‘if-then’ logic is pursued vertically and horizontally.
- The fourth column, assumptions/risks, addresses those concerns that are summed up by the phrase ‘but what if ...?’ This column allows us to identify those factors that may affect the project pursuing the programme as identified in the other three columns. This column helps to build realism into the project, to develop understandings of risks, and to identify factors critical to success. Some of these factors are outside of our control. Others alert us to the need to be vigilant or to introduce additional activities to address factors potentially detrimental to the project.

Log frames are useful for project planning and management generally as well as for evaluation design. For evaluation the second and third columns particularly help ensure that monitoring, review and evaluation are built into the project. Log frames also help to accommodate the sometimes different evaluation requirements of different stakeholders.

The following diagram summarises the features of a log frame.

Project impact <i>goal</i> <i>objectives</i>	Project evaluation <i>indicators</i> <i>methods of verification</i>
The project <i>activities</i> <i>inputs</i>	The project environment <i>assumptions</i>

The log frames for each of the five projects are set out in the Appendix. That all five projects revealed indicators of success (see column two of the log frames) is demonstrated in the evaluative sections, sections 2 and 3. In these, the indicators are inset within the evaluative evidence.

Section 1

The arts in health projects

This section provides information about the five projects which participated in this evaluation and describes their programmes of work. This information expands upon that provided for each project in the log frames (see Appendix). The detail here is mainly descriptive rather than evaluative and for each project covers: its history and development; its geographical location; its staffing, funding and resources; its activities during the year in which evaluation data were collected; and its community links and inter-organisational relationships. As far as possible, a standard format of sub-headings has been used to describe each project. However, given that the projects are so different from each other this is not always the most meaningful way to present them and therefore there is some variation. This background information on what the projects are, where they are, how they have developed, how they are organised and resourced and what they do is important for understanding the evaluative sections which follow. It is also potentially useful in providing ideas for those involved in setting up or managing arts and health projects in community settings.

1. Bromley-by-Bow Centre

Bromley-by-Bow Centre: its history and development

The Centre began seventeen years ago as a very small project when a new vicar joined the local church. The numbers in the congregation were very low: most people in the local community were, and are, Muslim. The vicar had come from working in a leading drugs prevention project in another part of London, developed also by a local minister. This entrepreneurial, risk-taking experience, strengthened through links with Michael Young's School for Social Entrepreneurs, shaped approaches the vicar was to take in Bromley-by-Bow. He spent two or three years talking with local community members, generating ideas of projects that might be developed and would be valued. More importantly, he got to know people living locally who could make such developments happen. For example, very early on a woman, a local artist, expressed interest in building a boat in the church premises. She also wanted to establish a cafe and make a living through this. Also a stained glass artist got involved and still is.

The church started with a fund of £400 and, between 1984 and 1986, initiated projects through attracting small sums of money from a variety of sources. The first major project converted part of the premises of the church into a nursery. A woodwork shop also was developed, turning pews into woodwork benches.

Artists were encouraged to use the Centre free of charge and, in return, to work for the local community. More projects developed organically: local women and disabled people gardening; the disability gardening group then needed pots and used the pottery in the Centre to make them; a local artist wanted to join the pottery group and sold her kiln to the group.

Another important principle emerged: 'respond immediately'. People don't walk in the door again. The Centre's approach to all people, including those living locally, is 'what you can do for us' rather than 'how can we help you'. The focus is not on needs – after all, needs change. Rather it is on 'knowing that everybody can do something'.

Six years ago, a local person with cancer 'fell through the net of statutory care'. In her final days she was cared for in and by the local community. The situation and experience 'drove home the message'. An inquest was held, pressed for by the Centre. It learnt that it had been right to point out gaps in the care system, and following on from this experience, developed a commitment to look at health in an integrated way and work towards the development of a high quality health centre providing health and social care. A local GP practice, and health visitors and district nurses from Tower Hamlets Health Care Trust, combined with urban regeneration initiatives to offer an integrated programme of arts, health, education, environment and enterprise. The Centre was opened in 1998, a new build on the site of the Church now located within its parameters.

From the start of this evaluation, Bromley-by-Bow Centre was for all intents and purposes a 'healthy living centre'. This was confirmed with its successful application to the New Opportunities Fund in Spring 2000, during the year of the evaluation, when yet more building was taking place to expand the Centre further.

The Centre in Bromley-by-Bow

The area in which the Centre is located, and the neighbourhood it serves is in London's east end, within earshot of the bells of Bow Church. The area has the River Lea, the Limehouse Cut, the Docklands Light Railway and Bow Road as its borders. Its population (1991 Census) of approximately 97,000 comprises many ethnic groups including White British, Bangladeshi, Black Caribbean, Black African (with a sizeable proportion of people from Somalia), Chinese and Vietnamese, Indian and Pakistani. The area is thus rich in cultural diversity although many of its people are socially excluded through language barriers and related employment and educational disadvantages.

The closure of the docks and decline in manufacturing industry during the 1960's and the 1970's in this part of the London Borough of Tower Hamlets badly affected the physical, economic and social profile of the area. While there is some good more recent terraced housing development, this is still interspersed with older housing estates in poor states of repair. There are few leisure facilities and the area is dissected with major dual carriageways that act as physical barriers and create noise and chemical pollution.

Tower Hamlets continues to be one of the poorest local authority areas in England having some of the most disadvantaged and socially excluded communities. Unemployment rates are high. Crime rates are high. People living in the area experience poor levels of health.

Bromley-by-Bow Centre: staffing, funding and resources

The 'categories' of workers, volunteers, users and local people merge through the activities, which are mostly run and participated in by local people (who may be users, workers or volunteers). Paid workers may be full-time, part-time and sessional. Staffing decisions are made on the principle that everyone has ability, and with ongoing experiential training, supervision and support, may take on a range of responsibilities. Thus, for example, youth workers and care workers may not necessarily have formal qualifications. Ways are made for every person who comes to the Centre to contribute to it.

Having started incrementally with minimal financial resources, the Bromley-by-Bow Centre has, in recent years, been well funded from a range of public and private sources. It now has its own office and staff team concerned specifically with funding, monitoring and evaluation. Even so, like all voluntary sector organisations, it continues to experience problems in funding.

Bromley-by-Bow Centre: Activities

Art has been important from the start in the Bromley-by-Bow Centre. When the Centre became a Healthy Living Centre, the development of a specific arts in health programme involving the team of health professionals was obvious. Projects specifically focusing on arts and health were set up with support from the Kings Fund. They emerged from an art and health day held during the development of the healthy living centre. A portfolio is kept for each project including a record of everything that has been done, together with commentary from participants. Some of these projects are summarised below.

Airways Project: asthma and singing group

This group, the responsibility of a Centre GP, was established for children with asthma (four to thirteen year olds) in consultation with the asthma nurse. Led by an African woman singer, it engaged children in drama and singing. African musical instruments were introduced and the sessions were supplemented with the making of African jewellery. It ran for ten weekly after-school sessions, finishing soon after the start of this evaluation. About six children attended each session with some of their parents joining in. They were personally invited to the group through local community contacts and GPs and local health centres referred children. A record was kept of the sessions, *'the open book'*, in which children, individually and collectively, write, draw, paint how they feel. Illustrations are made to symbolise the songs and the group recorded some of the songs on tape. The worker adds her own comments on each session. The comments here from participants are taken from the portfolio.

The sessions covered how to breathe properly, how to relax, *'looking at nature, teaching air flows'*, with emphasis on diaphragm expanding with proper breathing. The tutor *'sings songs in Zulu which we learn. We're all on one common ground. We don't know what to expect. Gets us to join in'*. Participants advise each other on how to relax: *'lovely relaxed environment'*. The first session was on *'singing to the mountains, stood in each corner of the room, reverberates.'*

Operative arts with health professionals

- In the reception area of the health centre, an artist sets up stall once a week creating designs for posters, health information leaflets etc. The health professional staff, GPs, district nurses and health visitors, from within the Bromley-by-Bow Centre and from other surgeries and health trusts, are encouraged to join in, as relaxation from their clinical work. It provides them with opportunities to do art work for their personal enjoyment and use, say to display in their surgeries, and to contribute to the creation of health promotion materials. In the words of the artist: the sessions provide *'art therapy for GPs, a relaxing session for them to pop in and out of'*. It's about *'making it visual, bringing medical science and the arts together, bringing the arts into health for they are uplifting'*.

Young @ Art

This group of older people, many of them formerly housebound, meets once a week in the reception area of the Centre. It was set up to run alongside the leg ulcer clinic, to encourage take-up of the services of that clinic and to make waiting to see the nurse more pleasurable and in these ways it has been effective. As they come and go to the clinic, people engage in a broad range of arts activities. Complementary therapies such as aromatherapy and massage are also available.

'New Beginnings'

This group, with a crèche, is with mothers with new-born babies providing opportunities for them to get together, share experiences and problems, create things for their own homes, eg ceramics, silk paintings, pottery mobiles. As the worker commented:

'They never miss a session - don't want to spend time listening to talks on breastfeeding, colic etc., but prefer doing something for themselves'.

Hand and foot printing

Each week, running alongside the child clinic, the artist has been making handprints and footprints of children in the reception area. The purpose here is to build developmental charts to measure child development and to compare growth over time and comparative growth amongst children.

The toy library and book box

This literacy and arts project runs alongside the baby clinic in the reception area of the Centre and has an outreach service to support families with pre-school age children in their own homes. The literacy work includes many different languages: Bengali, Somali, English. Storytellers and guest readers visit the toy library, as do singers – all from other parts of the Centre.

Portrait painting

Alongside the baby clinic, and while the toy library and book box are open, an artist sketches and paints watercolour portraits of babies in the reception area for two hours at the request of the parent, usually the mother. The word has got around: there was no need for referrals and sometimes mothers came to the Centre especially for a portrait to be done. The artist spends about half an hour with each mother and child and, while the child is still, with attention caught by the artist, *'I try to create a bubble of calm'*. The artist engages in conversation with the mother – usually about the child, his or her features, his or her development since the last portrait was completed. One mother has had about ten portraits done of her three children as they have grown up. It provides opportunity for the mother to appreciate her child in a different way. The portraits have been printed and, in a frame together, are on the wall. Mothers chat together, pointing out which is theirs and how the children have changed since their portraits were done. Children come and chat to the artist who they know.

Other Centre programmes

Enterprise

The enterprise team at the Bromley-by-Bow Centre is responsible for helping Centre participants set up new enterprises and nurturing these. Training is offered in organisation skills and bookkeeping and marketing, but most importantly, networking and social support is provided with the long-term aim for people to be self-reliant in their enterprises.

Recent successful enterprises include: a greeting card business developed by two young women; growing and weaving willow products; a Bengali drama group that presents plays each year and on special occasions such as weddings; a Bengali food and catering service. Other businesses, such as the café and the catering service in its planning stages during the evaluation, operate within the Centre complex, the Centre effectively offering an internal market.

Education and training

Integrally linked with enterprise, arts and health is the experiential education and training programme. Participants, who are also volunteers, are registered on

accredited programmes leading to educational qualifications at NVQ, HNC, or undergraduate levels.

Food and Art

This was started during the evaluation and involved the food co-op and the community café. Volunteers/students were working on food and art projects, considering ways in which to present food artistically, thus making it more appetising.

Community Care

The Centre, in partnership with the local authority social services department, provides a community care programme for people with physical and mental disabilities. In the words of the health development manager, it is about '*regenerating care through care, the arts, education, volunteering and local community*'. Some people attend all of the sessions, others only some of them. One of the arts and health artists acts as a tutor for the community care group. The group does painting, pottery, silk-screen, health and exercise and gardening. Local people who are volunteers help the community care participants on a one to one basis and they themselves are accredited for this work through the HNC course.

The Families Project

Its purpose is to support parents through activities in the Centre and in their own homes. While it is structured, people may attend on a casual basis. One of its main activities is PACT (parents and children together) that is also seen as part of the arts and health programme. This is open to any parent with his or her children and parents are referred to it by GPs and the local authority social services department. The Families Project also has a commitment to the Centre nursery. It supports parents in their applications for funded nursery places and acts as their advocate. In partnership with the health development team, the Families Project is responsible for the provision of the toy library and a book box (see above).

The Bengali and Multi-Cultural Project

This project provides support for Bengali families and other families from minority ethnic communities who meet together to pursue arts activities such as sewing, metal craft, furniture making and sewing. Some participants in the project are registered on the HNC course. At the time of the evaluation, the Project included approximately twenty families who also had the support of local authority social services department social workers. Another twenty-nine families had been referred to the Project by GPs, health visitors or had referred themselves. The problems experienced by the families were mainly to do with mental health, family breakdown or education. The Project provides support and interpretation services and, for example, accompanies people for court attendances and hospital appointments. With the health development team, the Project is engaged in training local people as interpreters and thus developing employment opportunities as well as an interpretation service.

Bromley-by-Bow Centre: community links and inter-organisational relationships

Bromley-by-Bow Centre is a community in itself and inter-organisational links tend to be between different parts of the Centre. The Creative Director of Bromley-by-Bow Centre, also with responsibility for the Enterprise team, described the Centre thus:

The model is one of concentric circles. At the heart is the huge capacity in the centre for social activity. Individual lives orbit around this shaped by two forces: one which gravitates them towards the centre and another, through the enterprise team, that pulses them round. In this concentric circle of individuals, groups of individuals begin to think of ways of making money from what they have been doing as a social activity in the centre. Rotating around the outside of the circles in the outer orbit are businesses that have been launched and continue. People could become self-employed and leave the area but the aim of the Centre is to encourage them to stay in this community and in touch with the Centre. It works because we're all networking, talking with each other, talking with individual people.

2. Looking Well in Bentham

Looking Well: its history and development

Looking Well is a community arts and health project in High Bentham, a small market town in the north west corner of North Yorkshire. Its overall aim is to enhance the health and well being of people of all ages and their social and physical environment in North Craven (including Bentham and surrounding villages) through engaging in creativity and the arts.

Looking Well grew out of a community consultation exercise in Bentham in 1995, *Getting Together*, undertaken by Celebratory Arts for Primary Healthcare with the health promotion unit of the health authority and other local statutory and voluntary agencies. This exercise engaged in art activities to identify local health needs. *Getting Together* revealed high levels of depression, loneliness and isolation amongst people of all ages, particularly women, and within the farming community. Other issues identified included: lack of opportunities for physical activity and shared play for children; poor access to local authority and health services; increasing levels of stress amongst all members of the community, including children; poor diet; and bullying.

As a response to the findings of *Getting Together*, Looking Well was established in 1997 by Pioneer Projects (Celebratory Arts) Ltd., a new charity set up by the artists from Celebratory Arts for Primary Healthcare. Initially, Looking Well and its activities were run on a voluntary basis by local people, with minimal finance) from the local authority social services department and the health authority which went towards covering running costs (rent, rates, heating and lighting).

Since these beginnings, Looking Well has developed organically, reflecting its capacity to facilitate and support community activity to meet local needs. At the end of the evaluation, it was engaged in a broad range of activities, employing three workers and sessional artists, and supported by a team of local volunteers. Within 9 months of opening, 400 people used Looking Well and during the year of the evaluation approximately 1,000 people engaged with Looking Well activities. Towards the end of the evaluation, an arts and health group run by Looking Well started in Settle, 'Settle Well'.

Looking Well in High Bentham

High and Low Bentham, with a population of 3,000, is one of the three main settlements (the others being Ingleton and Settle) in North Craven in North Yorkshire. This rural area comprises 1179 square kilometres on the western border of North Yorkshire, the southern border of Cumbria and the eastern border of Lancashire. Although in Yorkshire and served by the local authority and health authority of North Yorkshire, its nearest big town is Lancaster, 14 miles from High Bentham. Its county town, the administrative base for much of its services, is Northallerton, a difficult public transport journey of 55 miles. Craven is sparsely populated with the lowest percentage of males in full-time employment in the county.

The attractive setting of Bentham together with the sparse rural population and traditional local stoicism effectively masks the extent of social need. There is high incidence of health problems, primarily mental health. Transport difficulties make services difficult to access and contribute to social isolation. Bentham's main

employment is precarious being farming and one other single major employer. Other employment is in local services, small industry and trade. A high proportion of people in Bentham are self-employed, reflecting the legacy of and need for greater levels of self-sufficiency in rural towns. It also has a high proportion of lone parent families and households with dependent children compared with other places in Craven

Looking Well: its staffing, funding and resources

In 2000, Looking Well was one of ten community projects nationally to be awarded the prestigious SmithKline Beecham IMPACT Award for excellence in community health. This moved Looking Well on to a different financial footing. Now, through the New Opportunities Fund, it is funded for a five year period as a Healthy Living Centre and funds have been secured from the local authority, the health authority and charitable trusts. Looking Well also generates its own income through donations running seminars, and selling postcards and other art products.

Before then, Looking Well was run virtually on a voluntary basis with donations and session bookings paying the basic running costs of the building. While external funding now allows Pioneer Projects to appoint staff and offer appropriate levels of pay for sessional artists, the funding regime, that values voluntary work, voluntary contributions and bartering continues to be central to Looking Well philosophy. It is difficult to estimate the total number of volunteers at Looking Well: approximately 32 volunteers gave of their time during the year 2000 assuming responsibilities for: day to day housekeeping and management of Looking Well premises; leading or supporting the sessions at Looking Well; practical help such as painting, cooking and maintenance work; providing individual and family support and befriending; undertaking office and administrative tasks. Most of the furniture, equipment and materials have been donated by local residents and trades people. Other services, such as financial advice and the use of meeting rooms have been provided through the Health Authority and the local bank and weekly sessions with the community psychiatric nurse, health visitors and district nurses have been provided at Looking Well. This bartering works informally.) Looking Well takes part in the Millennium Volunteers Scheme established by the Community Action Network to encourage young people in volunteering by rewarding them after 200 hours of voluntary work.

The Project Manager, a local artist, is responsible for ensuring that Looking Well achieves its aims and is supported in this by the Looking Well Healthy Living Centre Steering Group and by the Looking Well User Group. She is responsible for the day to day running of the centre. She has staff management responsibilities for other workers and is key to encouraging volunteers and to liaising with other agencies, professionals and trades people. The project manager and the children's worker receive professional supervision, for 1½ hours a month each, from one of the Board members and a psychologist from the community health trust, herself a member of the Steering Group.

Until very recently, Looking Well occupied just two large rooms comprising the upper and ground floors of a two storey stone building adjacent to the main street in High Bentham. Central on the ground floor is the wood burning stove and the large table around which most arts activities and conversations take place. Towards the end of the evaluation, the two storey cottage next door was acquired providing a small kitchen area, and three rooms for small groups and quiet and confidential sessions,

and Looking Well now has office space. A piece of waste ground has been cultivated into its community garden, the 'Harvest Garden'.

Looking Well: activities

Pinned above the sinks in Looking Well, where pots of tea are continuously made and paintbrushes cleaned, is a handwritten quote from a Sri Lankan art historian:

In the Indian way of thinking, an artist is not a special kind of person, but every person is a special kind of artist.

This is key to Looking Well and denotes art as skill, meaning things well done or acts well performed – from cooking, dancing, building and singing to painting. The activities of Looking Well fall into three overlapping and interconnected groups:

- ongoing daily activities which emerge as people drop into Looking Well;
- those that are named and timetabled each week to take place in Looking Well;
- Looking Well projects

Importantly, Looking Well is a place where people meet, engage in conversation, make friends and contribute to Looking Well projects and develop their own activities. Arts activities take place informally with people of all ages, including children, dropping in to contribute to the current ongoing project for Bentham, such as the annual lantern procession, or the barn dance which takes place in the town hall decorated for the occasion by Looking Well. In the year 2000, the town was decorated with 'Millennium Bugs', bugs and viruses made from paper and willows.

This approach fits with the needs-led philosophy of Looking Well. 'Felt needs' are articulated through participating in arts activities and through conversation. These 'expressed needs' are then met through daily life in Looking Well and/or through the development of a 'named and timetabled activity'. This organic approach to development (wherein 'named activities' emerge and are closed when no longer sustainable for reasons of need and/or available resources) is informed through their being 'overseen' by the Looking Well User group and through ongoing review and evaluation.

Activities with parents and children

There is a children's corner at Looking Well and 'Mucky Buckets' and 'Baby Buckets' meet weekly, both designed to address the emotional and mental health needs of babies, children and their parents through play, creative activities and healthy eating together. First time parents are particularly encouraged. This is done in a number of ways: invitation cards made at Looking Well are sent to new parents by health visitors; one of the regular attending parents or the health visitor will often accompany new mothers on their first visit. A supportive network of parents has been established to help break down feelings of isolation experienced by first-time mothers.

The After School Club meets weekly for children aged between 5 and 12. It provides children with the opportunity to develop social skills and promote self-worth through creative and imaginative play. A number of emotionally vulnerable children attend,

referred by the local education authority and the school and supported by the children's worker to ensure that they integrate within the group of children.

Activities with Young People

The Black Library is a club initiated by young people for other young people where they engage together in making figures and landscapes for playing war games. It has proved particularly valuable in reaching young people, especially young men, thus providing them with access to health information and advice. It has also enabled young people to develop friendships across age ranges and across schools.

