NHS

Health Development Agency

Art for health
*A review of good practice in community-based arts projects
and initiatives which impact on health and wellbeing*

Acknowledgments

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Preface to the series

Social capital for health

This report is based on research carried out by the now closed Health Education Authority (HEA) – summary findings were published in 1999. This full report and related contact database are being published by the Health Development Agency (HDA).

The recent Acheson report, *Inequalities in Health*, and the government's public health strategy, *Our Healthier Nation*, recognise that the solutions to major public health problems such as heart disease, cancers, mental health and accidents are complex. They will require interventions which cut across sectors to take account of the broader social, cultural, economic, political and physical environments which shape people's experiences of health and wellbeing.

A major challenge is how to influence these broader determinants of health in such a way that relative inequalities in health can be addressed.

Recent evidence suggests that social approaches to the organisation and delivery of public health may have considerable potential for health improvement, particularly for those that suffer most disadvantage in society. The evidence base for moving forward in this field, is, however, somewhat limited.

The HDA is committed to developing this evidence base and to testing social approaches to reducing health inequalities and to the promotion of health and the prevention of disease.

The HEA's Research Strategy 1996-99 started to investigate the concept of social capital and to establish the empirical links between aspects of social capital (such as trust, reciprocity, local democracy, citizenship, civic engagement, social relationships, social support) and health outcomes, access to services, information and power.

Social capital serves as one coherent construct which will allow us to progress the debate and discussion about the general importance of social approaches to public health and health promotion. It is, however, only one part of an approach to health improvement, which must also clearly embrace structural changes.

The HDA's programme of social action research in two city sites will build upon the evidence produced so far, to demonstrate the effectiveness of a range of integrated social approaches, implemented through collaborative initiatives by local authorities, health authorities and the voluntary sector.

The early work on social capital will also feed into new in-depth analyses of social networks and citizen power and their importance to health by gender, age, ethnicity and further explore its relationships to health and inequality in individuals and in populations.

During 1999 the HEA published a series of reports summarising the initial results of the exploratory work on social capital and its link to health.

In drawing together the evidence base to contribute to the delivery of the new public health agenda the HDA, will adopt a broad approach.

The arts clearly have the potential to make a major contribution to our health, wellbeing and lifeskills. It is important however, to capture the evidence of the impact of the arts on health to ensure proper recognition of their effect and the availability of appropriate levels of investment to sustain any positive influences.

This report represents a very welcome first step in documenting the evidence on best practice in 'arts for health' in England.

Executive summary

The number of community-focused projects and initiatives that use the arts to impact health and wellbeing has risen rapidly during the last decade. However, there are to date no established principles and protocols for evaluating outcomes, assessing the processes by which outcomes are achieved, and disseminating recommendations for good practice to field workers. This report forms the ground work for a process aimed at establishing these needs.

This inquiry has taken as its remit arts projects aimed at community participation, capacity building and regeneration, as well as those with a straightforward health or health promotion objective. In understanding health, a broad view has been taken of how the relationship between art and health is articulated, and on the importance of building social capital through participation and social connectedness in the enhancement of people's health.

Our findings indicate that:

• Many arts-based projects in the UK specifically respond to health, educational and social needs
• Best practice projects clearly identify and articulate local need, though seldom through objective or formal means
• Successful projects are often based on the intuition of an individual who acts as impetus for the project's conception, development and deployment
• Project accountability among most projects is to a management board and/or funders
• Space is mostly used as a 'drop-in' for people and plays a crucial role in facilitating interaction and social connectedness
• The attitude of 'anything goes' can be detrimental to a project's success, and among the best projects the quality of artwork and the benefits of the process of involvement are crucial