Activities with Older People

The Young at Heart Group is a local expression of Better Government for Older People. Older people meet to access information, try out beneficial health activities such as reflexology, Tai Chi and participate in creative community activities, such as making bereavement cards for the local GP surgery. Trips are organised.

Activities with Women

The WISH (Women's Ideas for Self-Help) group meets weekly with a community psychiatric nurse providing advice and support. It covers problems with living such as isolation, depression, domestic violence.

Activities with people experiencing mental health problems

Two groups meet, both weekly, providing opportunities for engaging in arts activities for people with mental health problems reintegrating into local communities and acting as a drop-in for them. 'Starting Well' is for those newly referred by the local authority social services department; 'Doing Well' is for those who have been with Looking Well for some time. Both groups are led by a sessional artist and the local authority provides funding for a support worker as well as being responsible for transport.

Activities with people with cancer

The Cancer Support Group meets weekly for those with cancer or having close friends or family with cancer. Members engage in arts activities and, towards the end of the evaluation, were focussing on the development of art therapies, having been to a conference on such.

Harvest Lanterns

Bentham is known now for its annual harvest lantern procession and community bonfire. People visit from miles around to take part in the spectacle. There are several elements to the festivities. Primary school age children celebrate harvest time by making fruit sculptures, lanterns, cards and gifts in workshops led by artists with parents and teachers. Other learn to play music and write songs. They then walk in procession round the town with lanterns and music, taking gifts of small pots of jam made from local fruit to older and housebound people where gifts are given and songs sung. All older people visited on the procession are visited earlier in the week, providing opportunity to identify any need and provide information and advice with back-up from Age Concern and health workers. A week later, after more lantern-making workshops held in Looking Well for everyone, approximately 2000 people take part in a lantern parade to the town's community bonfire.

Millennium Festival

The first project of 2000 was the making of millennium bugs and viruses, using similar techniques to those used in lantern-making. The timetabled groups meeting at Looking Well became involved in this project as did people of all ages, including children, who popped into Looking Well. A student teacher worked with people with learning disabilities to make bugs and viruses in Settle and a group was active in Skipton too. Over 60 bugs were displayed around the town, hanging from shop-fronts, lamp-posts and trees, some of them then transferred by request to the primary school and to an exhibition in the surgery waiting room.

Harvest Garden: a community garden

A local property developer, in 2000, gave Looking Well the temporary use of a plot of land behind the local authority housing estate in High Bentham. Local children helped clear the land, plant and harvest flowers, fruit and vegetables: potatoes, courgettes, peas, beans and strawberries. They work in small informal groups and classes from High Bentham Primary School work in the garden.

Training and education

To be a worker and user/volunteer at Looking Well brings with it training opportunities developed in response to expressed needs and linked to activities hosted by Looking Well. During the year 2000, training included: first aid; spreadsheets, data bases, the internet and web sites; using flower essences; setting up small businesses; confidentiality.

Exhibitions

Exhibitions are held on the upper floor of Looking Well. During the data collection year of the evaluation, the Pioneer Health Centre, with the help of Looking Well volunteers, designed and mounted an exhibition celebrating health pioneers (Marie Stopes, Scott Williamson, Inns Pearce, Eve Balfour and Cicely Saunders) amongst local people pioneering their own paths to health.

Looking Well: community links and inter-organisational relationships

The initial partnership quickly developed into a strong network of participating agencies which has been central to the effectiveness of Looking Well. Looking Well devotes much time to fostering good relations with agencies. But it is aware that it is important that it is not 'incorporated' into the statutory and non-governmental organisation network so much that its role and position as a community and volunteer project is jeopardised. The barter principle described above means that agencies not only ensure that their activities are complementary and sometime collaborative, but also that their resources are shared informally.

The 'named and timetabled activities' or users groups described above make links with relevant local agencies, both within the voluntary sector (eg Age Concern, the Alzheimer's Society, Craven Domestic Violence Forum, Craven Organisation for Drugs and Alcohol), and the statutory sector (the local health centre with GPs and health visitors, the local primary school), and there are ongoing daily links with community health workers, health visitors and district nurses, with GPs, and with teachers from High Bentham Primary School.

The effectiveness of the steering group set up to develop proposals for Looking Well becoming a Healthy Living Centre is evidence of the importance of collaborative working. It includes representatives from: Primary Care Services and Health Promotion Services of North Yorkshire Health Authority; the Counselling Services of Airedale NHS Trust; the Public Health Section of Bradford Health Authority; the Craven Primary Care Group and Craven Community Mental Health Team; North Yorkshire Social Services Department and the Pupil and Parent Services of its Education Authority, the Economic and Community Development services of Craven District Council and Craven Voluntary Action. It is clear that Looking Well is particularly valuable to these professionals (who, in a county like North Yorkshire may be based many travelling miles away) in that it provides a local base for them and links in to the local community.

‘Staying separate whilst working with’ describes well the ways in which Looking Well works with other agencies. It also describes how Looking Well interacts and communicates with individuals and groups within the community. Its use of the fabric of everyday life, and its particular position in the community, mean that special attention needs to be given to issues such as the use of ‘gossip’, confidentiality and boundaries. Looking Well acts both as ‘receiver’ of local concerns and also as a ‘means of transmission’ to relevant agencies. It treads a fine line between working with people’s concerns whilst guarding against being drawn into gossip.

3. South Tyneside Arts Studio

South Tyneside Arts Studio: its history and development

The South Tyneside Arts Studio is a community drop-in resource for ‘members’ interested in participating in a range of visual arts. It aims to provide a service to people primarily with established mental health needs (priority members) but also to the general public (non-priority members). One of its objectives is to bridge what is sometimes perceived as a gap between those with mental health needs and those without.

The South Tyneside Arts Studio began in the early 1990’s. It was the idea of two local artists who approached key major service providers, the local authority and the health authority. The concept was embraced and a steering committee established to put the idea into practice. It was then that the old Synagogue was identified. This had been a place of worship which became vacant in 1990 after many people moved to join the Jewish community in Gateshead.

At first, the project acquired the use of the middle and upper floor of the Synagogue. In 1994, Action Time, a local television programme along the lines of ‘Challenge Aneka’, offered to help with fund-raising and sponsorship from local businesses and organisations. It was successful in securing enough capital to furnish and equip the Studio and revenue funding was secured from a range of sources to enable the Studio to open in October 1994.

In October 1999, with the basement becoming vacant, the Studio expanded its range and arrangement of activities. The extra floor provided the Studio with more flexibility in the running of its sessions. The Carers’ Association uses one of the rooms for its sessions and the extra space allows men to have access to the Studio on the day the studio was previously reserved for women only.

To enhance accessibility to the Arts Studio for people living in other parts of the Borough, a satellite project was opened in Hebburn just prior to this evaluation and the Studio also undertakes some outreach work.

The Arts Studio in South Tyneside

The Arts Studio is located in two ‘communities’: the local community of South Shields and the wider ‘community’ of those experiencing mental health problems. Bringing these two communities together is central to its philosophy and practice. One of the effects of mental health services is to stigmatise people with mental health needs. By bringing together people with the label of ‘mental health needs’ and those without that label, the Studio endeavours to not be perceived as a ‘ghettoised mental health project’. Through sharing *of* and sharing *in* the arts, the intention is to reintegrate into the local community those who have experienced mental health problems. By promoting a greater understanding of people and their various needs, the Arts Studio intends having mental health needs seen as a ‘normal’ part of people’s lives, a continuum along which we all move, rather than an issue which labels so that some of us come to be seen as ‘other’.

South Tyneside covers an area of 64 square kilometres to the south of, and at the mouth of, the river Tyne. Two thirds of this area is built up: one third is green belt land. There are three main towns in the Borough, South Shields, Jarrow and Hebburn, and the 'urban fringe'. The total population is approximately 153,000, with a small percentage of people from minority ethnic minorities. Historically this area of shipbuilding and heavy industry has experienced changing fortunes and is famed for its 1936 march to Parliament in protest at the high levels of unemployment. Unemployment still far exceeds the national average (10.3% for the borough at the end of December 2000). Just over half of people registered as unemployed are aged over 35 years, reflecting the demise of traditional places of work and the need for people to develop new skills to secure employment. Shipbuilding in South Tyneside has accompanied the decline of this industry generally in the north east of England. It is no longer a major contributor to the local economy with the last ship builders in South Tyneside closing down in 2001. Now the main employers are in the tertiary sector: public services, hotels and catering and retail distribution.

South Tyneside Arts Studio: its staffing, funding and resources

During the data collection year of this evaluation, the then Project Development Manager was appointed Lord Mayor of Newcastle, the Studio Manager was promoted to this post and a new deputy was appointed. The art sessions are run by eight sessionally paid artists and/or one of the four voluntary local artists all of whom actively support members in creating visual art. They provide 'training', technical advice and personal support, but also, importantly, create an atmosphere conducive to engaging in the arts. The artists themselves experience their activities with members as providing important and positive contributions to the development of their own art practice. The 'bartering' feature of arts and health projects in community settings features in the Arts Studio: an area of the upper floor is sectioned off into five small studios rented by the artists who run the workshops. While this area has a more composed and tranquil atmosphere, it is nevertheless still very accessible to members and offers space for more private 'consultations' with artists about their own or the artist's work or about matters of a more personal nature.

The middle floor, accessed through the front door up a short flight of steps from the main road, is an arts workshop, the hub of the studio, where the central programme of daily art sessions take place around a central arrangement of tables in an open space. Off this space is the small office for the manager and deputy manager who co-ordinate and develop activities. The office has an open door policy and a free flow of staff and members are welcomed, generating conversations from the office to the 'floor'. Around the walls and edges of the main workshop is an evolving display of artwork produced by members, a library of art books, work in the process of completion, materials, notices, a computer and coffee area. The upper floor is divided into the gallery where more formal exhibitions take place and individual studios for artists.

Funding for the Arts Studio and its activities is generated from a range of organisations, secured on the basis that it offers a service to people living with established mental health needs. These organisation and initiatives include: the Gateshead and South Tyneside Health Authority (through the HImP and the HAZ); South Tyneside's Social Services Department (through its Mental Illness Specific Grant Programme), South Shields Challenge (Single Regeneration Budget 3); and

charitable trusts. Other income generated includes membership fees. Every effort is made to ensure that this is kept to a minimum to ensure that *'creating art is not an elitist activity. It is affordable and enjoyable'*. Thus: membership to priority members is free; to non-priority members on benefits is £3 per annum; and is £15 per annum for those who are waged.

While the main sources of funding meets the core costs, the Arts Studio still actively seeks out new sources of funding to develop facilities and services. Towards the end of the evaluation, it was working on a capital and revenue bid to the National Lotteries Charities Board for an extension and building development to provide disabled access, to improve its public exhibition space and to attract revenue for new posts.

South Tyneside Arts Studio: activities

Essentially the Arts Studio is a voluntary sector drop-in centre for people with mental health needs and people living locally who wish to participate in a range of visual arts. Sessions are attended by a variety of people, each with quite different needs and each absorbed in their own art, often quite different in subject matter and medium from that of their neighbours. While this can be an individual activity for members, their art is not isolating but is bound together by their common pursuit and by conversation, some public and some private. A range of visual arts take place in the various workshops, including in those undertaken in partnership with other agencies and groups (see above). These include: painting on a range of materials (silk, ceramics); drawing; sculpture; papier mache; batik; stained glass; digital media; printmaking; photography; beading; the making of banners and flags. Often many of these take place simultaneously with each member at a different stage of creation, challenge or completion. No 'hierarchy' of artistic competence is evident with each member's art valued as a creative accomplishment. A wander round the main workshop centrepiece table reveals that inspiration is drawn from many sources; books, self portraits, still life, masterpieces, photographs, memory and discussion, although the members' work is ultimately created by themselves. Developing a sense of ownership is important.

Some of the projects and events during the year in which evaluation data were collected included:

Training

The Northern Council for Further Education Practical Craft Skills Course is an accredited course which, in 2000, saw its first graduates with seven members completing level one. It was with some reservations that these courses began since assessment of art work goes against the non-hierarchical ethos of the Arts Studio where total acceptance and appreciation of creativity is an important cornerstone of its practice. However accreditation of work completed has so far been a positive experience for all concerned. Their work was exhibited at the Arts Studio to mark World Mental Health Day 2000. A digital artist has been training members to use digital cameras and create CD portfolios of their work. After training in website design and maintenance, the Studio manager will pass on these skills to Studio members so that they may assume ownership of the Studio website.

Art sessions hosted by the Arts Studio

Workers Education Association (WEA) Courses, in etching and oil painting, take place at the Arts Studio and are staffed by Studio artists. Although not part of its programme, they do benefit Studio members primarily. The Bamburgh Group, a local amateur art group, meet at the Studio one evening a week, illustrating the Arts Studio as a community resource.

Exhibits and exhibitions

Artists were commissioned through the Centurions Project run by the Northern Gallery for Contemporary Art in Sunderland to work with community and school groups. The Arts Studio commissioned a local artist to work with members to create sculptural 'marks'. These were then videoed and exhibited abroad. One of the local GP surgeries exhibits work from the studio. Barings Bank held an exhibition at their headquarters in London to celebrate the work of three arts projects that they have funded in the north east of England. The Studio's contribution included banners, poetry/printmaking and pinhole photographs. One of the Arts Studio members entered the EUWARD Art Competition, resulting in five of his paintings being exhibited in Munich.

A network of services for mental health users

The Manager is active in creating and developing the network of services that works with people with mental health needs. She is a representative on both local and national groups including the 'I am' group, the national forum for the arts in mental health.

South Tyneside Arts Studio: community links and inter-organisational relationships

The Arts Studio has sought to extend its programme through a range of partnerships. One particular partnership is with five local GP practices with whom it is working collaboratively on an arts on prescription project, funded through a joint bid to the South Tyneside and Gateshead Health Action Zone and the Health Promotion Department. Via the GP's surgery, the health visitor, community psychiatric nurse, consultant psychiatrist or social worker, the project is a way of enhancing access to the Arts Studio for people with mild to moderate depression and/or anxiety. It is based on the understanding that experience of the arts can improve people's sense of well being and can be an alternative to, or supplement to, drug intervention. Blocks of 15 weekly sessions are offered in the first instance although members with such prescriptions have continued to attend as 'regular' members once these sessions have been completed. The project is seen as successful although, in this experimental phase, involved only a few people. Eight members were referred through prescriptions and, towards the end of the evaluation, the Arts Studio was undertaking 'a promotion drive' with GPs and a programme to introduce art on prescription for those caring for people with mental health needs.

Additional workshops, often arranged in blocks, are organised with other groups, for example the Carer Association of South Tyneside and Mental Health Matters. Groups such as these may hold their own sessions in separate facilities in the basement where they have privacy and are able to develop their own identities. The Arts Studio offers one session a week at the Bede Wing, the psychiatric wing of South Tyneside General Hospital for day care patients. The value of this partnership between two established

mental health services is recognised, as is the opportunity to introduce art to other service users within an environment in which they are familiar and feel more comfortable. It thus provides a bridge between statutory health authority provision, based to a greater extent on a medical model of mental illness, and its own community provision based on a social model of mental health.

4. West End Storytelling

West End Storytelling: its history and development

The West End Health Resource Centre opened in 1996 and is situated in Benwell, Newcastle, on a busy shopping mall on one of the main roads leading out of the city, along which most of the wards in its socially disadvantaged catchment area are situated

With the aid of its Arts and Health Advisory Group, the West End Health Resource Centre was identified as needing to be 'at the heart of any future development of arts and health work in the area'. The building itself is not only geographically accessible but is modern and hospitable with a reception staffed by local people. It also displays murals, stained glass windows and a snake mosaic, thus making a statement in what is essentially a clinical health resource. There are services prescribed by local GP practices at the centre such as physiotherapy, chiropody and speech therapy and there are healthy living facilities such as a gym, many different exercise classes, cardiac rehabilitation, cognitive behaviour therapy for people with anxiety and an activity room for children. The Resource Centre has engaged with arts projects to improve accessibility to health services and ultimately to improve health and well being in innovative ways. These have usually been on a modest scale, experimental and short term and have consisted of visual arts and photography that has been linked to creative writing.

The West End Storytelling Project emanated from the Resource Centre in early 1999, hosted by a number of other community based agencies. It was prompted by two arts and health reports published in the region, both commissioned by the West End Arts and Health Forum, now disbanded (Milton 1997; White 1999). Following a successful application to Northern Arts 'Year of the Artist' in 2000, storytelling was initiated as a pilot, chosen for its flexibility and accessibility to local people and with a view to developing health practice in areas of social disadvantage and inequality. The intention of the West End Storytelling was to improve the ability of target groups within the area to construct, communicate and present their own ideas and by doing so help improve their own personal confidence and effectiveness and reduce levels of mental stress. It was decided to work with the Resource Centre's most vulnerable clients and, through the project, to develop their capacity to use all elements of the Centre; to explore the potential for arts to integrate into, and support, the day to day work of the Centre; and to have a direct impact on the ability of individuals to communicate more effectively and thereby improve their mental, physical and in the longer term their economic well being via improved employment potential.

Storytelling in the West End of Newcastle

The West End Health Resource Centre covers six wards in the west end of Newcastle upon Tyne: Benwell, Denton, Elswick, Fenham, Scotswood and part of West City. The total population is approximately 50,300. However, within that there have been significant shifts in the population. Over twenty years up until 1996, Scotswood experienced a 25% reduction in households, Benwell a 21% reduction and Elswick a 14% reduction. Only Fenham and Denton experienced some growth.

The west end of Newcastle is an area noted for social disadvantage, with high levels of unemployment and a high number of children in lone parent families. This area of

the West End has an unemployment rate of over 25% compared to 16% in Newcastle as a whole. Many more men than women are registered unemployed (42% of men in Scotswood compared to 13% of women). This is partly explained by women not registering, thus suggesting that total unemployment may even be higher than official statistics portray. It also reflects changing employment patterns and a less secure market for job seekers with a greater proportion of jobs now part-time and temporary. Some of the main sources of employment for men in this area, heavy industry and shipbuilding have experienced, like South Tyneside, a major decline: Scotswood, for example was built as a local authority housing estate for employees of the shipyards. It is perhaps therefore not surprising that with the decline of these industries the unemployment levels in these areas are some of the worst to be found in Newcastle.

Over 49% of dependent children in this area live in households where there is no one earning, again much higher than the overall figure for Newcastle. In one of the wards, this figure rises to 74%. The percentage of children living in lone parent households is also higher than the city average with 10% of households in Scotswood and 9% in Benwell comprising lone parents with one or more children. Newcastle data suggest that lone parent families are becoming concentrated in particular localities with the highest proportion in areas with “higher than average levels of council rented properties and, conversely, the lowest level of lone parent households being in wards where owner occupation is very high.” (Newcastle upon Tyne City Profiles 1996). More people from minority ethnic groups whose first language is not English live in these wards in the west end of Newcastle. Also, recently asylum seekers have come to live in the west end from, for example, Bosnia.

West End Storytelling : its staffing, funding and resources

The project is managed by the West End Health Resource Centre in partnership with City Council’s West End Participation in Leisure and with Search, a voluntary sector shop front advice and advocacy project in Benwell. An inter-agency steering group, comprising these partners and other participating statutory and voluntary agencies, guides the project. Comprising health professionals, community development workers and the storyteller, this group meets regularly to monitor the development of the project, its immediate impact on the target groups and to identify future applications of this art form in areas of social inequality.

The storyteller-in-residence was responsible for most of the storytelling sessions although other storytellers were contracted on a sessional basis. The style of the storytelling and storytellers in this project has been to generate thoughtful reflection and creativity through the use of individual and group imagination stimulated by an assortment of stories. If imagination is the main resource, storytelling almost requires no props and external resources outside of facial expression and gesture. However, to assist this process some ‘resources’ have been used. The Storytelling Project is housed and hosted by other projects and agencies. The venue therefore varies in terms of size, shape, atmosphere, location etc as the storyteller moves from one to the other. To make the dual purpose environments conducive to ‘imagining’, throws are spread around the room to soften what sometimes is seen as a clinical and business-like room. Chairs and furniture already in the room are repositioned giving it ‘*an expectation of something different and special*’ (speech therapist).

The storyteller has used a flamboyant, vividly painted and 'fairytale' stylised teapot topped with a gold tipped crown with accompanying cups, saucers and mugs as a focal point and to emphasise the communality of storytelling. These were commissioned from a local potter for the Storytelling Project and this collection of ceramic art is indeed a 'talking point', often breaking the ice for participants. Furthermore they have, to some extent, become the trademark for the storyteller within this project.

Funding was secured from a range of sources including health authority and local authority initiatives, a national health foundation and local industry, and Northern Arts's 'Year of the Artist'. As a sign of its success and value, the project was still developing eighteen months later.

West End Storytelling : activities

Unlike the three projects in this evaluation consortium described so far, but similar to the Wrekenton Lanterns Project, West End Storytelling has no fixed, permanent base. Rather than offering a range of activities under one roof, it offers one activity, storytelling, in a range of places. It remains very focused in this way but carefully tailors this activity, sometimes in a planned way and sometimes as a spontaneous reaction, to meet the needs of each group.

Storytelling and Speech Therapy

One of the senior speech therapists from Newcastle's Paediatric and Language Development Service worked closely with the storyteller-in-residence to develop two programmes of storytelling with two separate groups of children living in the west end. These children, in two age bands, were already receiving speech therapy in its 'usual' form. Storytelling provided a speech therapy initiative to develop language and narrative skills. Competence in these areas is now widely accepted as essential to comprehension, expression and literacy development and is highlighted as desirable in the National Curriculum documentation for English.

The storytelling programmes were offered at the Health Resource Centre as fixed term programmes. These were intended to be sessions shared by both the children and their parents/carers, all participating to various degrees. In addition to the storyteller and speech therapist others would occasionally attend including speech therapy assistants, Born-to-Read nursery nurses and observers. After an initial settling down period a story, or stories, were told with the use of aids carefully constructed to allow for the particular speech and language needs to be developed. The sessions were fun, lively, humorous and interactive. Both the storyteller and speech therapist were active during this process, supporting and complementing one another. Assessment, as with any form of intervention, is an integral and ongoing part of the activity and was undertaken at the end of the session by the professionals discussing together, reflecting upon the session, recording progress and developments, and planning for the next session.

Having these sessions at the Resource Centre, rather than at a more central venue, made this service more accessible to participants and their families and gave a sense of ownership to the community. However, it offered an environment described by some of the people involved as being somewhat business-like with little 'messy space'. In terms of these sessions having a focus on engaging and motivating

children, this environment was felt to be harsh. To soften the surroundings throws and cushions were brought and furniture rearranged which 'energised the space'. To facilitate assessment and to maintain the focus of the children, tangible and tactile aids were provided, for example treasure boxes. This allows some understanding of perceptions and misperceptions eg 'where is the box?'. More elaborate props were designed and built around the stories and used as developmental tools.

Storytelling at Riverside

The Riverside Community Health Project occupies, with other community projects, a section of a converted church sandwiched between the shopping area and a council house estate. It provided a venue that already has an established group of users, some regular and some who attend for particular activities. It also has a crèche: an important resource for mothers in the area. At the Riverside Project, West End Storytelling took place as a lunchtime meeting, during school hours, mainly attended by young mothers who accessed the available crèche. The composition of the group reflected some of the social problems in this area – a high proportion of lone parent families experiencing isolation and growing dependency. Attempts were made to recruit people for whom English is a second language, but despite advertising the sessions the group of participants remained fairly constant until refugees from Bosnia, who came to live in the West End during 2000, joined some of the Riverside storytelling sessions.

Storytelling sessions were organised on a drop-in basis with each session lasting for approximately ninety minutes. They included a number of stories told by the storyteller interspersed with discussion and stories invited from participants. All sessions began with participants being welcomed and what had become a ritual of tea being served from the trademark teapot placed in the centre of the low table around which participants sat. The teapot became a prized possession of the participants and has a 'magical' quality that seemed to invite a world of fantasy to be explored. The storyteller-in-residence told most of the stories although different storytellers (two men and two women) were invited to lead sessions, each bringing with them their own style and their own 'bag' of stories to be dipped into.

Storytelling with older people

The older people's groups had different needs from those who attended the sessions at Riverside and the sessions were tailored to these needs. Sessions were conducted with older people at three residential homes/supported living schemes run by a range of statutory and voluntary organisations and located in different parts of the west end of Newcastle.

At first, reminiscence and memory work through storytelling was identified as a possible focus and the sessions continued to explore these issues through participation. The storyteller worked to ensure that the story was not foisted upon residents but emerged from them as a group – the participants and the storyteller together:

*I want them to have a sensation that stories come out of conversation
and that they can go back into conversation as well, so its all part of
that engagement unconsciously*

The sessions were social events and entertainment, a coming together of residents who shared a story or two and laughed and talked together. The rapport built up between older person and storyteller is best described by one person declaring that it was on storytelling days that she put her curlers in to look and feel her best at the sessions. Living in the same establishment meant that *'they've got a conversation going on already'*: they were relaxed together. Storytelling was likened to gathering round a radio which been a focal point in many homes, listening into another world or worlds, an activity that had assumed immense significance at other times in their lives.

What brings the three components of West End Storytelling together is that participants, facilitated by the storyteller, engage with their own creativity and learning to express this through art.

West End Storytelling: community links and inter-organisational relationships

Partnership has been central to both the initiation and development of West End Storytelling. The Project was created on the basis of supporting and being supported by existing community resources in the west end of Newcastle.

The Riverside Community Health Project, one of the storytelling venues, is a locally owned and managed voluntary sector project. It is a community development project, well established in the area with a track record of working with local people on their agendas, particularly on community health issues. It responds quickly and effectively to identified health needs and issues, influencing policies wherever possible to ensure more appropriate and accessible provision of services. It has a strong commitment to the rights of children and develops work and activities around family support in its broadest sense to improve the quality of life for children and families in the area.

The Paediatric Speech and Language Service is part of the Newcastle City Health Trust that serves the Newcastle area and outlying districts. This is a centralised service situated within the city's School for the Deaf. However it does offer outreach work, such as the storytelling sessions held in the West End Health Resource Centre. Storytelling for this service is an extension of its traditional role. Thus, the value of this activity in this context, and how it could augment existing services, had to be established. The storytelling sessions received funding from the training and education budget to ascertain how this method could influence practice. Some evaluation has already taken place by the Trust to assess this.

Storytelling with older people was arranged with the assistance of Search, a voluntary sector project working with older people. It is based close to the Health Resource Centre and to the Riverside Project.

5. Wrekenton Lanterns Project

Lanterns: its history and development

Wrekenton lanterns emerged in its first year 1994 as the culmination of a two year arts development programme for older people, called Prime Time, which was co-ordinated by Gateshead Arts and Libraries and supported through the King's Fund major grant programme 1992-94. Prime Time focussed on a wide range of creative activities for active older people and had gradually introduced arts in health projects through residency work by artists from Pioneer Projects Ltd.

The 1992 Public Health Report for Gateshead had noted that the borough had the highest morbidity rate in England for coronary heart disease. Prime Time had trained a number of older people in community arts techniques and they wished to undertake a celebratory cross-generational project on a healthy living theme. The intention was that older people and professional artists would work together on this. A suitable location and context for the event was sought, and this led to discussions that took place in one of the local primary school's community rooms involving a Pioneer Projects artist (see section on Looking Well earlier in this chapter), an arts worker from Gateshead Arts and Libraries Department, and local women. The story is best told in the words of one of the local women who was in the community room at the time and has been central to the Lanterns ever since:

I am a thirty-eight year old mother of two. I work as a volunteer on the Lanterns in Wrekenton and Springwell for two weeks of the year in March. We have been doing this for seven years now and I have enjoyed every minute of it. I got started on the Lanterns because I used to run the parent and toddler group and the community room. We used to open it on a morning after we put the children into school and have a chat and a coffee. If we had people with problems and wanted a chat or needed help we would try and help. If not, we used to have people in to give us talks and do keep fit and go out on long walks, learn about healthy eating and looking after yourself and family. One day one of the teachers came to the community room with Mary (the Pioneer Projects artist). 'She's here to show you how to make lanterns', she said. I laughed and so did they – but now it's just great.

And the project's lead artist commented:

The link that we found between school, lantern workshop and Health Promotion Bus is that each can induce wariness. To step over the threshold into unfamiliar territory can seem a daunting challenge. By holding the lantern workshops in the community rooms of a school, and by including the Health Promotion personnel in the team, we could help demystify the unknown, and maybe create a mutual healthy experience. The lantern workshops became a congenial space. Slowly, a gang of women and the occasional man became involved. No longer threatened, the power of chat became the conduit for discussion of health, life and death that was sometimes serious, at others hysterical. At the centre of it all was the art and activity of lantern making. Parents would come to

help their child make one and would still be coming days after that one had been finished. From simple materials came magical objects.

The centrepiece of the procession each year is the giant 'heart of community' lantern, which at the end of the event is placed on a hill and illuminated with pyrotechnics. The resonance of this finale image has been widely commented on. As a local teacher's husband with a heart condition commented; "*seeing that big heart light up made my heart feel better*", and a nine year old boy who subsequently wrote; "*when the big heart lights up, everyone is my friend.*" And, as the deputy head of Felldyke School said after the first year's event: "*When you came here and said 'We're all going to make lanterns out of sticks and glue and walk down the streets with them', well, I thought you were mad. I'd never have believed what I've seen tonight. Look, it's Friday night in Wrekenton and everybody's eating brown bread and soup - and enjoying it!*"

The large heart lantern in the photograph in your pack is the centrepiece of an annual procession of 500 or so local people carrying lanterns they have made over the previous fortnight. At the end of the walk it is hoisted up a hill for all to see. Then, it is seen from a distance, as part of that landscape under a night sky. There it becomes what it has come to be called by the locals – 'the heart of the community lantern.'

As the lead artist on the project has commented:

The sense of metaphor is important. For at the core of this event as of much arts in health work is the nurturing of emotional intelligence and informal learning. The association of good times and positive self image with an ephemeral arts event and its processes is a potent one. It is the after image, the one of the heart on the hill, that is left in the mind's eye. That is why great hulking 16 year old lads come to lantern workshops of their own volition and don't think that making beautiful objects and talking about how you feel is cissy. The lanterns are made from willow sticks, tissue paper and are lit by candles. As dusk falls, they are revealed as having delicate, lacy structures, glowing amber, bobbing along on an incoming tide of darkness, each individual effort finding its place in the collective stream; none is dispensable. This is a rite of transformation, not just for the people involved but of the streets as well. Developments have occurred that couldn't have been planned. Every lantern has the image of a heart secreted in it by its maker. Lanterns are made in memory of those who have died and for those newly born. It continues to develop beyond an annual event, spawning activities that will take place throughout the year. Participants have gained confidence for themselves and for where they come from. This is the space from which latent talents can emerge. It isn't only the usual suspects who show an aptitude for civic participation.

The year 2000 was the seventh year for Wrekenton Lanterns. Unlike the other four projects in this evaluation study, Wrekenton Lanterns has no centre and no continuous organisation – except from year to year. This causes difficulties for the project. There is the problem of lack of follow through from year to year: '*every year, eight months later, you have to crank it up again*' (artist with Wrekenton lanterns). Each year there is concern that it might not be possible to obtain an appropriate building in

which to create the lanterns. In 2000, links were made with an environmental project, Earth Balance, where bread was baked for the Lantern celebration: in previous years, a brick oven has been built on site in Wrekenton.

Lanterns in Wrekenton

Wrekenton spans three wards in Gateshead in Tyne and Wear, Leam, High Fell and Lamesley. Gateshead borough, situated on the other side (south) of the River Tyne from Newcastle upon Tyne, covers an area of 143 sq km and comprises the town of Gateshead and a number of outlying villages.

According to the 1991 census, the total population of this metropolitan district is 199,588 a decline of approximately 5% on the 1981 figures. This follows a growing trend of people of working age moving from their homes from the urban areas in the north east to the rural areas of Durham and Northumberland. The population structure of urban areas is therefore featuring a growing and disproportionate number of older people. The three wards of Leam, High Fell and Lamesley constitute over 13% of the Gateshead district population. Unemployment in these wards averages over 7% for men and 2% for women: higher than both national and Gateshead average figures. People of High Fell experience the most unemployment.

Unemployment, accompanied by social disadvantage, inequality and social exclusion, has a profound impact on people's access to resources. The problems evident to the artists working with the lantern project include:

High proportion of young single mothers. Problems with diet, being overweight, heart problems. The incidence of visits to the doctor are really high among women in Wrekenton. High incidence of anti-biotics. (Artist with Wrekenton lanterns)

Wrekenton Lanterns: staffing, funding and resources

Funding is and has been provided primarily through the Arts and Libraries Department of Gateshead Borough Council. Other funding is secured from Gateshead and South Tyneside Health Authority, sponsors and a range of charitable trusts. A former arts worker in the Gateshead Department has worked with Wrekenton Lanterns and is now funded to do so as a freelance. A second freelance is also contracted for the work along with a volunteer, also an artist, from Looking Well. As with Looking Well, bartering takes place to acquire necessary materials and negotiations continually take place with visiting professionals and students as to how they and/or their organisations might help in ensuring that lanterns continues – perhaps with the offer of a skill share lantern workshop in return. Volunteers are key to the resourcing of this project, mainly women living locally, as well as young people, 'the apprentices', who have grown up with the project

Wrekenton Lanterns: the activity

The Wrekenton Lantern project takes place over a three week period in March each year. There is also activity in the summer months which changes from year to year.

The first two hours of the first day of the 2000 Wrekenton lanterns was spent by workers and volunteers in sweeping up the broken glass from the punched in

windows of a recently boarded-up hall, formerly part of one of the local primary schools. Joiners and glaziers from the local authority helped in making the building safe and the health and safety inspectorate came down to give the necessary seal of approval. Hardly congenial space at this stage – apart from the camaraderie of workers ('them lantern wifies') and volunteers, all women, mostly local mothers. By the end of the two weeks, the floor of the hall, about the size of a tennis court, was covered in lanterns, each with a label on to show who would carry it in the procession. They are made by adults, young people and children; some to carry themselves, some for friends to carry. Congenial space is created through the process of the lantern making workshops. The space for the lantern-making workshops is open every weekday from nine until five with everyone welcome except for protected time on the Wednesdays of each week when the workers and volunteers meet together.

The project is informal in structure, but without the 'tyranny of structurelessness', best described with an account of the first meeting which followed the clear-up in the building.

The first, opening meeting this year is concerned with review of progress towards the lantern procession, management issues, and planning and fund-raising for 2001. Three workers were there with one of the volunteers from Looking Well also appointed as a worker for the two weeks. They started by looking at photos and newspaper cuttings from the last year's lanterns, amongst much comment, joking and laughter. As one worker said *'This year we're right up to the wire. Gateshead Council is still committed but can only fund it less and less. If we don't sort this out, no-one else will. We've got grant forms to apply for funding, but the initiative must come from the 'Happy Hearts' group'*. And indeed, the rapid conversations during the meeting produced many ideas from local women for sources of funding that might be tapped. Some were local firms and companies (Greggs, Nissan, Northern Rock, the Co-op), others were national donors such as the Lottery. The women drew on their local knowledge of other groups that had been successful in getting funding. *'Let's do Japanese lanterns next year and get money from Nissan!'* So vibrant a discussion that one of the workers commented: *'all this information just sitting round the table for 5 minutes'*. Plans included working together at other times of the year such as a summertime carnival, and longer term plans over 20/30 years with possible thoughts about a devoted lantern centre: *'we need to plan to galvanise ourselves'*. Again local knowledge produced a wealth of ideas, information and commitment: recognition of the need for a constitution for the group for Lottery applications; local people committing time to building/rebuilding possible centres; thoughts as to who else should join in such a planning process; ideas about local fund-raising such as karaoke and bag-packing at the hyper-market – *'they made £800 in a day'*. Then talk about the 2000 lanterns. One woman: *'I want to make a lantern for me this year'*. Another: *'what's the theme?'* One suggested *'creatures'*. Another *'prehistoric'*. Another *'Looking into the future – seeing that it is the Millennium'*. Prompt from one of the workers: *'hearts must be in everything that we do'*. Another prompt: *'the theme must be wide enough for people to make up lots of things'*. *'Why not global?'* *'Why don't we think of possible fundraising and then do lanterns that*

will fit in? Then talk turned to Nissan, and an agreement to do that and invite them in. *'Temples of the heart'* was the final decision. Then there was further chat about who would be able to participate, who was not ill, who was pregnant, who had got a job. Then they turned to the Wrekenton map they had started to create in the summer: *'we'll have to put Nissan on!'* Conversation about decorating the front took over: *'I've got loads of spray paint in the shed'*. While all this talk was going on, young children playing around were carefully watched by one of the arts workers and the 'apprentices' were dismantling the big lanterns from last year. It was agreed to have a no-smoking day – one of the arts workers vowed to try to give up. *'Today we'll start with the big temple lantern'*.

The two week lantern workshop leading up to the procession is talked of locally as providing and symbolising 'the heart of the community'. A huge lantern heart is created to represent the theme of the lanterns for the particular year and is held high by local people at the head of the procession. This is accompanied by individual candle-fired lanterns made from willows and paper. At the end, it is taken to the hill overlooking the Wrekenton to burn, glowing red, at the centre of a firework display.

Wrekenton lanterns: community and inter-organisational links

The relationship between Wrekenton Lanterns and the Libraries and Arts Department of Gateshead Borough Council is key. The Gateshead arts service has a regional, indeed national, reputation with particular strengths in public art commissions, artists' residencies with community participation and an innovative and wide-ranging arts in health programme. The principal arts officer was a former colleague of the artists of, and is a member of the Board of, Pioneer Projects. Towards the end of the evaluation, he moved to CAHHM at the University of Durham.

The relationship between Wrekenton Lanterns and the schools has been significant since the start although not always that straightforward. Access to schools such as these in Wrekenton is made particularly difficult because *'they are bashed so much with low attainment levels'*. (Artist with Wrekenton lanterns) Three classes of two local primary schools, catholic and secular, participate with their teachers in the making of the lanterns. They visited the lantern building during the school timetable. Many of the children returned voluntarily in small groups after school. One of the primary school teachers builds her entire health topic in the curriculum around the lantern event, and after this year teachers are making links with Earth Balance, an environmental project in Northumberland concerned with looking at different forms of energy, cultivating an organic garden with willows, and operating a bakery and brewery. The symbolism of bread-making connections with 'Happy Hearts' was extended with the firing of the ovens with willows grown in the organic gardens of Earth Balance. Women, children and young people also saw the willows growing in natural habitat and were shown by Earth Balance the other uses to which willows could be put, such as willow fencing and hedges.

After attending lantern-making sessions in Wrekenton, a health promotion officer from Gateshead Borough Council expressed interest in the possibility of emotional literacy sessions for children in the local primary schools. This followed on from discussions with the workers on difficulties experienced working with children who had not been 'through lanterns'. The 'Passports to the Future', emotional literacy

project, took place with one class of each school involving up to twenty children in each school in their transition year from primary to secondary. The Wrekenton Lantern artists were joined by a writer for the project.

With its attention to the arts and emotional literacy, Wrekenton Lanterns has been a catalyst for developments in arts and health over a much wider area and broader field in the North-east. It became one of the Health Action Zones pilot projects and the main artist became responsible for 'Common Knowledge', an arts and health development programme throughout Tyne and Wear (Smith 2001), which is managed and evaluated by the Centre for Arts and Humanities in Health and Medicine at Durham.

Section 2

The Professional Practice of Arts in Community Health

This section poses the question 'how is arts in health work undertaken in community settings'. We do not attempt here to explore the work of the artist. Rather, we examine the practice of arts in health that took place in the five projects. It is difficult to put into words the total approaches of these projects and we have been unable to develop a neat and tidy model with component parts. That in itself is perhaps indicative of the very nature of these projects and their work. Rather, we set out factors that appeared to be significant to the effectiveness of the projects. We suggest that it is the cluster of these factors that makes for sound arts in health projects.

One door on which to knock, no-strings attached

Over forty years ago, the Ingleby Committee recognised the need for preventative services and easily accessible, non-stigmatised provision for those experiencing problems with living. It suggested that, in the field of social work services and health services, there be 'one door on which to knock', knowing that advice, guidance and assistance would be given with 'no strings attached'. This heralded the 1963 Children and Young Persons' Act and, in particular, its Section 1 that enabled the local authority children's department to spend in order to prevent the need for children to be received into care. Leissner, Herdman and Davies (1972) analyse the work of family advice centres funded through Section 1. It is interesting to note that in these centres child care officers (social workers), amongst other things, engaged in the arts with children. Since then, with Social Services Departments, and in the aftermath of too many enquiries into incidents of child abuse in public and private child care alike, statutory social work with families and their children has become caught up with high caseloads, surveillance and control. There is little if no space now in local authority social work services for development and preventative work. There is no room in social work for the arts. Likewise youth work has become caught up with drugs strategies and teaching with attainment tests and the national curriculum. It is quite feasible to suggest that arts in community health settings occupy this necessary place where such work may be undertaken.

Pupil and Parent Services of the Education Department of North Yorkshire County Council provides support services for schools relating to statutory responsibilities for children with special needs. The specialist teacher from these Services, who works most closely with Looking Well, has responsibilities for children with emotional and behavioural difficulties. His remit is to respond to referrals from schools where a child has been identified as causing concern and where the school's own attempts have not been sufficient to address the particular problems. He thus became involved with the High Bentham Primary School.

Through the evaluation, this specialist teacher explained to the evaluator his own difficulties generated by being responsible for vast geographical territory covering forty-four schools. This inevitably locked him into crisis work with little opportunity to undertake preventative and developmental work. He saw Looking Well, through the Children's Link Worker, the Project Manager and the Pioneer Projects artist who

undertakes emotional literacy work, as a chance to break out of this way of working. The specialist teacher pointed out to the evaluator:

Otherwise there's nowhere to turn, there are no effective support services. The reputations of Social Services and social workers have become so negative that their efficiency and effectiveness is limited. And now Child and Family Psychiatric Services are increasingly coming to be perceived in the same way. Even Family Centres are beginning to be seen like that – particularly when they require people to go to parenting classes.