• Rigorous forms of learning are an integral part of the specific benefits brought by projects
• The development of interpersonal skills, opportunities for making friends, and increased involvement are among the most important contributions to health that projects can make
• Many of the most successful models of participation are strikingly similar to ancient traditions of collaborative arts activity
• Local authorities, charitable trusts and Regional Arts Boards are the dominant funders of projects
• Projects need sufficient time for planning, for building successful participatory methodologies and for creating robust models for partnership working
• The optimum financial package is seen by many as a being a three-year seed funding programme
• Many projects are only able to provide finite investment in their local area
• Most projects are partnered with local authorities, charities and voluntary groups
• Effective partnership outcomes occur through the establishment of a clear understanding of a project's objectives, enabling a range of agencies to provide carefully tailored support
• Although all projects carry out some form of evaluation (whether formal or informal), the best projects seldom carry out evaluation in a formal way.

Based on these findings, the following recommendations are made:

• Dynamic, catalytic individuals must be supported: success often depends on them
• With many of the best projects being based on intuition, opportunism and personal drive, it is important for the field not to become over-professionalised
• Projects should insist on having access to good quality

space to maximise opportunities for formal and informal interaction

- Policy-makers should consider making larger spaces available to arts projects, so that these spaces can operate as drop-in centres and create synergies and opportunities for community building
- Quality of artwork should be a primary focus of a project's aims
- The type of art used in a project should grow organically from local conditions. Success within appropriate local conditions and resources needs to be replicable
- Participatory models that work well need to be well structured, well organised and specifically related to the acquisition of skills or of resources for self-expression
- Individuals and projects should be supported by three year funding packages
- There is a need for increased awareness and dissemination of types of funding available
- Projects should be encouraged to develop ways of being self-sustaining
- Projects should have cross-sectoral support without necessarily creating cross-sectoral structures: inter-disciplinarity is costly, time consuming, and logistically difficult
- A mechanism evaluating the health benefits of an arts project needs to be established, providing a platform for meaningful and rigorous analysis. This should allow projects to have freedom in setting their own evaluative frameworks with regard to aims and objectives, local targets and need. Based on our research, we have developed a set of evaluative criteria that might be useful. These criteria can be seen in the full report.

Project pictures

Part one

Participants at The Cabin, MOSAIC. Batley Corr Estate, Batley

Rag Rug Artefact, MOSAIC

Artist painting baby portraits
in reception, Bromley by Bow

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Completed baby portrait,
Bromley by Bow

Main studio, Bromley by Bow

Participant proudly displays his quilt square, Bristol Care & Repair

Quilters at work, supervised by project artist (standing), Bristol Care & Repair

Quilters compare their work, Bristol Care & Repair

1 Introduction

In October 1998, the Health Education Authority commissioned SHM Productions Ltd to carry out a review of arts projects and interventions which impact health and wellbeing, and to create a database of good practice in the field. The inquiry was intended to address (and assess) the recent proliferation of 'arts for health' projects, and was undertaken in a context of increased research interest in the social as well as medical determinants of health.

This investigation was carried out as part of the HEA's strategic programme of research that set out to tackle health inequality and combat social exclusion. The methodology – in particular the design of the questionnaire survey – dovetails with the work currently being carried out by the Health Development Agency (HDA) under the banner of Our Healthier Nation in Practice.

This range of work has been occasioned by the recent emergence and development of theories of social capital that place emphasis on social inclusion and connectedness as one of the main determinants of health and wellbeing. These theories have the potential to radically transform approaches to health promotion. Accordingly, SHM's inquiry took as its remit not only arts projects with a health/health promotion objective, but those arts projects which combined this objective with community participation, capacity-building and regeneration.

Understanding 'health'
Although the perceived link between art and health was central to the research, arts projects are seldom evaluated according to strict medical criteria, and reports of improvements to physical health are rare. It was important therefore to determine what 'health benefits' might mean in this context.