The teacher continued by contrasting the practice of Looking Well with these statutory services:

Arrangements for vulnerable kids have been lacking – just not there. If a child is struggling, then they become pathologised and psychologised, put into taxis for therapeutic input. Obviously child and family therapy can be helpful, but, for children, travelling in taxis is stigmatising, being seen to be different.

He summed up Looking Well as 'access and persistence' – always available. The sessions for vulnerable children at Looking Well were 'promoted with some families to enable their kids to come'. This illustrates the personal relationships that Looking Well has with families that then ensure that particular families and children can be targeted without the need for bureaucratic and stigmatising referral systems.

Opportunities, activities and projects take place which people of all ages participate in and take responsibility for.

Holistic and person-centred

The following account of one woman's experience in the Bromley-by-Bow Centre illustrates well the holistic approach adopted by arts and health projects:

'They give me so much here. I first came with my 6 month old baby when I was so lonely. I didn't know anyone. I'd tried to socialise but it was difficult because I am not English. I saw an advert for art classes. This is the best thing that has happened to me. I've been coming for 3 years. I'd never painted before, but discovered I could paint. The artist was very good at getting me to socialise, I've made friends and our kids play together. I've also been learning about the complementary medicine groups, massage and aromatherapy in particular. The tutor gave tips for our children's health, herbs and natural medicines. I am now doing Chinese medicine and massaging myself. I like the interaction with people and my husband has even benefited with his back problem. I am studying for the HNC in public art, I was encouraged to do this by the artist. I wouldn't otherwise have been able to do training, having a small child. Being at home is depressing, I'm here all of the time as it is such an exciting experience. I do silk paintings as well and have one on display in the enterprise room. I am helping to prepare for the summer festival, making puppets and sun and moon costumes. I am now at the local University doing graphics and fine art.

Enhanced feelings of self-confidence, self-esteem and wellbeing.

Outputs of groups (poems, art work, health information.

It's brilliant. A lot of drawing, painting, photography and lectures on modern art. I got my interest in art here, and I even went to a conference in Barcelona about public art. I am hoping to have an exhibition here. This place has given me so much confidence, my English has improved and people always made time for me. It's difficult to find friends in England, you're alone in a council flat, it's bad weather and it's depressing, and if you want to attend anything, it probably doesn't have a crèche, and if it does you have to book a place in advance.

The specialist teacher from Pupil and Parent Services talked about Looking Well as not pigeon-holing children:

Whereas schools can be experienced by children as coercive, authoritative and directive, Looking Well gives children permission to be, to think and do at the same time, not to be pigeon-holed.

In similar tone, one of the users of Looking Well, a woman who attends the Cancer Support Group spoke thus:

When I walk through the door at Looking Well, I am Jocelyn. I am not Mrs So and So who attends the clinic for cancer.

The holistic approach to health brought art together with complementary therapies in the lantern-making workshops in Wrekenton, at Looking Well and the Bromley-by-Bow Centre.

I know it's not art but because the approach of the centre is holistic, then we look also to holistic therapies.' (Project Manager, Looking Well)

Emergent, experimental and innovative

One of the difficulties experienced by the evaluators in their attempts to capture the work of the arts in health projects arose because of the emergent, innovative and experimental nature of this work. Each visit to a project would uncover new ideas, emergent responses to new issues and needs having been identified. The Children's Link Worker at Looking Well, for example, spoke about the ways in which Children in Need funding had provided a unique opportunity to undertake innovative work that might then be built on – as she said *'lets just try things out, then hopefully show it has worked for these kids and then could be extended'*. The Looking Well Community Garden is another example. Land having been donated 'on loan' by a local property developer, the idea of the garden was shared with the Board of Pioneer Projects in the following way: *'it's a seed for the millennium, an exploratory and emergent project not financially budgeted for. It'll be next to the council houses, just where it's needed, and will have its own momentum'*.

Arts for needs assessment

Through storytelling, the need for assistance with the development of narrative ability was identified with a number of children living in the West End of Newcastle. The storyteller worked with a speech therapist from the Newcastle Paediatric Speech and Language Department to develop storytelling as both a tool for assessment and on-going intervention with children who had delayed speech. During the programme of

storytelling the speech therapist recognised how she had moved outside the medical model and started to assess needs in terms of a broader model of well-being. She described to the evaluator how she had changed her criteria for assessment to allow for this:

I'd written about how the children had come in and settled, how their confidence had developed, how they had reacted to the catalytic presence of the storyteller, what had helped them, what had made them hesitant, what he'd particularly had to bring out from them. It doesn't seem very medical in that way and in a way they were quite difficult sessions as well to write up ... I intended to describe it in terms of their attention and listening, their interaction, their confidence and I think I commented more perhaps in these groups about whether the children responded to the humour, whether they could join in with the shared fun of the situation, because that seemed to be quite an important thing that was happening with everybody really and the storyteller, the actual fun of the session that could be had.

Greater understanding on the part of local people and professionals of health in its broadest sense.

Moreover, parents' awareness of their child's needs was actively encouraged and developed during these sessions enabling them to use some of the techniques at home, thus reinforcing the work of the speech therapists.

Art in congenial space

Prior to generating data and experiencing the arts in health work, workers, volunteers and others with knowledge of the work described the projects as offering congenial space. This was referred to by a number of people interviewed for the evaluation. The following young Bengali woman described congenial space as friendly and was clear about the relationship between this and the arts. Congenial space is also a place where people can come together while being acknowledged as respected for their differences:

It's such a friendly place, everyone knows each other. The art makes it friendly, colourful. It brings a lot of people together. Some Asian women, at first they say they can't do it. But some get lonely and come and spend time here. Everyone works on their own visual diary. Everyone works differently. The work is about understanding how everyone is different.

People feeling valued.

The arts in health workers who came together for the evaluation programme conferences explored the meaning of congenial space and what it is about it that makes people feel good. Their words which follow help describe the essence of arts in health projects and help reveal what is happening in the projects.

Congenial space is homely, relaxed and friendly. It has visual appeal, is hospitable and open (including 'open head' space). Such space is inviting and conducive to creativity. It has colour and offers many versatile uses. Congenial space will be commonly owned space. It can be musical space. It has a good atmosphere and is safe and secure. Laughter levels are high, and it hosts discussions, chats and

socialising. Mutual support systems are built up in such a place It is a good and conducive place to work and privacy is also facilitated. There is space for ceremony and for change. It is space whose purpose is not related to anything which might alienate people. You know you are welcome. 'Professional' hats have to be removed – everyone is on the same level. Every public health building should have one!

I never laugh when I'm at home I only laugh when I'm here.
(Member of South Tyneside Arts Studio)

Enjoyment and feels good to be in the studio.

Being supported both personally and in terms of creativity is one of the factors that creates a congenial space. Support is something that some project workers recognise is equally valuable to participants as well as other project workers. Congenial space is about having a pervasive and tangible culture in which everyone shares

You can't get people to address health issues unless they are in a supportive environment. (Families Project worker, Bromley-by-Bow Centre)

'I started here by doing an evening class a little while ago. The place had a really good feel to it. It's a community and health Centre – an all encompassing Health Centre, it's magical, it makes things happen for people, has very positive vibes about it, and can be very manic. This place got me rekindled about art, it built my confidence up.

People enjoy visiting the health centre and feel comfortable within it.

The South Tyneside Arts Studio places a real emphasis on its welcoming atmosphere and prides itself on the positive comments this attracts. It has worked hard to overturn a culture that characterised its early years that was both oppressive and threatening to ensure people feel valued. In order to do this they introduced a code of conduct that is owned by all members of the community and upheld by all. They have also been quite clear about the value of, and need for, a congenial atmosphere to complement and further their aims. In answering the question 'why do we need a congenial atmosphere?' they said:

- *People who feel safe and supported can concentrate on working, not worrying*
- *Improved opportunities for socialising with other members*
- *Peer support as well as staff support*
- *Reputation – if people hear the Studio has a good atmosphere, people are less worried about making that first approach*
- *With a positive environment, members can leave other pressures behind them whilst at the Studio*
- *Improved quality of art work produced – members can take risks and experiment more freely*

Sense of security in studio.

Many of the participants in the arts and health projects have experienced some form of social exclusion. The projects have addressed this issue on a personal level, ensuring that people are valued as individuals and for the contribution they make to the project.

One participant, who suffers from agoraphobia, described to the evaluator how she feels as she enters the project:

As soon as you walk in the door everybody greets you, they are always really, really friendly and really nice, no matter what as soon as you come in everybody's really, really nice. If you don't feel very good about yourself you come in and everybody's really friendly, asking how you are, interested.

Successful integration

One artist described how she felt she enabled people to get in touch with their creativity and take ownership of it

How I see it is that we're trying very hard to make people feel at ease and able to start to think about, not their problems, but to start looking at something inside them that they'd forgotten they had or didn't know they had....it takes you into a kind of self-absorption that you had as a child. It's very good for you, it relaxes you, it takes away the stress, you forget about things. It's like how your child plays for hours in their own world and I think adults have forgotten that bit, especially if you've been through a lot of stress and trauma in your life.

Participants have talked about the place that makes them feel good, a space for health and well-being that is not 'medicalised'. Ownership and control of creativity was a much valued right within the projects, and key to a sense of well-being. Some projects worked with people who had been part of the mental health system and had come to feel a distinct lack of ownership of any part of their lives. An environment and culture that encouraged this was viewed very positively by participants. West End Storytelling, in some of its locations, was conducted in surroundings not thought to be congenial. Every effort was made to change these to be more appropriate:

To make the dual purpose environments conducive to 'imagining', throws are spread around the room to soften what sometimes is a clinical and business-like room. Chairs and furniture already in the room are repositioned giving it 'an expectation of something different and special' (speech therapist).

The use of storytelling in professional practice.

Art as conversation

Conversation and congenial space are intimately related. Art that takes place in social welfare projects has been described as art for conversation – distinct from art for therapy and from art for occupation (Everitt and Carter 1998). The health authority and the local authority were clear that part of the reason why they fund the South Tyneside Arts Studio is that it is not about art therapy. This is not to say that the experience of participating in an arts in health project is not therapeutic. Rather that the projects are not engaged in therapist/client relations, nor are the benefits generated through relations of treatment. One significant way in which benefit is assured is through conversation. Conversation, as distinct from therapy, implies relations of equality and this is pursued later in this chapter in recognising the blurring of

boundaries between users, volunteers and workers. Art in health workers and users at the first programme evaluation conference reflected on the significance of conversation:

Conversation is the starting point. Conversation is vitally important in developing good practice. It engages people at a personal level. It builds confidence. Conversation is a good method of working and should take the place of formal meetings, consultations and forums. Conversation is non-threatening. We must recognise the many different ways of having a conversation, e.g. sign language, dance, visual art, writing, body language, music. And indeed conversations take place through the Internet. Conversation makes us feel better because it's about having someone to talk to. No longer feeling isolated. Conversation enables communication at all levels. It develops our thinking. It allows us to get things off our chest and clears the air. Conversation creates an atmosphere – where people feel comfortable to share. It builds trust between people. Through conversation you receive, but also realise that you are giving support. Conversation is different from a professional/therapy session which is one sided, full of jargon. In contrast, conversation is about interaction, with people, sharing and receiving. Conversation usually generates humour, fun and laughter and it is this that makes you feel good. It happens at all levels and breaks down barriers.

Storytelling with older people was one way to encourage conversation. In fact the story sometimes got forgotten! A storyteller described, with affection, one session that started with a story but developed into something else:

It's an interactive process ... I'm delighted that people will, can and do talk ... In fact there was one time in the summer where the conversation became so animated and stimulated I had to say to them "Oi, hang on a minute, I'm trying to tell you a story here." But they had become so fired up with ideas and thoughts that came to them. And that was fine because their consciousness had been stimulated by the story, their memory had been brought in and they had things they needed to communicate. It wasn't frivolous conversation either, they were talking about things that mattered.

Enhanced understandings of emotions, feelings of self awareness, self confidence and self esteem of participants
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Storytelling invites people to reflect and communicate ideas, feelings, thoughts, ideas. The topics of conversations generated through storytelling sessions were occasionally about the services used by participants, about their neighbourhoods, and about the practice of the professionals that work with them to meet their needs. Thus, conversations can be important for communicating with service users in less threatening ways about issues that may not otherwise emerge. People who may not be able to express their feelings directly to professional staff might find storytelling an easier avenue for communication.

Conversation is also seen as a very productive part of the carers group in South Tyneside Arts Studio. There is also a connection made here between conversation,

creativity and problem solving. The co-ordinator described to the evaluator ways in which artistic activity was valued in the group:

I can learn more about the carers' needs by sitting down and going through an activity here than I would in any of our more formal meetings and even on one to one because people start each other off, people share a lot of the issues and we solve quite a lot of the problems just around the table here as well as working and achieving something.

Preparedness to help others

Ways in which the term 'gossip' is used today has bad connotations in that it denotes talking about others behind their backs, perhaps even breaking confidentiality and trusts. The earlier meaning of the concept 'gossip' is only positive, derived from 'go sip with women during their labour'. It entails talking about, and with, people – in a way similar to today's expression 'looking out for each other'. Talking together to be aware and make visible that a member of the community may be experiencing difficulties is encouraged at Looking Well.

Permission to play

The playfulness of arts in health projects in community settings is apparent. It encourages joining in, helps construct the congenial space and provokes conversations. Play was described by workers and users in the first programme evaluation conference (see Appendix Four) thus:

In play, there are no boundaries or rules. People have freedom to develop ideas. We have fun. We laugh a lot. At the same time, play can be highly structured and rule-bound. Restrictions can lead to creativity. A positive framework is a marvellous, liberating thing. Play often involves team playing and each one of us being able to feel part of a bigger picture. We 'play' in teams or groups which enables bonding and formation of new relationships. Playing allows rehearsal and practice. And it allows us to complete things. It is educational and creative and that makes us feel good. It develops cognitive skills. Play uses analytical and imaginative sides of the brain simultaneously. In play, you can make a mess! And not worry about it. It is about self-expression, the opportunity to let off steam. It's the opportunity to be yourself without worrying about others. Play is a safe way to release emotions and to express self. It's also about relaxation and socialisation. It lightens up and mimics real-life. Play has to be learnt. It is the starting point for creating artworks.

Creativity in arts in health

The Project Manager for Looking Well explained her approach to arts and health thus:

We use the creative arts as an aid to understanding and as a means of communication. Our use of the arts comes from direct personal experience – the need in our own lives to mark moments, express feelings and celebrate. It is this we bring to our work. The key is the quality of communication – the warmth, the humour, the understanding and, perhaps, most importantly, the recognition of chatting and informal conversation in an unthreatening environment

as a primary means of raising awareness on health issues.
(Jones1992.)

A creative approach to the development of interconnected arts activities was well illustrated in the asthma singing group at Bromley-by-Bow. Led by an African woman singer, it engaged children in drama and singing with the children. African musical instruments were introduced and the sessions were supplemented with the making of African jewellery.

Impromptu discussions about health conditions, diets and asthma will occur.

At the first evaluation programme conference workers and users wrote thus about creativity:

Creativity is about problem solving. It brings with it success. It gives you a buzz. It requires and generates ongoing energy, prompts feedback and participation! Which leads to all sorts of things. It leads to making new connections/ideas/links. It is connected with inspiration and understanding things better. When you are creative together, you feel part of a team and this makes you feel better. It puts new meaning on partnership and working with others. What makes you feel good when you are involved in doing things creatively is the sense of achievement it brings, the praise you get from others. You get a real sense of pride, self-esteem and self worth. Creativity is about development and personal (deeper) well-being. Through being creative, you acquire and share skills. It's about learning and discovery as well as discovering hidden talent. What also makes you feel good is working through the process from the beginning to the middle, and through to the outcome. It's about having a sense of purpose, being appreciated by others, and being engaged. Having been creative, you take away with you something tangible - it could be an object or could be a feeling. And the importance of your work contributing to a display or exhibition should not be minimised. Creativity brings with it enjoyment, whether individually or in a group: fun, laughter, expression (self-expression). What makes you feel good about being creative is knowing that you can create; a lot of people think they cannot create. All this leads to overcoming barriers!

Being in arts and health environments brings benefits to the artists, to their health and their creativity. One artist at the South Tyneside Art Studio described how the culture of sharing in their 'community' had reciprocal benefits:

When you're within the realm of creativity it's very democratic. It bonds us together, it makes us part of a family ... we're not up here in our ivory towers, we're here and our doors are open and people can come and chat to us about what we're doing and sometimes about their problems. But I think they also feel that we're accessible and that's very important. Also it's a two way thing, I can go downstairs and talk to somebody about their work and talk to them about their problems and I'm not talking about their mental or physical problems, I'm talking about art problems, problem

Successful integration

solving on a creative level and I find that I can go back and that's helped me think differently about what I do and that feeds back to the members.

Volunteers, users and workers

In Bromley-by-Bow, Looking Well and Wrekenton, the boundaries between users, volunteers and workers were intentionally permeable and flexible. In all three projects, users were also volunteers and the reciprocity in both helping and being helped was clearly key to the experience of participants in the projects. A woman in her sixties who experiences mental health difficulties spoke thus:

*I feel as though I can help people here and I'm helped.
I enjoy thinking that if I listen it helps someone else –
that's the pleasure I get out of here.*

People have a sense of give and take.

The story of her place in an arts and health project was told well by another participant and reveals graphically the inter-relatedness of roles of user, volunteer and worker. She also raises some of the complex issues that arise:

I switched over from being only a user about two years ago. I was completely voluntary to start with and then the first piece of commissioned work I did through the Looking Well was to paint the diabetes boxes. Last year was the key for me – got sorted out – started to do my own groups here. I participate in the WISH group at the Looking Well and I run the Doing Well group at the Looking Well. Social Services kept failing to provide a support worker for the group so we decided to provide our own which Social Services is paying for. But I'm now responsible for the group at Settle – Settle Well – and I get paid the proper artist's rate for that. There's a support worker there too in case there's a problem or from whom participants may seek advice. My own mental health experience helps me with the work. People approach me in High Bentham if they've got a problem or need advice – people who don't necessarily come to the Looking Well, people with mental health problems, but people who are not at the point of going to the GP, not in a crisis. The GP has to wait until there's a crisis to move in – but people can approach me either with their own problems or those of others. Confidentiality has particular meanings in a community like ours, there are boundaries and the meaning of being neighbours is important. It's like being the local GP, the local policeman – being known in the community as looking out for each other. One woman started to come to the Looking Well after I talked with her. In the Doing Well, I started by doing arts activities, now I'm the support worker. In the Starting Well, I work with Ali as a team. In the Settle Well, I am the artist. But there are shared boundaries between user, artist and support worker. There are some big differences too – Social

People take responsibility for groups in which they participate.

People able to become engaged in, and sustain engagement in, activities and/or groups.

People listen to local voices and act on the expression of local concerns.

Services pays £5 an hour for the support worker and the same for the artist. At Settle Well, with the proper rate, I get £15 an hour.

Equal opportunities employment practices require that in projects all paid work is open for everyone to apply for, irrespective of personal histories as volunteers with those projects. The blurring of boundaries between unpaid (or practically unpaid) volunteers and paid workers raised employment issues. The principle of building local capacity through providing local people with experience as volunteers and offering opportunities for paid work to experienced volunteers was adopted by a number of arts in health projects in preference to equal opportunities.

One of the necessary skills of the artists is to be able to assess in a very informal way the aspirations and potential of users. The following extract from an evaluation interview illustrates this:

Margi, the artist, asked me to teach computers, she must have sussed me that I would be quite good at that. She pushed me. This place empowers everyone who works here or is part of it. Everything is possible – never say it's not possible. (A young woman at Bromley-by-Bow)

People feeling valued

The arts and health projects, in the Bromley-by-Bow Centre, Looking Well, the South Tyneside Arts Studios, and Wrekenton blurred the boundaries particularly between users and volunteers, but also between them and workers. The following is an extract from the evaluator's notebook:

I participated in an Operative Arts session later in the afternoon. A young man (white), a district nurse (black), a woman GP (white) also participating with the artist. Without asking, I wouldn't have known who was local person, staff or volunteer.

Crucial here is the principle that even though someone may be experiencing difficulties and be in need of guidance and support, this does not preclude them from also making a contribution and helping others. To do otherwise is to assign people to categories that so often are experienced as labelling, patronising and discriminatory.

At Looking Well, many users are also volunteers. A disabled woman who had recently started attending at Looking Well, having been referred by a social worker from the local authority social services, remarked to the evaluator, with obvious pride 'Ali (the project manager) has got plans for me!'

People give and receive support to and from each other.

At Bromley-by-Bow, the evaluator spoke with a local woman who first made contact with the Centre as a user but who introduced herself as having been a volunteer for five years and now a group leader with responsibility for the co-ordination of community care volunteers on the HNC course. Her words indicate how important it is that people are given opportunity to help as well as be helped:

I was bored looking after my little one on my own. A neighbour suggested that I come here. I volunteered in the community care programme, helping disabled people to do art, silk painting, sewing.

Feelings of community ownership of health centre and its activities

pottery and exercise. I worked with Frank, the artist (the Creative Director). I worked in the old café and then when the former owners left, the Centre rented it out to them and they ran it into the ground. I took over running it and now I'm involved in planning the new café and will manage it. I love the café job. It's me. I wouldn't have thought about it but just think where I am now! It's made my life totally different. It's like a family here. We all have our own jobs – we all get everything done. There's always somebody around who can help you – there's so much support. They put their trust in you so I'm no longer just someone who lives here with a kid on my own. It gives you confidence. There's everything for everyone. I wasn't really into the arts but since I did the HNC I really do like art.

Enhanced feelings of self-confidence, self-esteem and well-being.

Others commented:

I come here three mornings a week. I've done painting, papier mache, crafts, keep fit, mosaic and gardening. One of the workers who knew me got me to come. I volunteer in two community care sessions and I'm a group leader. Some of the people are very disabled. As a group leader, I show them how to do mosaic I've now been involved with the Centre for ten years. I've just started to work again.' (Local woman in Bromley-by-Bow)

I first came to the community care group on work experience from school for two weeks, then I came as a volunteer when I left school and then I got a job in the café. So I started volunteering but this led to a job. But it's actually about doing something good and not doing it for the money, although of course that comes in handy.

Apprenticeships in arts in health

The young people who have grown up with Wrekenton Lanterns are regarded as apprentices. Volunteers at Bromley-by-Bow whose voluntary experiences are accredited at NVQ and undergraduate levels are apprentices, learning on the job. Looking Well hosted Millennium Volunteers. The term 'apprentice' reveals the regard these projects have for young people learning and developing experientially, through active participation. Furthermore the young people of Bromley-by-Bow, of High Bentham and of Wrekenton are those who formerly could well have had opportunity to enter apprenticeship trades – but who now see little opportunity at all to train in occupations to be proud of.

The work of apprentices is taken seriously. It is fun, it generates much humour and laughter, but it is a serious business to have all the lanterns crafted carefully and ready in time for the procession, to have the Millennium Bugs exhibited throughout the town, to complete the commission from the University of London for a mural. This reveals a key feature of arts in health work in community settings. While it is open to all to participate, made accessible to those who formerly will have had little experience or interest in creating artistic things, it also is about producing something

of quality – art work to be proud of. The significant relationship between apprentice and skilled adult worker is transferred into the arts workshops where conversations between the young people, adults who live locally and the arts workers are as much part of their development as is the creative skills that they acquire. That the artist in Bromley-by-Bow’s ‘Food and Art’ programme did not facilitate art work of participants but did her own work alongside them, young and old, further illustrates this ‘apprenticeship’ notion in arts and health.

The following extract from an interview with a young Bengali woman volunteer at Bromley-by-Bow illustrates both the notion of apprenticeship (although this time with a young woman hardly older than the young people concerned) and the value to young people in participating in arts in community projects:

I transferred here to the Centre from college. I couldn't keep up with the work there, it's more free here even though I work harder here - it helps my work. Also, my mum wasn't well so I could keep an eye on her from here. The arts – they calm you. The Centre is totally different from school – it's about how you can do this, not you have to do this. Lots of kids lack self-esteem. There's trust in the kids here – and they then trust you. I work with the kids. Got a job here. It gave me confidence. My mum first sent me here when I was 15. I was on the streets then, hanging around with the wrong crowd. This place keeps you out of trouble.

Participants feeling more relaxed

Inter-subjectivity in professional relations

That participation in arts and health projects in community settings enhances feelings of good health and well-being is no doubt associated with the approach to professionalism adopted in these projects. Across the projects, differences emerged in approaches to user-professional relations. In some, the professional workers shared neighbourhood and friendship with users and volunteers. In others, professional workers experienced the need for clear boundaries between them and users.

At Looking Well, Wrekenton and Bromley-by-Bow, the objectivity and neutrality central to many professional positions in education, health and social welfare is replaced by regard for the personal, on the part of professional and user. An inter-subjectivity takes the place of objectivity, with workers sharing personal lives with users. This was evidenced at Wrekenton with one of the workers trying to stop smoking. On the first lantern making day, this same worker made and lit a lantern in memory of a friend’s son who had recently died. As one of the artists commented:

Other professionals say that you must never be emotionally involved. We're emotionally involved here up to the hilt. The lantern project is like an emotional roller-coaster.

On visits to Looking Well the evaluator would stay in the home of the Project Manager. When entering Looking Well, after having been greeted with welcomes and the cup of tea, often conversations would turn to asking how the Project Manager’s children were – the evaluator having seen them last. The volunteer/users at Looking Well would say how *we lack confidence and have times when we're down*, the *we* including the Project Manager.

People give and receive support to and from each other.

Recognising that *'the person is important'* entered into selection procedures for the appointment of staff. For example, members of the Board of Pioneer Projects for Looking Well had difficulties in trying to put together standardised procedural systems for staff interviews to ensure equal opportunities with the need to explore with candidates *'their passion, commitment, enthusiasm, empathy, intuition, health and arts'*.

This element of the personal in the professional is strengthened by charismatic qualities of many of the artists, particularly those with leadership responsibilities in the projects – transformational leaders who have skills and acknowledge responsibilities but are not authoritarian. Furthermore, the work in the projects is managed with a light touch, with regard paid to becoming not bogged down in procedure and protocol. The personal in the professional clearly raises issues for professional work. One of these is the complex issue of boundaries. The Board of Pioneer Projects talked of *the issue for separating Ali from the project as distinct from Ali, project worker, from the project*. They referred to *the issue of Ali's self in the project*. One way to address these issues was to establish regular supervision for the worker, described in more detail below.

The issue of boundaries for the arts and health workers has been a recurring issue in other projects. The artists and health professionals are acutely aware of the value of their work in providing opportunities for communicating. However, for artists, their role within this process can feel confused. Some may not feel skilled enough, or feel it not appropriate, to take responsibility for managing what are sometimes very complex emotions and issues. This can lead to feelings of vulnerability on the part of the artists and highlights the need for a partnership between the artist and the organisation with both sharing the same aims and supporting one another. One project worker described to the evaluator how, on one occasion, she gave her home telephone number to someone in need of more support than the project had been able provide that day. On reflection she felt compromised by this:

I was getting phone calls at 12 midnight, 1 o'clock in the morning, and I realised that what I'm here for is to facilitate that work going on in the project so that people can come in between 10 and 5 and make art work. I don't have the professional skills to support people in anything that doesn't involve their artistic work. I'm not a counsellor and I'm not their friend either. I'll be really friendly in the Studio but I'm not a friend. It makes it easy on me to know that we've got a rule in place that says we won't support people outside of the project because then I can say to people I can't actually do that. But in here between 10 and 5 we're 110% here for people, but I think we've got to realise that we're here for people in terms of what the project can offer them. (South Tyneside Arts Studio)

Transformational leaders

While inter-subjectivity in relations fits well with an understanding of community arts as *coming from the people themselves* (Wrekenton Lantern artist), this could be seen to be

contradicted by what Bromley-by-Bow Centre artists described as the characteristics of transformational leadership to which their staff aspire. The practices of the arts in health projects and the work undertaken suggest that these may well be the personal attributes required of workers and volunteers.

Vision:	Having ideas and a clear sense of direction, communicating them, excitement about accomplishing shared dreams.
Charisma:	Arousing others enthusiasms, faith, loyalty, pride, trust in themselves through the power of personal reference and appeals to emotion.
Symbolism:	Identifying ‘heroes’ offering special rewards and holding spontaneous and planned ceremonies to celebrate excellence and high achievement.
Empowerment:	Helping others develop, removing performance obstacles, sharing responsibilities and delegating truly challenging work.
Intellectual stimulation:	Gaining the involvement of others by creating awareness of problems and stirring their imagination to create high quality solutions.
Integrity:	Being honest and credible, acting consistently out of personal conviction and by following through commitments.

The artists in the other projects perhaps would be more ambivalent about bestowing upon themselves a label and accolade such as ‘transformational leader’. Nevertheless, the charismatic qualities of the lead artists in the arts in health projects cannot be denied. In answer to the question ‘Is there anything else you would like to add to help us understand the kind of experience you get at Looking Well?’, responses included

Alison is brilliant – the community is so lucky to have such non-judgemental care. It is her influence that creates such a positive atmosphere – for everyone.

One mother described how her son, whose social interaction was limited, was enthralled by the storyteller and due to this captivation was encouraged and enabled by the storyteller to participate

Enhanced understandings of emotions, feelings & awareness, self-confidence and self-esteem of participants

There was a day when I took him along and Chris was sitting outside, so he wasn't even in the classroom and he (her son) went straight up to him as if he was a friend and started showing him pictures he had done at school. He felt safe with Chris.

Perhaps it is the 'artist' that is key here. One described herself thus:

I have a creative attitude to everything I touch – the spirit of playing and creating in any situation. My brain just works like that. I'm only interested in everything. I deliver it through the arts because that's how I express it. It is also the kind of person I am – creating a space for things to happen, a shared experience, a space working with other people, creating along with other people.

Professional supervision

The Project Manager for Looking Well reported to the Board in August that 'we are increasingly finding that we are the first port of call in a crisis and this adds to our need for appropriate supervision'. Supervision is understood as:

a working alliance between supervisor and supervisee in which the supervisee can offer an account of her work, reflect on it, receive feedback and guidance of necessary. The purpose of supervision is to enable the worker to gain in ethical competence, confidence and creativity so as to give her best possible service. (Inskipp 1993)

The purpose of such supervision is: first, to contribute to support systems designed to ensure that users will get the best from the projects; second, to develop good practice; third, to identify connections, issues and current themes in the work. The task in arts in health projects is to establish supervision which reflects the organisation, its way of working, and inherent issues and characteristics. One of the first requirements at Looking Well was to draw up a supervision contract consistent with the ethos of Looking Well particularly with respect to its relationship both with other agencies and with members of the community. Issues of confidentiality and boundaries, and how they relate to the issue of 'gossip', are central to the work of Looking Well. They are not straight forward and how each would be regarded within supervision had to be negotiated and agreed upon. A responsive and flexible approach to supervision has been developed reflecting the complexity and intricacy of the work and its position within a 'web' of networks. Supervision sessions are confidential. Issues can only be taken out of supervision sessions by agreement and are confined to process, learning, seeking advice and guidance on specific identified issues, and supervisors' supervision. Supervision provides opportunity for the worker to reflect on issues concerning Looking Well users, the Project Manager's own work with volunteers and support workers, and the organisation and networks.

Passionate Practice

Passion and creativity are probably interdependent. It is difficult to be creative without enthusiasm, energy and commitment. An artist at the Bromley-by-Bow Centre attributed enhanced professional relations to the importance of passion:

One of the GP's was involved in getting an AIDS quilt made. The GP put so much into it that she has now left. In fact she has taken the AIDS quilt to Ethiopia. Then there was the diabetes man, which was made by one of the District Nurses. She too has left now and it doesn't get used any more. I felt really upset about that at first but now I realise that if you don't feel passionate about the particular piece of art you are not going to appreciate it. Both the GP and the District Nurse felt passionate about what they were doing, you need to be passionately involved. If I don't feel passionate, I don't feel creative.

Integrating services

The links developed by Looking Well with the local surgery, its GPs and ancillary health team, the integrated services of the Bromley-by-Bow Centre, storytelling in the West End of Newcastle, the South Tyneside Arts Studio collaborative working with GPs, the interest provoked in Gateshead's health promotion service by participating in lantern-making, all eased people's access to and relations with health professionals. There are many examples. As one young mother commented while portrait painting was in progress at the Bromley-by-Bow Centre: *'It's nice to come to the surgery and not be tense and nervous'*.

People enjoy visiting the health centre and feel comfortable within it.

South Tyneside Arts Studio also works very closely with five local GP practices collaborating on the options available to people with mild to moderate mental health needs. They have established a scheme called Arts on Prescription as an alternative to or supplement to drug intervention. This is a move away from a dependency on the medical model of health and the limitations of a medical response and as such may encourage people who are fearful of the repercussion of medical intervention to seek assistance with managing their mental health needs.

Less dependence on medication.

Art facilitates the crossing of professional boundaries. In the Bromley-by-Bow Centre, for example, members of the health staff nursing team, through art and with the art in health artist, joined in with the classes. Health professionals talked of Looking Well as an extremely valuable resource to use as a drop-in to the various activities, not only because of its informal atmosphere but also the opportunities for links with other agencies and local people.

Conversations between participants, arts workers and health professionals.

Health Promotion Gateshead visited the lanterns workshop to discuss funding. It agreed to put some pump-priming money into the project. In the course of this meeting about arts in health in Wrekenton, other needs were revealed which might effectively be addressed in a more ongoing way than through 'lanterns' such as: the need for a place where young people might meet to talk together was recognised and the opportunity now available through some of these young people having already participated in the arts; the need for environmental work that could be undertaken through the arts with younger children towards a healthy neighbourhood.

Links were made with the Shiatsu College at Newcastle and teachers and students from the College visited the lantern making workshops in Wrekenton to offer tai chi and shiatsu sessions to the volunteers/users working on the lanterns.

Bartering

Arts in health in community settings is often undertaken on shoestring budgets. Many of the projects adopted some form of bartering arrangements. The artists at the South Tyneside Arts Studios were offered studios for their own work at low rents in return for workshop undertaking sessions with members. Wrekenton Lanterns scrounged resources, materials and worker time, in return for opportunities to participate in and learn about lantern-making workshops. The Bromley-by-Bow Centre has developed from its approach which envisages that everyone who enters the Centre will be able to offer something (an approach very different for its impact on self-esteem and social relations to that which immediately assumes needy rather than resourceful people). Looking Well negotiates with agencies and local organisations for use of their space and their worker time in return for having opportunities in the arts. In its Healthy Living Centre bid, Looking Well has committed itself to developing a time based barter currency to ensure long term sustainability.

Funding and resources received through donations from local community.
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In conclusion

All the features set out in this chapter are significant to the ways of working of arts in health projects in community settings. We suggest that, in their totality, they contribute to the projects being able to improve people's health and enhance their feelings of well-being. An underpinning thread in these projects links together these features to make effective and responsive organisations. It may be that it is the creativity of community arts that weaves this thread. It may be that these projects in the voluntary sector are flexible and autonomous enough to allow the creative approaches inherent in these features. Perhaps the greatest challenge now for these projects is not to be drawn into statutory responsibilities and professionalised or bureaucratised service provision which may serve to stifle creativity and inappropriately shape the features of arts in health projects in community settings

Section 3

Art in health in community settings – the benefits

The task of the evaluation was to reveal the relationship between participating in arts in community settings and becoming more healthy. In describing the approaches and activities of the five arts in health projects in the previous sections, this report hopefully contributes to an understanding of the experience of participating in the arts in health in community settings. This section of the report focuses on the more complex question as to whether, and in what ways, such participation leads to better health. Here, we draw out from the experiences of users, volunteers and workers, and provide evidence for learning about arts in community settings and its relationship to good health and well being.

Art and healthy personal development

Clearly, all the arts activities in the projects contributed to participants' healthy development. For example, a district nurse, reflecting on the Operative Arts Programme at the Bromley-by-Bow Centre commented that *'it makes you relax and it motivates me as well'*.

Participants feeling more relaxed

Art for healthy development was key to the West End Storytelling Project. Furthermore, narrative skills are 'crucial to academic and social functioning' They are not only valued skills in a range of school curriculum activities, but have been recognised as essential to school success in the broadest sense because their impact 'pervades all aspects of learning. This in turn is likely to have an effect upon people's ability to find work, and broaden opportunities regarding type of work for which they are qualified. And in turn this will impact economically upon individuals, families and the community. This is clearly important for the health of people living in the West End of Newcastle where the community continues to struggle with high levels of unemployment and resulting inequalities and social exclusion that accompany such disadvantage.

This debate, about arts and the curriculum, throws up an interesting paradox that arts subjects in mainstream curriculum have been marginalized whereas they are being used to *'enrich impoverished lives in health terms'* (education professional). The teachers in the primary schools in High Bentham (the location of Looking Well) and in Wrekenton echoed this view, valuing the art and health projects for their capacity to engage in arts for healthy development at a time when the National Curriculum limits the capacity of schools. Here, arts in health projects have undertaken significant work in the classrooms, linking creative activity with emotional literacy and healthy citizenship. Saving Lives: Our Healthier Nation suggested that 'people, communities and government' be partners in a drive towards improved health. In High Bentham and Wrekenton, in particular, valued partnerships were developed between children, communities and schools.

Children express feelings in words, pictures, dance etc.

Co-operation between schools is enhanced

Young people participated to a considerable extent in the arts in health projects in Bromley-by-Bow, at Looking Well and with Wrekenton Lanterns. As recalled in the previous chapter, in Wrekenton, young people who have grown up with the project are known as the ‘apprentices’ - a term indicative of arts in community health. The evaluator chatted with three of the 14-year-old “apprentices”, while making lanterns in Wrekenton. They call themselves The Young Hearts. They were clearly really pleased that they’d been asked to go to Earth Balance to teach children there about making lanterns. The evaluator asked them what it was like making lanterns ‘*it’s great nobody tells you what to do*’. These young people have been making lanterns since they were 7 years old. They now come into lantern making sessions with the agreement of the school during each day and also come in after school each day:

More teenagers become involved and difficulty of constraints of school timetables for 11+ is overcome

We help the younger ones to make their lanterns too and we attend meetings about fund raising. What we would really like is for this place to be developed as a Centre, a café, a place to make lanterns.

They showed the evaluator how they had come up with the design for the main lantern this year and they made their own drawings with the artist and built up a group design.

Children maintain involvement with events as they grow older and move from primary to secondary

Healthy development describes a session that took place over one morning in the Wrekenton lantern workshop. A group of seven-year old children visited with their primary school teacher. Together they looked at photographs of lanterns they had made and known in previous years – appreciating a sense of their own history and identity.

Children with language difficulties, with their parents, attended storytelling sessions in the West End of Newcastle held with the speech therapist. They were fun times with a professional/educational focus. Each session began with ‘playtime’. During these first moments the children explored the environment, relaxed with the other parents and children and began to relate to the storyteller and speech therapy professionals. As one parent described it to the evaluator:

He made the children relaxed by joking on with them about simple things. I think he made the children more relaxed and built up their confidence with him.

Enhanced understandings of emotions, feelings of self-awareness, self-confidence and self-esteem of participants

The relationship between the storyteller and the children was seen as key to the success of the sessions, and certainly recognised as a valuable part of the speech therapy experience for their children. Parents were an integral part of this programme reassuring their children through their presence and participation. One of the professionals involved in the sessions described to the evaluator how the involvement of the family grew:

Improved language skills of those attending speech therapy sessions

At the beginning the dad came to the first session and then at the second session mum and dad came and by the end we had mum, dad and granddad coming because they were just totally fascinated with what Chris (the storyteller) could get out of him. He really moved him.

Parents were very enthusiastic about the storytelling sessions that were experienced differently to usual speech therapy sessions. A speech therapist reflected on her own practice:

There is a dramatic difference in the parents when the speech therapist was doing an activity which was meant to be very relaxing and non-threatening. However, there was still this feeling from the parents that the children were either going to get it right or wrong because it had this clear cut thing about what was expected and it was very obvious what the children should do and whether they could or couldn't or did or didn't do it. And when it was more of a storytelling focus there wasn't this sense of my child's either going to get this right or wrong because the story was around us, it was literally around us.

The use of storytelling in professional practice

The absence of a clinical atmosphere was actively encouraged '*there needed to be a jolly, friendly and focused atmosphere*' and parents and children appeared to respond positively to this. Furthermore the drama of a storytelling session invited an intensity of engagement and diverted attention away from clinical agendas. By making it entertaining it enriched the experience for children and parents and moreover it remained 'art'.

Parents of one child told the evaluator how they were particularly impressed with their son's social development during the course of the storytelling sessions. His ability to relate to people meant that he was now communicating more with people outside of the speech therapy sessions and thereby developing his speech and social skills. They described how they experienced the development of their child during the course of the storytelling sessions,

I was quite impressed how involved he was because I had imagined him to be very shy and just sit and not say anything, but he was putting his hand up and going "I know, I know." I think it was really encouraging. (Parent)

Enhanced understanding of emotions, feelings of self-awareness, self-confidence and self-esteem of participants

Another child who attended the storytelling sessions gained most from the engagement with the storyteller and the story. He was described as being a very introverted boy before the sessions with, at the age of four, only three words. He had been mainly communicating through body language. The sessions had a profound effect upon him:

Definitely a breakthrough, from a little boy who hardly said a thing to a child who, okay he wasn't saying them clearly and maybe he was just sometimes making noises, but at least he was really excited by the experience and really into the story and trying to communicate....He was different, he was a little boy coming to life in that room. (Nursery nurse)

Improved language skills of those attending speech therapy sessions

However, evidence suggests that a more long-term programme of storytelling is sometimes required. Since finishing the storytelling sessions this child has reverted to his previous level of speech. He no longer uses the range of language that he exhibited within the sessions when he engaged with the story and storyteller. This raises a significant issue concerning sustainability. For arts in health to be effective, funding regimes that support the work need to consider the value that emanates from long-term, continued and sustained funding.

Of course, healthy development is not confined to children and young people. Here, an older man, reflects on his painting:

I did a little drawing when I was a schoolboy. I want to brush up on it and become fluent. I'm not quite fluent yet. I come here regularly to get better at drawing. It's good, it's on the doorstep, only 5 minutes walk from home.

Engagement in stimulating and useful activity

South Tyneside Arts Studio works with local educational establishments to accredit the work of their members. Initially this was a difficult step for the Studio to take. It had previously emphasised a philosophy of discovering the artist in everyone, being non-judgemental in the product and celebrating everyone's creativity. To place some sort of external validation upon members' work within this culture seemed awkward. However it was also seen as important to enable people's effort and work within the Studio to count towards their record of achievement and so an NCFE qualification was introduced. Furthermore members have gone on to pursue careers in the arts both in colleges of further education and higher education. The Studio community is very proud of its members' achievements and celebrates members who have taken steps to pursue their careers in art.

Accreditation/validation of educational experiences

Likewise, the HNC in Public Arts at the Bromley-by-Bow Centre provides opportunity for experiential learning to be accredited. During the evaluation, forty local people were registered HNC students and developments were in hand to expand educational opportunities through a 'communiversity' undergraduate programme. The Public Health Observatory recognises educational attainment to be an important long-term health indicator.

Participants feeling more relaxed

Art and healthy eating

In the Bromley-by-Bow Centre, Looking Well and in Wrekenton, food was taken seriously and connections made between food, art and health. Homemade soup is made each day for those working on the lanterns. The lantern procession itself is followed by a celebration of fireworks and, in the workshop building, now decorated, a supper for everyone is offered comprising home made soup and home made bread. The intertwining theme that binds art and food is 'healthy hearts'. Through Wrekenton Lanterns, known as 'Happy Hearts', attention is paid to healthy eating and prevention of heart disease is pursued through the focus on vegetables and bread. This year, with the link with Earth Balance, bread-making was undertaken by mothers and children in its bakery. Each year the children from the primary school make fruit decorations that are on

People become knowledgeable about their hearts

Adults and children, adopt more healthy diet

display in the workshop hall for people to see and eat after the lantern procession. During the process of making the decorations, children learn to identify different fruits (and taste them).

Everyone who enters Looking Well is immediately greeted by a worker or, more usually, by one of the volunteers/users, and offered a cup of tea. Tea drinking takes place in conversational small groups round the wood burning stove (lit or not) throughout the day. People drop in with their sandwiches to have their lunch with anyone who happens to be around. The monthly meeting of workers, volunteers and users takes place round a table groaning with food.

People have a sense of give and take.

Everyone brings something – perhaps homemade or baked, perhaps bought from one of the local shops – no matter. Since Looking Well acquired its kitchen in the next-door cottage, homemade soup is also made by one of the volunteers/users. Towards the end of the evaluation period this had become daily provision: to encourage people to eat and chat together. Small charges are made to

pay for the food. Board meetings too are conducted while people eat together round the table. The annual celebration of harvest lanterns includes children taking small pots of homemade jam to older people living on their own. The harvest garden provides children, young people and adults with experience of how food is grown.

People have a sense of seasonal life

‘Food and Art’ was one of the arts in health programmes of the Bromley-by-Bow Centre started during the year 2000. People, young and old, were not referred to this programme, but gradually joined it as they began to find out about it through their involvement in other parts of the Centre. The team responsible for the programme included the Centre’s Creative Director, an artist, and the café manager

who also was undertaking the HNC Course in Public Arts. The purpose of the programme was to get people involved in food and healthy food through the arts, to raise awareness of nutrition and to recruit local

People find health information easier to understand.

people into the food enterprises (the community café, the food co-operative) at the Centre. The café buys its fruit and vegetables from the food co-op and its vegetables and herbs from the Centre’s community garden. A new café, with purpose built kitchens, was under development during 2000. This was clearly intended to become a hub of many activities, *‘to feed the heart of the project’*, including food enterprises associated with it such as outside catering. Visual arts were used to engage people with issues relating to food and nutrition and the sessions explored ways to bring people together through food. While it was important to the worker that the sessions be fun and accessible to all, the work produced by participants was of a very high standard. Completed works are exhibited throughout the Centre and also included practical projects such as a banner and mural for the food co-op. To describe the banner as only ‘practical’ might miss out on the value of it as an arts in health project. Becoming involved in making the banner gave people opportunity *‘to think outside the box, to think differently, to think what the multi-cultural café will be about’*. The evaluator talked with one young woman busy on the banner. She was consulting art books for ideas: *‘one day I would like to work here. I got in touch through a friend. She recommended that I come because I wasn’t going out anywhere.’*

Participants had freedom to undertake their own work, explore their own ideas. One was making a food portrait of all the food she likes as distinct from the food she should like. Through the sessions people acquired and broadened their knowledge

about food and began to talk about food. Multi-cultural appreciation of different food was significant. The local woman in Bromley-by-Bow who ended up running the old café and, during the evaluation, was planning the new one, spoke about the meaning of food:

Everything was homemade in the cafe and I tried to cover the food of different cultures, vegetarians and vegans. The new café will be very much about arts and health. It will have a chef, a nutrition worker, it will work with the midwives and with, for example, people with diabetes. It will introduce mothers into ways to wean their babies onto vegetables.

Continuing, she illustrated important links between food and art in the Bromley-by-Bow Centre:

In the course I do health and art and 'cause I work in the café I've been thinking about healthy food, making posters we can put in the health centre, one about healthy food for healthy teeth, another about healthy food to prevent heart conditions.

Art and healthy mothering

West End Storytelling at the Riverside attracted several young mothers, some of whom were lone parents, dependent on benefits and living in poverty, reflecting the disadvantage experienced by a large proportion of this community. Within this context women are under pressure to conform to an 'idealised notion of happy contented mothers' (Thompson 1997). Understandably women do not always conform to this or other idealised, and often unattainable, standards of 'good mothering', and as such are deemed by some to have failed.

One woman told the evaluator that, because of her improved sense of well-being through storytelling in Newcastle, she felt enabled and empowered as a mother:

I've got a young daughter and we live together, it's quite an intense relationship in a sense and even if she's staying somewhere else it takes a long time to unwind. When you have young children you give all the time so you have to nurture yourself, you have to do things for you as a mother to cope really and to escape and things like that. It links onto what I can offer my daughter.

Greater recognition on the part of local people and professionals of the contribution people make to their own, and the community's health and well-being

The crèche, run at the same time as the sessions, meant that women were granted time to themselves, quality time, which in itself was identified as an ingredient of well being. While this was a need shared by the Carers group using the South Tyneside Arts Studio, the approach at Looking Well was quite different. Baby Buckets and Mucky Buckets provided sessions designed for children, but with their parents. Parents were encouraged to attend the after-school club with their children, although very few did. The respite provided for parents, or more usually mothers, at Looking Well, was through other Looking Well users/volunteers sharing responsibility for children in their midst – rather than through separating children off. Both children and older people benefited from this approach of 'looking out for each other'.

In addition to mothering, women are also often responsible for managing household poverty (Glendinning, 1997). What we can understand from this is that women's experiences are potentially particularly debilitating and oppressive. Talking to the evaluator, women at the Riverside confirmed how significant the storytelling project was in their lives in terms of learning to cope with stress. It provides escapism and is relaxing. When you leave the sessions you go back to face the problems, but meanwhile the storytelling session provides 'a sanctuary where nobody gets at you, nobody can hurt you and nobody knocks on your door' (a storytelling participant). One woman described to the evaluator how she related her situation to one of the stories told by the storyteller:

It was really good, it was a riddle, it was like problem solving, but I think it was what we do everyday anyway. Juggling with young children, finances, it's all problem solving stuff. I think what was good was just thinking about things in a different way, it doesn't have to be all serious and I think storytelling is very important. It can take you out of your situation at the time, it's reflective and you can feel calmer about things afterwards.

Art helps people to take a calmer perspective on problems and anxieties, providing a mental refuge.

There is clearly a relationship between participating in the arts, engaging in conversations with other mothers, and good healthy parenting. The following words of a young mother living in Bromley-by-Bow clearly indicate that participating in the arts helped enhance confidence and self-esteem while providing opportunities to share experiences and advice with other young mothers:

I volunteered to work in the baby clinic and I worked in the garden. I volunteered because I had a baby and had lost all my confidence. I got isolated by the family when I became pregnant. It helped me a lot coming here, meeting different people. It helps you to choose different ways, especially when you've had a baby and you need to talk to other mums about problems. I worried about things and other mums would say, OK, it's happened to me – like talking about breast-feeding – it helped me to keep going with it. And then, I didn't know how to say 'no' to my boy, Tommy – other mums gave me tips. I didn't think I could do this, sharing with others. I now want to do metal work, and computers – I'll be able to do these things when he goes to nursery. I'm also busy making a banner for the nursery – doing it with Tommy, messing around with paint and paper.

While making lanterns, conversations about child rearing take place between mothers and with the artists. When the evaluator visited, one mother was talking with one of the artists about her child. The nursery he attends had told her that the child doesn't look well and he is not keen about going to the nursery. The mother had taken him to the doctor who had declared him to be in good health. The artist continued the conversation by asking whether the child might be experiencing problems of some kind in the nursery. All this conversation took place very easily while both were struggling with the bending and snapping of willows for lanterns.

Opportunities to communicate risk factors around health issues.

Art and positive mental health

Two local GPs in High Bentham commented that, with Looking Well, they were 'getting far fewer visits from women with depression'.

Art releases something inside you and boosts confidence (User)

The following extract from one of the evaluation interviews with an older man reveals ways in which confidence is developed through the recognition (self and by others) that comes from participating in the arts:

'I painted the banners for the midsummer festival. I was surprised to see something I painted on the wall of the centre one day. I came to the storytelling. Before that I wasn't aware that ordinary events in my life could be stories for other people. Because of that I kept on with it – became reasonably good.' (Older man)

People feeling valued.

One artist described to the evaluator how he saw his role:

It's about motivating, using art as a vehicle to build self-confidence and self esteem outside of the studio and in every walk of life really. I've only been here two years but I've seen an awful lot of people coming back with a more positive attitude for being here.

And the message he felt art relays is:

If you can succeed in this you can succeed in other things

The senior managers in the health authority and local authority for South Tyneside were interviewed together by the evaluator. Given the National Service Framework for Mental Health, it is clear why they allocate some of their mental health budgets to the South Tyneside Arts Studio. Even so, they together listed their own reasons for supporting the project:

Why do we fund?

- *it's not arts therapy*
- *it presents different choices for people*
- *it has a huge impact on people's self-esteem*
- *it's a move away from the medical approach*
- *it centres on people's abilities and strengths*
- *it appears to make people blossom and glow inside themselves.*
- *normalisation is key to the South Tyneside Arts Studio.*

Both young and old emphasise the value of having a place to drop in to that gets you out of the house:

'I need to get out of the house, driving me crazy, maybe I'll join in here.' (A young mother at Bromley-by-Bow)

People enjoy visiting the health centre and feel comfortable within it.

It's a social thing. It gets you out.
(An older woman at Bromley-by-Bow)

'Great social event! Come here for the company. Makes you mix. Better than staring at the four walls.'
(An older woman at Looking Well)

Reduction in social isolation.

'Lovely! Look forward to it. Very active place here, always something going on.' (An older woman at Looking Well)

It's my time for me and I feel much better about things.
(WEHRC Storytelling participant)

Enhanced understandings of emotions, feelings of self-awareness, self-confidence and self-esteem of participants

'It's made a lot of difference to my life. Two years ago I lost my husband so it was really good that I had the centre to fall back on.'
(An older woman at Bromley-by-Bow)

'We all get fed up, bored, during the six weeks summer holiday and long for the centre to be open again.' (An older woman at Bromley-by-Bow)

'Lovely! Come here for a couple of hours. Nice people, ever so friendly. I never feel out of place. Live on my own. I like flower arranging. Very nice. We're lucky.' (An older woman at Bromley-by-Bow)

I still have someone to bring me and pick me up everywhere I go, but for that short time I'm here I can be my own person, I can be more independent just in this place. (STAS Member)

Enjoyment and feels good to be in studio

You just feel really good inside, and your head starts to clear and those clouds start to part and you see life how it should be really. (STAS member)

I think storytelling is very important. It can take you out of your situation at the time, it's reflective and you can feel calmer about things afterwards. (WEHRC storytelling participant)

People can actually come into this group in the morning practically at screaming point and by the time they actually go out they're feeling much calmer and that really shows, you can actually see it. (STAS project worker)

Clearly, one of the most significant benefits from participating in arts and health in community settings is from the ways in which it enhances self-confidence and self-esteem, clearly related to emotional literacy (see below). This was expressed in different ways by so many users in all of the five projects:

'I found out about this place from a neighbour who lives at the back. I come here for reflexology and massage and I get my face done. I'll be getting myself a toy-boy soon!' (An older woman)

Self-expression of well-being.

The words of one user convey a strong message that participating at Looking Well is effective in building self-confidence, self-esteem and self-reliance:

It's a godsend, it's my second home, I can do more things here than I ever knew I could ... all my life I was told 'you are no good', but ... now I feel I have faith in me and others have faith in me that I never had myself. I feel more confident, I know what I'm doing. (Looking Well user)

Enhanced feelings of self-confidence and self-esteem.

People do make connections between making lanterns, feeling good about themselves and feeling healthy. A woman in her twenties, a member of the Cancer Support Group at Looking Well commented thus:

I go to lantern making at Looking Well, chat to others, and through this, give and receive support. I gain enjoyment from creating lanterns and the company of others. It provides an environment I've not found anywhere else.

People give and receive support to and from each other.

And another woman, in her forties, also commented on lantern making at Looking Well:

I went to the lantern-making workshop. I learnt a new skill. Had fun. Met people and time passed in a pleasant way. Enjoyment, sense of achievement. Learning, achieving and company.

People express pride in their achievements and express sense of achievement.

One important feature of the arts in health centres is that they give people responsibilities and have expectations of them where, in other places, these people have had experiences of being regarded as 'no-hopers'. This fits with the blurring of boundaries between users, volunteers and workers, an important element of arts in health projects explored further in the next chapter.

Zefir was referred to the project by a health visitor. He is deaf and had no skills in signing. His wife and children were still living in Bangladesh and he was living with his brother and his family. His unhappiness and isolation were beginning to translate into disruptive behaviour. Relations within the household were becoming tense with possibilities of breakdown. In the Centre he became involved in silk painting, gardening, caring and helped work with the food co-op. He is now befriending and supporting another young man. His work was registered for educational accreditation.

The evaluator chatted with a mother and daughter. They had been referred to the arts and health project by a local authority social services department social worker. The mother has increasing difficulties with multiple sclerosis and suffers from depression. The daughter also suffers from severe depression. The mother commented:

Before I came here I was fed up being invisible – I was a non-person. I dressed up the wheelchair for the procession. Through the arts I

have become not a non-person. Now, I make myself get out at least every other day.

Even for people who are not experiencing particular difficulties with their mental health and are not in need remedial action, art can maintain their feeling of well-being. One young woman described her enthusiasm for storytelling sessions and how they make her feel,

I think it's very, very buzzy. It's like getting an inspiration, it's an idea and even though I'd never do anything with it afterwards, I think it's really an important part of life, to feel that you have that thing, that place you can go to all the time in your mind. I'm thinking of one story, I've just got this vision - it's one that I keep referring to now and again in my mind. (WEHRC Storytelling participant)

Greater understanding on the part of local people and professionals of health in its broadest sense

Art and emotional literacy

At the first evaluation programme conference (see Appendix four), workers and users from arts in health projects explored together the term 'emotional literacy':

Emotional literacy comes through 'open ended relationships' that generate mutual sensitivity and understanding. A communal sense of responsibility may develop without being ultimately responsible for the individual. This can change the way that people work and relate to each other. Recognition of the interdependence of people generates confidence and people come to feel valued. Trust develops which is mutual and people feel respected. Relationships are ones of empathy where people may express feelings and emotions. Together people may develop and reveal a collective memory. Understandings and connections develop between us beyond verbal communication. It is about unlocking problems and talking and engaging in expressions of generosity.

This thinking draws on the work of Goleman (1996), for example, who sets out aspects of emotional intelligence very relevant to the arts in health work in community settings:

- self-awareness: the ability to understand one's moods, emotions and drives and how they affect others
- self-regulation: the ability to think before acting and to control disruptive impulses and moods
- motivation: the ability to work for more than money or status and to work with perseverance and high energy
- empathy: the ability to understand the emotions of others and deal with them according to their emotional states
- social skills: the ability to manage relationships, build interpersonal networks and establish social support.

Developing the skills and confidence for people to communicate and share their own stories, enhancing emotional literacy, has been a key part of some of the projects. Central to the arts in health work in all the projects is recognition of ways in which

being creative and becoming absorbed in the arts helps in acknowledging and revealing feelings. It also does the reverse. As one young woman in the Bromley-by-Bow Centre commented: *‘Painting is good. It keeps you busy, it keeps you away from your problems, lots of fun, lots of colours’*. In some of the projects, this attention to awareness and articulation of emotions was enhanced through emotional literacy work.

Feelings of contentment and enjoyment.

Storytelling not only provided an opportunity for escapism and creativity, and all that that yields, but also provided opportunity to develop emotional literacy, our ability to understand and express the emotional impact of routine and non-routine events around us.

Looking Well has worked closely and in partnership with local primary schools and with the Pupil and Parent Services of the Local Education Authority. This is the Children in Need programme designed for particular children. One part of this programme of work was an after-school session that took place once a week at Looking Well for children who had been causing some concern in the school. This activity is partly described in the previous chapter under ‘one door on which to knock, no strings attached’. The work starts with the perceptions of the children. At Looking Well, children were interviewed as the key to embarking on the after school provision to which they were invited and referred by the primary school to come and play. This session at Looking Well:

has been about allowing ways for vulnerable kids with behaviour and mental health problems to be with adults that are therapeutic by accident. These children, their inner worlds are in tatters. At Looking Well their inner world finds expression through opportunities to express themselves in so many different ways.

Work in the field of emotional literacy has been an important element of and spin-off from Wrekenton Lanterns. The Pioneer Projects arts worker, also one of ‘them lantern wifies’ at Wrekenton, commented: *‘Emotional literacy is at the root of what we do – it is about people being able to express their feelings’*. While making lanterns together, conversations take place between people of all ages, all struggling with willows, paper, glue, candles. Opportunities for the development of emotional literacy are generated in quite a natural and routine way through these conversations:

‘children are immediately able to tell us things while we make the lanterns – often things that they are not able to tell their parents or teachers. Self-esteem and self-awareness, the ability to recognise one’s own and other’s feelings, recognising that you can behave in ways that are both good for you and for others around you – this is all part of being emotionally literate.’ (An artist at Wrekenton lanterns)

Children have ‘happy hearts’ and talk about it before and after events

This year, this important aspect of arts in health in community settings achieved some significance when a child disclosed sexual information to one of the volunteer/users, another mother. Having difficulty in handling such information, this volunteer/user talked with the arts worker raising the need for a strategy so that individually held information can be carried by the group. This strategy involved training for

volunteer/users. The incident here reveals not only the centrality of emotional literacy but also the ways in which policies and strategies are generated from the practice of the arts.

For some art creates a framework for understanding particular life experiences. One woman told the evaluator how she was coping with her father's sudden and unexpected death, and how storytelling gave her an alternative way of gradually coming to terms with her bereavement:

Not that I was resolved to my father's death, but having an image of it, a story about it, I think that's very important. We just try and deal with it in the wrong way, we don't talk about it. There's a lyrical way of dealing with it, putting it into a story. I keep thinking about that and I keep adding to it and expanding and it's almost like a story is emerging from me out of it as well. It's one of the most powerful things for me that has emerged ... it's just a different way of coping.

Enhanced understandings of emotions, feelings of self-awareness, self-confidence and self-esteem of participants

The effectiveness of the 'Passports to the Future' emotional literacy project with children in primary schools in Wrekenton, particularly in terms of sustainability, clearly was shaped by the school context in which it took place. In that school values and ethics were already on the agenda. The currency of language and attitudes already available to children, through the school and through having participated in lanterns, affected the children's ability to participate and the teachers' preparedness to be involved and to take it on as a mode of work themselves (writing and laminating material about feelings, for example). The 'passports' provided opportunities for children (ten/eleven year olds) to construct self-portraits, portraits of their friends, confront identities and articulate feelings. Children were encouraged to bring in photographs from home. When interviewed by one of the evaluators, one of the class teachers expressed her enthusiasm for the work, commenting that she certainly noticed a difference in the children, in their preparedness to express feelings and their developing autonomy.

Some of the projects worked in more focussed ways with women experiencing serious difficulties in their lives, such as children being received into the care of the local authority, isolation, despair. The arts, such as storytelling, provided a medium to enable participants to explore and understand feelings, making connections with their own in non-confrontational ways. By telling tales of survival, women have been able to identify themselves within them and explore the possibilities of alternative coping strategies. One woman told a story to the evaluator that she had heard in one of the sessions several months previously. This had remained very important to her. She recounted it with great care, sensitivity and poignancy. It was a tale that repeated over and over again the determination of the hero who, despite the odds, pursued what he felt was the right path for him. The woman recognised this quality in herself and took this image away with her. It was an image that she continued to reflect upon and which was recounted in a way that engendered strength and commitment, qualities that appeared at that time in her life to assume great importance.

Enhanced understandings of emotions, feelings of self-awareness, self-confidence and self-esteem of participants.

The storyteller described to the evaluator how telling a story about trauma had encouraged reflection by the group. One of the participants, who had regularly attended the sessions, shared her own experience of trauma. The storyteller describes the skills that gave her the confidence to share this experience:

She described the fire she (and her children) were in and told it in great detail, demonstrating her enormous bravery, which she didn't recognise at all, 'well I just did what I had to do', and the extraordinary capability.... She told it with great confidence, good language, excellent communication skills. She told a riveting story remarkably, which excited those people who were her friends and those people who were just generally interested in the conversation anyway and gave real energy and purpose to it. In fact she was using some of the things that I'd been doing, she was using good voice, she used eye focus, she used gesture. (Storyteller)

Enhanced understandings of emotions, feelings of self-awareness, self-confidence and self-esteem of participants.

Art and health promotion

The art and health programme at the Bromley-by-Bow Centre was established as an integral part of its new health centre. The Chief Executive spoke of art as a tool 'to promote and support the work of the medical team, for example in the diabetic clinic'. Through the operative arts work, one of the district nurses had created a diabetes man as a health promotion tool that she used with people with diabetes. Interestingly, it became evident during the evaluation that this tool was no longer used, the particular district nurse having left the Centre. This suggests that health promotion tools are best created by the particular professional to use in their own practice

Continuing with the words of a Families Project worker at the Bromley-by-Bow Centre:

Art can be used as an effective tool to bring people to an event – who may be otherwise deterred – perhaps because they perceive it as difficult, or sensitive, or not important. It's about making health messages attractive. We put on 'market places' in the reception area so while people browse in one area of the market place they may be tempted to venture into another. Through the arts, health promotion can move to a different level so that it's not about being given leaflets to read but is about being put in a position that empowers you to think about health issues for yourself. This moves control for health knowledge from the professional to the people – moves health promotion to healthy living.

(Families Project worker, Bromley-by-Bow Centre)

People find health information easier to understand.

Art and healthy communities

When we talk about communities we engage with different concepts, the subject of much debate within the field of 'community work' (Mayo 1998). Community may either mean a geographical area either a village, a ward in a city, or a neighbourhood. Or community may mean people grouping around not a geographical area but an issue or interest. Mayo describes this concept:

‘community’ as shared interests – these might be interests based upon cultures and identities, as in the case of ethnic minority communities, or upon common identifications of particular needs (as in the case of the parents of children with special needs, or ex-users of mental health services, for example) (Mayo 1998)

In the five projects community has meant a variety of things. Geography has been an important aspect for some with a strong identification and affiliation with a particular area (Wrekenton Lanterns and the Storytelling at Riverside) where a project identifies with the external context. Community has meant for other projects having a sense of community from within (Bromley-by-Bow Centre; South Tyneside Arts Studio); and some have both (Looking Well).

Community is vitally important for Looking Well. It works actively with local traders and organisations coming to be regarded as a key resource in High Bentham even by those people who may not themselves step inside. Community is built both within the Centre and with the local community outside. The two are seen as complementary – as evidenced through the words of a woman in her fifties, an active member of one of the churches:

The Churches Together are doing a project with Looking Well. We were planning a special millennium harvest festival. At the same time, Looking Well wanted to do something for harvest. So Ali (the Project manager) asked us if she could join in with us. It is important for us that she asked us – signifies the churches becoming the heart of the community.

People participate in activities together and encourage others to participate.
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Another member of one of the churches, a woman in her fifties, described Looking Well thus;

I’ve lived in Bentham for ten years and go to Looking Well to help out as a volunteer. It’s a very good community facility, central, easy to pop in, open to all and not tied to authority (church, local council). I go there for good company, chat, and communication with each other. It’s a place with a homely, caring atmosphere. An excellent facility. We are lucky to have it. Introduces people to each other who would not normally have contact.

A young man spoke in similar terms:

I went to donate furniture when it was setting up initially. It’s fun and a chance to learn. There’s nothing like it and you can quote me on that. A welcoming friendly place. It’s a place for the community – it brings people together.

A woman in her forties, also active in one of the churches, again described the essence of Looking Well as:

You can meet people there. It's unique. A friendly informal drop-in centre where everybody is always welcome. It has no label. It is a wonderful facility.

And again:

It's difficult to put into words. It's multi-purpose, open to suggestions, no barriers, combats loneliness.

Reduction in social isolation.

These words convey community as warmth, belonging and friendship. However, the antithesis can also mean, for some, not belonging, being treated as an outsider, being regarded as 'other'. With respect to creating community, Looking Well was particularly effective in ensuring that its strong sense of community did not create barriers – on the contrary, it actively worked to transcend them. One member of the Cancer Support group spoke thus:

Looking Well is somewhere I can go in a small town like Bentham which is not run by 'cliques'. It has new projects, not having been run by generations of Bentham people, which is sometimes restrictive.

Bridge building takes place within Bentham but also between people, serving to overcome stigmatising and labelling barriers. One woman described to the evaluator ways in which attention to community and communication can overcome barriers raised through labels of mental illness. She described her observations of the project manager talking with another and reflects on how what she observed changed her own way of relating to this woman:

Ali talks to her at Looking Well. Gets answers she doesn't understand but carries on. I live near to the woman and I see Ali talking with someone that everyone else crosses the road to avoid. Now I talk with her myself and I talk about her positively with neighbours. I tell them about the wonderful art she does.

This is important. It illustrates that this arts in health community is not one of like-minded people, but one that is generated through conversations and through creativity. It illustrates the value for mental health service users to use a place where they are not separated off, but through routine processes of talk and chat are integrated with others. Looking Well is perhaps best described as a community of diversity. As one of the users/volunteers spoke:

When I first came here I was amazed at the diversity of people – people you wouldn't usually mix with. A diverse age range which you wouldn't usually see mixing together.

For Looking Well, building community is also about making partnerships with local agencies and organisations, often by entering into bartering arrangements. Thus, Looking Well worked with Churches Together in organising the harvest dance, and thereby made links with and between people in Bentham.

The Bromley-by-Bow Centre has taken quite a different approach to working with other local agencies. For this Centre, community within is paramount. This was put into words by the then Chief Executive:

Small organisations have to have partnerships with other organisations to do things and to get funds. We did this all the time and again and again came up against traditional approaches. We've always viewed what we do as an experiment. We need freedom to experiment, to be able to tinker around. This brought us into conflict with other bodies – we were seen as crashing against other organisations. We decided to focus on what we do – if you don't like it, lump it. We buried our heads in what we do. When we emerged, we had to engage with wider structures but by that time we were huge – they couldn't stop us. Rolls Royce/Lada stuff. You can't knock a cathedral down. We then engaged with partners on a different footing. The local authority, the health authority and voluntary organisations didn't like it. We became completely uncompromising – holding the line on quality and effectiveness. If what we do doesn't work then we dump it. The local authority didn't want us to build this building. Relationships with the outside world are built on conflict. But we're now confident in what we say. And social policy has changed. With Tony Blair's new agenda, everyone is now talking our talk – so the historical conflict is not so great now. Our concern now is how we take our model forward to the wider social policy audiences. We're now building broad partnerships – significant ones with the private sector, with Coca Cola, Royal Sun Alliance.

This attention to the community within the Bromley-by-Bow Centre is well illustrated by the approach to fostering of enterprises within its own market place. Building the capacity of the Bromley-by-Bow Centre, and with this empowering local people to participate fully in and contribute to the Centre, will impact positively on local community.

The Bromley-by-Bow Centre, as with other arts in health projects in community settings, contributes to the health and well being of the communities of which they are part in a direct sense through the services they deliver. The projects also contributed to the artistry of the wider community. Art work is exhibited at Bromley-by-Bow and at Looking Well. The South Tyneside Arts Studio created partnerships with a wide range of organisations (libraries, banks, art galleries) to exhibit the artwork of members in local, regional, national and international venues. Looking Well users/volunteers engaged in projects to decorate the inside and outside of local shops, the GP surgery, the school etc. In focussing on the community within, the Bromley-by-Bow Centre paid considerable attention to multi-cultural and cross-cultural relations.

Less reliance on medical support

We have presented anecdotal evidence that people participating in arts and health projects in their own communities, and sharing responsibility for them, benefit in terms of their health and well-being. We have also shown that the professional

practice of arts in community health settings is innovative and employs particular features that contribute to effective provision and practice.

The effectiveness of arts and health in community settings and its significance for a national health service is in the end best demonstrated by the fact that, as a consequence of taking part in arts and health projects, people use medical services less. The stories of this happening, and the way in which it happens through the arts and health projects are best told by participants themselves. During a chat with the evaluator, one of the health visitors commented:

I know of two families who I used to see weekly as a health visitor. Now, since they have started coming here, I hardly see them at all.

People attend the GP surgery less for minor ailments.

The following stories demonstrate well what arts and health projects are about.

The next extract is from an interview with a woman in her sixties who is active both as a user and a volunteer in one of the arts and health projects. It demonstrates clearly the link between arts, health and well-being. It reveals the benefits that accrue from undertaking arts activities, but also the significance of the processes in the arts and health project:

I have depressions, ups and downs. Downs when I don't sleep, when things worry me. Then highs when I get exhausted. I used to be on pills, anti-depressants, before I came here – actually I was still on them when I first came here. I found something to live for when I came here – people have faith in me here. Coming here got me off the anti-depressants. I haven't seen a doctor for two years, before that I used to go once a week. I had more faith in the doctor than I had in my own family. Now, everybody here I have faith in. I made myself come today – a few years ago I would have gone back home and gone to bed for the day. It's still hard to think that people care just for me. I've learnt more, you learn to do something, you get faith in yourself, you can do things you didn't know was possible. I lose myself when I do papier mache – I relax when I do that.

Incidence of problems of mental health reduced and minimal incidence maintained.

People able to become engaged in, or sustain engagement in, activities and/or groups.

The following participant, also a volunteer, a mother in her thirties, talked in similar ways with the evaluator:

I suffer from depression and anxiety. Been on anti-depressants for about nine years, still on them. Last year was the key for me – got sorted out – started to do my own groups here. And I'm now definitely doing my own art work – freelance work, bits and pieces at home. I go to the GP now only once every six months to review my prescription- I haven't been with a problem for the last eighteen months and I was going every couple of weeks. I don't even know who my GP is! But they want me to stay on my tablets for

another year. Here, it's being able to breathe, being able to be you, with all your faults, on good days and bad. It's positive, you get pats on the back – you did that! – doesn't allow you to stay in the negative and then you swing back to the positive. The pressure is there and yet it isn't. I would never have achieved what I do now without coming here. How else can you grow and move if, for example, employers don't allow you to have bad days? It's the flexibility of it that is so good here. We have increasingly longer and longer deadlines and will not be rushed. There's time to play and time to grow. I'm a creative person, it's the arts, something I locked away for ten years – so this is really important to me. I wasn't in the right circle to make it blossom before. It's about building confidence, self-esteem – that's one of the key things that people lose. Something to work at, praise, something to achieve. And it's always here – that's what other users have commented on.

People find ways to unwind and thus reduce stress levels.

Enhanced feelings of self-confidence and self-esteem.

There is evidence from one of the arts and health projects that, participating in its activities has prevented the need for an older man, who has dementia, to be admitted into residential care. The project not only provided him with support and stimulation but also provided his partner with respite from his care.

We conclude with the words of a woman in her 50's who talked of ways in which being a participant, and volunteer, helped her cope with multiple sclerosis:

I have been diagnosed with multiple sclerosis. The kind of difficulties I experience include tremors, double incontinence, memory loss, not being able to articulate the right words, getting words mixed up and imbalance. But when I'm less stressed I don't have so much trouble with these. I need to be less stressed and then I'm better – then I don't have trouble with my words. I need to be less stressed – and coming here provides me with a bit of space. This is a godsend. I've got qualities I didn't know about till I experienced things here. I've done different things I'd never tried before – it makes me want to come here. I'm in the middle of doing papier mache at the moment – it makes my toes tingle – it's addictive – helps me physically and mentally. My hands sometimes go into rigour but then I just stop for a while. If you're well mentally, you're well physically. If I'm pretty low there's always somebody here you can talk to without it going out of the place – or without them thinking you're in a strange mood. You can come in here and lose your temper and still be accepted. It's about trust and sharing with like-minded people.

People find ways to unwind and thus reduce stress levels.

Conclusion

It is important to emphasise once again that the purpose of this study has been to understand the nature of arts in health work in communities and to appraise ways in which it positively affects people's feelings of good health and well-being. The study has been evaluative in the sense of researching the experiences of the arts in health projects, but it has not been an evaluation of these projects. It has thus been an evaluation for learning rather than for accountability. We hope that this learning will be useful for those in policy-making positions, for donors and grant-making bodies, for professional practitioners in health, social welfare, education and the arts, and for community health practitioners, users and activists.

There is little doubt that the work of arts and health projects helps to implement policy priorities in a range of sectors: social welfare, education, health, mental health, better lives for older people, drug prevention, culture and leisure, urban regeneration, and 'joined-up' initiatives generally. It is also highly likely that arts and health work has helped shape these policies. We would anticipate that, as the powers and responsibilities of local authorities are extended with the further development of strategies to promote well-being and encourage active citizenship, then arts in community projects generally may be called upon, and indeed funded, as an important resource. We have found that providing people with opportunities to engage in the arts at community level is a significant way to address inequalities within the brief, say, of Health Improvement Programmes. More consistent and longer-term funding to arts in health projects would, undoubtedly, increase their effectiveness, freeing time of arts workers from funding and budgetary matters, and allowing time for people to develop through the arts over time.

The location, structure, organisation, staffing, funding and practices of the arts and health projects have been earlier spelt out in some detail. We envisage that this detail will be useful for those wishing to embark upon an arts in health project or programme. There are many ideas that may be borrowed and adapted by other communities. A number of factors may be emphasised here that would appear to make these activities effective in terms of enhancing the health and well-being of those who participate, workers and users alike.

Arts, health and community

- 'Art' is conceptualised broadly to include cultural, educational and enterprising activities such as writing, drama, music, dance, the creation of small businesses and activities for self-employment, the accreditation of learning
- 'Health' is understood holistically, in an integrated way, based on a social model of health, crossing medical and agency categories.
- 'Community' is regarded in different ways: as small geographical communities with vital links between the arts in health projects and people and organisations in the communities in which they are located; as geographical

outposts from the project in which the arts activities are located and developed; the arts in health project itself as community.

The structure of arts in community health projects

- The arts in community health projects were all firmly located in the non profit-making, voluntary, third sector in the sense that they valued their autonomy from the state and engaged in innovatory and critical work.
- Although fiercely independent, the arts in community health projects stayed separate and worked with statutory agencies, sometimes in partnership, sometimes crossing statutory/voluntary lines and sometimes took on statutory responsibilities, some of them funded for doing so.
- Flat, responsive and non-hierarchical organisational structures serve to maintain commitment on the part of all workers, volunteers and users.
- Small is beautiful, and as projects grow bigger so inevitably do their organisational structures and procedures.
- Art is for everyone and barriers between professionals, workers, volunteers and users, if crossed while maintaining boundaries, may enhance the commitment of all to the project and to each other.
- The arts in health space must be safe, a calm place to look out for each other with trust, regard and respect for each other.

Ways of working in arts in community health projects

- The work of the arts in health centres could be said to revive the notion of care in the community, a notion brought into disrepute in recent times through cynical responses to community care and feminist critiques (care by women in the community), both alerting us to ways in which the provision of services may be rationed.
- A significant relationship emerged between art, food and alternative therapies – which together affect people's sense of health and well-being.
- The use of bartering and recognition of mutuality of space wherein a project trades its resources (say space) to attract in much needed resources, say artists.
- Voluntary work and voluntary contributions are valued while, at the same time, attention is paid to resourcing activities properly and paying salaries at appropriate rates.
- Personal contacts and personal invitations to activities increase take-up of activities rather than relying on referrals and self-referrals.

- The importance of immediate response to those articulating needs or offering resources.
- Knowing that everyone can do something is important in any project but particularly those based in the community.
- The arts in community health projects have acted as a catalyst for arts and health development in geographical areas other than their own and in other agencies.

The professional practice of arts in community health

The evaluative sections in the report are based on comments on the experience of arts in community health projects by workers, volunteers and users. They are organised around factors identified by those interviewed that appear to be important in making arts in community health projects effective in enhancing people's sense of health and well-being. It is most likely that it is the cluster of these factors together that are significant. They are repeated here to emphasise this cluster.

one door on which to knock, no-strings attached
 holistic and person-centred
 emergent, experimental and innovative
 arts for needs assessment
 art in congenial space
 art as conversation
 permission to play
 creativity in arts in health
 everything for everyone
 volunteers, users and workers
 apprenticeships in arts and health
 inter-subjectivity in professional relations
 transformational leaders
 professional supervision
 passionate practice
 healthy artists
 integrating services

Arts enhancing people's sense of health and well-being

Most important of all, the links between participating in the arts at community level and feeling better are clearly evident. These are detailed again in the words of workers, volunteers and users. These links are summarised here:

Participating in the arts enhanced:

- healthy personal development
- healthy eating
- healthy mothering
- positive mental health
- emotional literacy
- health promotion
- healthy communities

Perhaps one of the most significant findings of this study is the newly emergent professional practice around arts in health in community settings. Community artists are occupying a very important space concerned with immediate responsiveness to 'problems of living'; the development of innovative, participatory solutions within relationships of equality and respect; and the prevention of more intractable situations. It is vitally important that this space is resourced and is protected.

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Appendix

Logical Framework Plans for the five projects

BROMLEY- BY- BOW

<i>Narrative</i>	<i>Indicators of success</i>	<i>Means of verification</i>	<i>Assumptions</i>
<p>goal To enhance the health and well-being of ‘target’ beneficiaries</p>	<p>Self-expression of well-being.</p>	<p>Qualitative interviews with ‘target’ beneficiaries. Quantitative analysis of GP records</p>	<p>Target beneficiaries can be located and attracted to the project. Their participation in arts will enhance their health and well-being.</p>
<p>objectives To encourage attendance at health clinics. To lessen incidence of asthma attacks among children with asthma. To assist and aid breathing for children with asthma. To provide opportunities for gentle exercise for men and women with problems of weight, diabetes and high blood pressure. To reduce stigma. To enhance feelings of self-confidence, self-esteem and well-being. To encourage intergenerational mixes. To convey health information through the arts. To develop ways to convey health information using the arts. To value differences in ethnicity and culture and make bridges between people of different ethnicities and cultures. To encourage inter-generational mixes. To provide opportunities for GPs and other health professionals to engage in developmental arts work.</p>	<p>Impromptu discussions about health conditions, diets and asthma will occur. Enhanced feelings of self-confidence, self-esteem and well-being. Participants feeling comfortable with their own bodies and body image. Participants feeling more relaxed. People feeling valued. People find health information easier to understand. Increased attendance at health clinics and take-up of health services. People enjoy visiting the health centre and feel comfortable within it. Feelings of community ownership of the health centre and its activities.</p>	<p>Diaries completed by workers and participants. Clinical audit data in Centre. Evaluator interviews with participants and workers.</p>	

<p>To work with, and put meaning on, primary health care teams. To enhance community participation in the health centre.</p>			
<p>Activities Asthma and singing group Drama and singing for children, their parents and other family members. Jewellery making. Using musical instruments. Talks with asthma nurse. Dance and movement Operative arts with health professionals Storytelling, drama and creative writing. Portrait painting Baby massage Flower arranging. Liaising with GPs, schools, local community members. Outreach work. Evaluator survey of GPs</p>	<p>Feelings of contentment and enjoyment. Bonding as groups. Increased energy. Conversations between participants, arts workers and health professionals. Outputs of groups (poems, artwork, health information). Feelings of equality within groups and between people and health professionals. Levels of participation are maintained and people return.</p>	<p>Attendance registers. Diaries completed by workers and participants. Video and audio recordings. Photographs. Evaluator participant observation. Evaluator interviews with participants and workers.</p>	<p>GPs will refer. Homework and after school activities will not affect participation. Transition from primary to secondary schools will not affect participation. Dark winter evenings will not affect participation in after school activities. Illness and medication will not affect participation. Difficulties with transport and mobility do not affect participation.</p>
<p>Inputs Space in health centre Sessional and part-time arts workers and tutors. GPs and other health professionals. Asthma nurse Transport.</p>			

LOOKING WELL

<i>Narrative</i>	<i>Indicators of success</i>	<i>Means of verification</i>	<i>Assumptions</i>
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<p>Overall aim</p> <ul style="list-style-type: none"> ❑ To enhance the health and well-being of people of all ages and their social and physical environment in North Craven through engaging in creativity and the arts. 	<ul style="list-style-type: none"> ▪ People feel good about themselves and each other. ▪ Environmental and social improvements take place. ▪ People’s demeanour and appearance showing signs of self-esteem and self-respect. ▪ People show pride in their environment and feel good about where they live. ▪ People have self-respect and define their boundaries ▪ People voice concerns about their social and physical environment. ▪ People listen to local voices and act on the expression of local concerns. ▪ People able and prepared to speak on behalf of others. ▪ People show respect for others and co-operate. ▪ People have a sense of give and take. ▪ Young people and children are seen as doing positive things in the community. ▪ People taking responsibility for actions on their part and others. ▪ People able to deal with new situations and change. ▪ People take responsibility for their own health, the health of others, and engage in activities to address issues affecting health and well-being. ▪ People have a sense of the seasonal life of the community. ▪ People express pride in their achievements and express sense of achievement. ▪ People engage in acts of generosity with each other. ▪ Reduction in social isolation. 	<ul style="list-style-type: none"> ▪ Interviews undertaken by external evaluator with people in North Craven, including local traders, civic leaders and professionals. ▪ Evaluation interviews undertaken by people living locally in North Craven. ▪ Reports in local newspapers. ▪ Public events and activities that take place in North Craven. ▪ Art works. ▪ Public events and activities undertaken by the Looking Well. ▪ Recordings in diaries and scrap books in projects and activities. ▪ Recordings in worker diaries. 	<ul style="list-style-type: none"> ▪ Health, social, economic and environmental policies nationally, regionally and locally continue to provide supportive context for the Looking Well ▪ Statutory, non-statutory, voluntary and Informal agencies and groups continue to support and participate with the Looking Well in its initiatives. ▪ Participation in the Looking Well enhances health and well-being.
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<p>maintain and develop effective communication channels between local people, statutory providers and the range of local non-statutory and voluntary agencies and individuals in the community.</p> <p>❑ To maintain and develop opportunities, activities and projects in the community, with specific relevance to HImP objectives, that enable people to play, engage in conversation together, share skills, gain knowledge and put their own initiatives into action.</p>	<ul style="list-style-type: none"> ▪ People have easier and closer relationships with professionals in health, social care, education etc ▪ Incidence of problems of mental health reduced and minimal incidence maintained. ▪ People access social, health and education provision from statutory, non-statutory, voluntary and informal agencies and groups. ▪ People attend and complete training and education courses leading to qualifications. ▪ Young people and children able to articulate feelings and concerns to appropriate adults and professionals. ▪ Older housebound people feel included in the community. ▪ Messages conveyed through health information are noted and understood. <ul style="list-style-type: none"> ▪ Opportunities, activities and project take place in Looking Well ‘spaces’ which people of all ages participate in and take responsibility for. ▪ People aware of protocol of speaking and listening (one-to-one and group) and respond accordingly ▪ Health education material developed on risks and choices. ▪ Children and their parents feel at home in Looking Well ‘spaces’. ▪ Children are not ‘centre-stage’ all the time. ▪ Children encourage other children and 	<ul style="list-style-type: none"> ▪ Recordings in diaries and scrap books in projects and activities. ▪ Participative discussions in Looking Well ‘spaces’ ▪ External evaluator with people in North Craven, including local traders, civic leaders and professionals. ▪ Evaluation interviews undertaken by people living locally in North Craven. ▪ Reports in local newspapers. <ul style="list-style-type: none"> ▪ Recordings in diaries and scrap books in projects and activities. ▪ Participative discussions in Looking Well ‘spaces’ ▪ External evaluator interviews with participants, volunteers, users and professionals. ▪ Evaluation interviews undertaken by volunteers and users including young people and children. ▪ Reports in local newspapers. ▪ Looking Well events, exhibitions, arts and crafts. 	<p>volunteers and users.</p> <ul style="list-style-type: none"> ▪ Looking Well able to continue to be responsive to changing and emerging needs and opportunities. ▪ Professionals in statutory, non-statutory and voluntary agencies open to engaging on equal terms with Looking Well practitioners, volunteers and users. <ul style="list-style-type: none"> ▪ Traditional values of pride and forbearance do not prevent participation. ▪ Problems of transport will be overcome in rural area. ▪ The warmth and welcoming atmosphere of the Looking Well can be maintained and transferred to other Looking Well ‘spaces’.
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<p>❑ To maintain, develop and sustain a situation where people begin to address their own health needs with encouragement and support from statutory, voluntary and informal agencies and networks.</p>	<p>adults/family members to get involved.</p> <ul style="list-style-type: none"> ▪ Mothers make friends with each other. ▪ Mothers share difficulties, problems and concerns with each other. ▪ Children able to interact with each other and with adults. ▪ Children able to listen to stories. ▪ A sense of calm and purpose during children's activities. ▪ Young people develop friendships across age groups to ease move from middle to high schools. ▪ Older people participate in activities through the Looking Well network. ▪ People developing new understandings and skills. ▪ Enhanced feelings of self-confidence, self-confidence and self-esteem. <ul style="list-style-type: none"> ▪ Young people able to articulate feelings and concerns with each other and with adults. ▪ Older people organise activities for themselves and others of different ages. ▪ Mothers more comfortable and confident in parenting. ▪ People able to share experience of ill health through support groups. ▪ People keep and stay well through participation in support groups. ▪ People able to generate feelings of wellness and positive living while losing health. ▪ People able to articulate feelings about death and dying. ▪ People develop understandings of factors that relate to addressing health needs. ▪ People not so dependent on antibiotics. ▪ People engage in more physical activity. 	<ul style="list-style-type: none"> ▪ Recordings in diaries and scrap books in projects and activities. ▪ Participative discussions in Looking Well 'spaces' ▪ External evaluator interviews with participants, volunteers, users and professionals. ▪ Evaluation interviews undertaken by volunteers and users including young people and children. ▪ Clinical audit in Bentham Health Centre 	<ul style="list-style-type: none"> ▪ Traditional values of pride and forbearance will not prevent participation. ▪ Problems of transport will be overcome in rural area. ▪ The warmth and welcoming atmosphere of the Looking Well can be maintained and transferred to other Looking Well 'spaces'. ▪ Bentham Health Centre have the resources and commitment to audit the use of ant-depressants. <ul style="list-style-type: none"> ▪ Processes and outcomes of National Evaluation Programme relevant to Looking Well discussion and Board meetings. ▪ Discussion and Board meetings able to consider evidence from monitoring
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<ul style="list-style-type: none"> ❑ To continue evaluating these processes, activities and projects for purposes of public accountability, for learning and understanding by all involved, and for development to be informed from experiences. 	<ul style="list-style-type: none"> ▪ People attend the GP surgery less for minor ailments. ▪ GPs receive less inappropriate visits from people. ▪ People make decisions as to how to live well. ▪ Volunteers, users and practitioners participate in National Arts and Health Evaluation Programme. ▪ Monitoring and evaluation feedback informs monthly discussion group involving volunteers, users, professionals and practitioners. ▪ Monitoring and evaluation feedback informs deliberations of Board. ▪ Feedback from monitoring and evaluation passed to funders. ▪ Monitoring and evaluation feedback informs development and funding applications. 		<p>and evaluation and be open to this informing their judgement-making processes.</p> <ul style="list-style-type: none"> ▪ Funders receptive to evaluation evidence and Looking Well judgements informed by this evidence.
<p>Activities</p> <ul style="list-style-type: none"> ▪ Mucky Buckets Play Project ▪ Ante-natal class ▪ After School Play Session ▪ WISH Women’s Support Group ▪ Doing Well ▪ Alzheimer’s Society Carers Support Group ▪ Cancer Support Group 	<p>Activities take place and attract people.</p>	<ul style="list-style-type: none"> ▪ Participative discussions at Looking Well. ▪ Signing-in book/attendance registers. ▪ Documentary records such as funding applications. ▪ Worker records and diaries. ▪ External evaluator interviews with 	

<ul style="list-style-type: none"> ▪ Tai Chi Qigong ▪ Relaxation ▪ Black Library Games Club ▪ Young at Heart Group ▪ Harvest Lanterns and Community Bonfire ▪ Music Sessions ▪ Arts and Craft Sessions ▪ Outdoor Physical Exercise ▪ Nutrition ▪ Indoor Physical Exercise ▪ Community Garden ▪ Exhibitions. ▪ A Book for Children to deal with emotional needs ▪ Shadow Plays with Children ▪ Developing robust partnerships with agencies ▪ Preparing Funding Applications. 		<p>professionals, practitioners, volunteers and users.</p> <ul style="list-style-type: none"> ▪ Evaluation interviews undertaken by volunteers and users, including young people and children. ▪ Photographs and videos. ▪ Family slide show at Christmas. ▪ Newspaper cuttings 	
<p>Inputs</p> <ul style="list-style-type: none"> ▪ Time and space in Looking Well and other appropriate places. ▪ Part-time administrator ▪ Projects Manager and Link Worker ▪ Volunteers ▪ Students on placement ▪ Children's Play Facilitator and Link Worker ▪ Pioneer Projects Board ▪ Healthy Living Centre Steering Group ▪ Materials ▪ Transport ▪ Funding: SSD, HA, Children in Need, Help the ▪ Aged Millennium Fund, New Opportunities Fund 			<ul style="list-style-type: none"> ▪ Funding applications are successful. ▪ Premises continue to be available. ▪ Volunteers continue to be committed and to give their time to the Looking Well. ▪ Arts workers and other freelance workers continue to be available to the Looking Well.

SOUTH TYNESIDE ARTS STUDIO

<i>Narrative</i>	<i>Indicators of success</i>	<i>Means of verification</i>	<i>Assumptions</i>
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<p>Goal To provide an environment that enables people, particularly with mental health problems, and artists, to participate in creative and artistic activities where mutual creativity can foster personal growth.</p>	<p>Greater preparedness for self-expression; Less dependence on others; Improved confidence and self-reliance; Improved self-esteem and self-worth; Greater respect for self and others; Less dependence on medication; Improved relationships & increased number of friends and acquaintances;</p>	<p>Self-expression of well-being</p>	<p><i>Local people in all groups, particularly people with established mental health needs, will be attracted to project;</i> Participation in visual arts will enhance well-being</p>
<p>Objectives To create welcoming, warm, relaxed & safe place to produce art; To create environment of respect and support; To provide educational experiences; To provide opportunities for people to socialise, make contacts and friends; To provide opportunities for people to be independent; To promote positive images of mental health;</p>	<p>Enjoyment & feels good to be in studio; Preparedness to help others; Sense of security in studio; Creative buzz in studio; Successful integration; Increased engagement in activities outside; People move on to other things eg further education; Engagement in stimulating and useful activity; Opportunities to exhibit; Employment opportunities for artists; Critical and external praise; Accreditation/validation of educational experiences.</p>	<p>Evaluator interviews with members, personal testimony; Attendance is maintained and increases; Members acquire more skills Evaluator participant observation in studio; Tracking of members; Interviews with external people; Creative writing.</p>	<p>Participation in the arts will trigger changes in behaviour.</p>
<p>Activities NCFE course for members; arts activities in studio – painting, drawing,</p>	<p>25 members doing accredited course; artwork in wide range of media created in the studio and outside eg Bede Wing;</p>	<p>Attendance at studio signing-in book; Changing art work on walls Attendance at external sessions eg Bede</p>	

<p>printmaking, crafts, photography, sculpture; arts activities with different groups – mental health service users, carers, outpatients, local men and women; arts on prescription; exhibitions in studio gallery and outside; trips and visits; IT training and access studio website outreach work with other agencies through outreach work.</p>	<p>regular exhibitions open to the public in studio gallery and outside eg VANE '99, Customs House; website online with 2000+ hits; coverage in local newspapers for exhibitions; GP records</p>	<p>Wing; Attendance at studio exhibitions; Members entering/winning competitions; Website visits; NCFE work created in folders; Records of newspapers, TV & radio reports.</p>	
<p>Inputs managers; sessional artists; studio building; materials; exhibition space; equipment; workshop sessions; external sessions; funding from SSD, HA, SRB3; volunteers; members; Board.</p>	<p>Managers employed on f.t basis; Artists contracted on sessional basis; Building open 5 days a week' Materials & equipment purchased and delivered; Exhibitions regularly in gallery; At least 10 workshop sessions a week in studio; Sessions in D Johnson, Bede Wing, with carers etc; Funding available; New Deal + others + Board in place.</p>	<p>Employment records; Project accounts; Sub-contracted artists records; Members questionnaire; Members meetings; Statistical data; Purchase records for materials & equipment; Suggestions box.</p>	<p>Arts managers are available and interested in project; Artists are available and interested in project; All workers are knowledgeable, approachable and empathetic Health and SSD will refer people to project; Adequate funding will be available; Potential Board members will be available and interested in project; Supplies of materials and equipment are available.</p>

**WEST END HEALTH RESOURCE CENTRE
STORYTELLING PROJECT**

<i>Narrative</i>	<i>Indicators of success</i>	<i>Means of verification</i>	<i>Assumptions</i>
<p>goal Through storytelling, to enhance the health and well-being of people living in the West End of Newcastle and of the community (environmental, economic, social & cultural) in which they live.</p>	<p>Enhanced feelings of health and well-being of those participating in storytelling. Greater recognition by local people and professionals of factors (environmental, economic, social & cultural) which affect people's health and well-being and actions initiated to address these factors.</p>	<p>Participant observation by evaluator in storytelling sessions. Recorded discussion groups of local people and professionals who have participated. Evaluator interviews with participants, local people and professionals.</p>	
<p>objectives To widen the nature of holistic approaches to health. To influence the use of storytelling and valuing 'the story' within appropriate service delivery. To enhance awareness of the local environment and enhance emotional understanding, self-awareness, self-confidence and self-esteem of participants. To improve language skills To pay regard to the cultural and ethnic richness of the local community and enhance relations between people from different ethnic groups. To recognise and value the contribution people make to their own, and the community's, health and well-being.</p>	<p>Greater understanding on the part of local people and professionals of health in its broadest sense. The use of storytelling in professional practice. Greater awareness of the local environment. Enhanced understandings of emotions, feelings of self-awareness, self-confidence and self-esteem of participants. Improved language skills of those attending speech therapy sessions. Great understanding of the cultural and ethnic richness of the local community. Enhanced relations between people (local and professionals) of different ethnic groups. Greater recognition, on the part of local people and professionals, of the contribution people make to their own, and the community's, health and well-being.</p>	<p>Evaluator interviews with participants, local people and professionals, and storyteller. Storyteller records of sessions. Documented accounts professionals of the use of storytelling in their practice. Case records of children attending speech therapy sessions. Recorded discussion groups of local people and professionals who have participated.</p>	
<p>activities Storytelling with local people from a range of ethnic groups in community-based projects in the West End of Newcastle. Storytelling within speech therapy sessions. Training sessions with speech therapists.</p>	<p>Local people from different ethnic backgrounds attend, return to, and take part in, storytelling sessions. Storytelling conducted in speech therapy sessions. Speech therapists attend storytelling sessions.</p>	<p>Records of storytelling sessions in community-based projects and speech therapy sessions.</p>	

<p>inputs Storyteller in residence for x days a week. Speech therapists Group workers in community-based projects. Space in community-based projects. Steering group to direct and support storytelling project. Management from the WEHRC and Newcastle City Council Participation in Leisure. Equipment, materials and publicity Funding from Proctor & Gamble and Year of the Artist. Evaluation from Arts in Health Consortium</p>	<p>Storyteller in residence. Speech therapists involved. Community-based projects host storytelling sessions. Steering group meets regularly and provides necessary direction and support. WEHRC and Participation in Leisure effectively manage the project. Equipment and materials are available for sessions. Publicity reaches and attracts target beneficiaries. Funding applications are successful. The project (policy, planning and practice) is informed by and learns from the evaluation.</p>	<p>Records of storytelling sessions in community-based projects and speech therapy sessions. Steering group minutes. WEHRC and Participation in Leisure records (including budgets) of storytelling project. Copies of publicity and records of dissemination of publicity. Funding application forms. Evaluation discussion papers and feedback received and considered.</p>	
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WREKENTON LANTERN PROJECT

<i>Narrative</i>	<i>Indicators of success</i>	<i>Means of verification</i>	<i>Assumptions</i>
<p>goal</p> <p>To contribute to the development of a sustainable healthy community in Wrekenton through creating a unique building and neighbourhood.</p>			<p>Collective work brings 'light' to community and its health</p>
<p>Objectives</p> <p>To make Wrekenton special. To improve the public image of Wrekenton. To educate people in healthy lifestyles. To provide opportunities for enjoyment and family celebrations. To improve family relations. To create employment opportunities. To enhance self-esteem of local people. To be 'passionate' and develop 'emotional literacy'. To trigger motivations for environmental/social and personal change. To create congenial space. To enhance co-operative relations. To make a history and tradition of the activity. To de-mystify the artist. To work towards the development of an all-year programme. To contribute to the field of arts in health through the practice of the project and through the evaluation.</p>	<p>Children have 'happy hearts' and talk about it before and after events. Positive comments by local people and neighbouring estate. Positive press and local TV coverage. Wrekenton becomes a demonstration project. Children maintain involvement with events as they grow older and move from primary to secondary. Number of participants is maintained at current level. More teenagers become involved and difficulty of constraints of school timetables for 11+ is overcome. Co-operation between schools is enhanced. More parents and toddlers become involved. People, adults and children, adopt more healthy diets. People become knowledgeable about their hearts. Environmental improvements are initiated. A 'Millennium Gateway' is agreed or achieved.</p>	<p>Evaluator/participant observation of events and key moments. Project records to be kept on participants and activities. Anecdotal evidence. Vox Pop interviews. Conduct dietary profiles (before/after) with participants. Conduct before and after studies re people's (children and adults) awareness of their hearts. Conversations/interviews with participants. Conversations/interviews with arts workers and Library support staff. Interviews with school teachers. Interviews with health professionals. Interviews with planning authority personnel. Creative responses from participants - stories, poems and pictures.</p>	<p>The arts/events convey memorable health messages.</p> <p>The arts/events impact on the curriculum, build skills, co-operation and provide opportunities for positive learning.</p> <p>The arts/events provide a way for local community to take control of the streets.</p> <p>The arts/events create a mythology.</p> <p>The arts/events can influence others especially decisions makers.</p> <p>The evaluation will attract recognition and funding for arts in health.</p> <p>The arts/events will make real opportunities for employment</p> <p>The arts/events will produce social entrepreneurship at professional and community levels.</p> <p>Funding will become available for purpose built building (Healthy Living Centre).</p>

<p>Activities The seventh lantern procession and a summer carnival event: Including lantern making (and more family lanterns) over two three week periods: Having a Millennium theme; with a firework finale; having a 'No Smoking Day'; celebrating births, birthdays and deaths; with press, publicity and lantern newspaper; involving the training of 'apprentices'; involving all family members (and attracting more Dads into workshops), school children; involving Prime Time and The Base; following a new route through (Wrekenton/Springwell) gate; including breadmaking workshops and breadmaking, soup and fruit for the procession; and music and song workshops with a local youth street band. Make a gift lantern, window and space decorations, Christmas card making, a lantern tableau in hall. Monthly community walks for healthy activity and a healthy neighbourhood, creating stories of the walks and raising environmental/planning issues. Healthy eating/allergies and keep fit activities for adults. Bring together school groups for feedback. Arrange visits by health pros to schools. Order arts materials and make contracts. As a pilot/field site, participate in HAZ/'common knowledge' training with local people involved as trainers. Host shiatsu sessions, children and adults. Develop links and possibly make visits, including professional exchanges, with other communities (Wigtown, Bentham, Luxembourg). Fundraising - Karaoke.</p>	<p>Participants attend, including all family members (children, parents, grandparents). Participants and workers work as team of equals. Understanding of the process of the events and of health issues. Opportunities to communicate risk factors around health issues. Behavioural change and peer pressure to change towards healthy lifestyles. Participants' appreciation of Shiatsu. Participant's enthusiasm for walks and awareness of environment. Participants, including children, engage in conversations about feelings. Challenge and change to Health Authority's priorities and assumptions. Signs of educational attainment for non-achievers such as self-esteem. Healthy school awards. Funding is maintained. Continuity of key personnel.</p>	<p>Evaluator/participant observation of events and key moments. Project records to be kept on participants and activities. Monitor events and follow-up participants. Level of attendance and repeat attendance. Photographic evidence of events including 'The Family Photo Album'. Records of laughter levels. No aggro on processions. Conversations/interviews with participants. Conversations/interviews with arts workers and Library support staff. Interviews with school teachers. Interviews with health professionals. Creative responses from participants - stories, poems and pictures. Skills audit of participants and appraisal of other applications.</p>	<p>The events will be well-planned and congenial with high level of trust. The project will continue to have local authority support, community support and support from key individuals. Appropriate venue will be available to 'house' the events. There can be a protocol re professional/voluntary input with appropriate acknowledgements.</p>
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<p>Inputs Artists team including musicians. Administration and planning work. Arts materials. Libraries support staff. Photographers. Police. Stewards. Teachers (two primary's and older children from St Edmund Campion). Experienced local people. Parents and toddlers. Health Staff placement /visits. Day and twilight sessions. Planning authority staff. Visitors - EU/academic/health/arts workers. Mayor & councillors, VIPs, and Press. Transport. Minibus for procession. Crèche in lantern room. Accommodation. Happy Hearts Bank Account Funding: HAZ/HA Truats Local authority Millennium EU? Evaluation budget Co-op & local fundraising</p>			
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