As a result, the research took a broad view of how the relationship between art and health is articulated. It drew on an evolving body of evidence that focuses on the importance of such factors as increased wellbeing and self-esteem, and on the role of participation and social connectedness in the enhancement of people's health by building social capital.* The pressing need to use broader indicators which take into account the dynamic nature of social interaction for assessing the effects of health promotion has recently been identified by scholars in this field (see Gillies, 1998), and informs the development of the following indicators of health improvements as evidenced by:

- Enhanced motivation (both within the course of a project and in participants' lives more generally)
- Greater connectedness to others
- People's own perceptions about having a more positive outlook on life
- Reduced sense of fear, isolation and anxiety
- Increased confidence, sociability, and self-esteem.

* For an overview of this approach, as well as an understanding of how the relationship between social capital and health can be deployed in national and local policy initiatives to promote public health, see Campbell, Wood and Kelly, 1998.

2   Approach and methodology

The research was carried out in three overlapping and integrated phases.

Phase one: review and collation of literature

This phase was carried out between October and December 1998. It comprised both a worldwide literature review and online search of arts-based health promotion projects. The information gathered allowed us to understand the various ways in which projects are currently evaluated and to identify basic criteria for success and good practice. Three broad types of evaluation strategy were identified:

- A health-based approach linked to testing the degree to which the arts can contribute to a sense of self-esteem and wellbeing which can in turn be converted into specific health outcomes*
- A socio-cultural approach based on the importance of considering the social benefits of arts projects, as well as the importance of the finished art product[†]
- A community-based approach based on offering ways of theorising and understanding the role of arts initiatives in the context of building social capital.[‡]

These different evaluation strategies all favour composite methodologies, with a combination of qualitative and quantitative measures; they deploy semi-structured interviews and questionnaire techniques with participants, artists and funders/advisors, together with assessments of

finished artwork/output. In addition, for all three evaluation strategies there is a need to understand projects in their own terms and to set them against not only national indicators, but also their own stated aims and objectives.

Phase two: review of good practice

This phase of research was intended to:

- Create a mechanism for the analysis of good practice
- Develop good practice criteria with the help of an advisory panel of experts
- Provide an analysis of what constitutes good practice in the field, through visits to selected arts projects
- Report on findings from site visits
- Make recommendations on how to encourage and sustain good practice.

As well as a nationwide questionnaire and database, and a review of existing literature, it was felt that a detailed qualitative investigation of a small number of projects considered by experts to be noteworthy and successful, would yield further qualitative data on evaluation processes and outcomes. The site visits were accordingly intended to:

- Understand the conditions that made success feasible
- Establish typical anxieties that tend to cause difficulties in a range of projects
- Treat respondents as experts in order to determine what they themselves understood good practice to be
- Arrive at a basis for analysis that could lead to some preliminary recommendations to inform both policy and practice.

* For examples of this approach see Argyle (1998); Argyle, Martin, and Lu (1995); and Headey, Holstrom, and Wearing (1984).
‡ François Matarasso has been a leader in this field in the UK. See in particular, Matarasso, 1997; Matarasso & Chell, 1998.
‡ Much of the work in this field is still in its infancy, though the key documents which may be used to understand the main thrust of such an approach are Meyrick & Sinkler, 1998; Health Education Authority, 1998; Campbell, Wood & Kelly, 1998; Fee, Arber, Ginn & Cooper, 1998.

Choosing projects for site visits

There are a large number of 'arts for health' projects currently operating in the UK. Of these, a smaller number can be said to represent examples of 'good practice'.

Arriving at these projects represented a major challenge: some projects are widely publicised, while others are less well known. Some projects are sustainable over the years, while others enjoy a brief flowering and then disappear, or mutate into other activities. The first step was, therefore, to map existing and active projects. Some 250 projects across the country were identified. Many projects were nominated by 'umbrella' organisations and key individuals. The others were identified through published sources and datasets.

A project taxonomy of three strands or groups was established according to the stated 'main objectives' of each project. These groups or strands were:

• Didactic
• Participatory
• Environmental.

The final sample size of 15 projects was determined by time and cost considerations and five projects were chosen from within each of the identified groups – didactic, participatory and environmental. In selecting these projects the following selection criteria were used:

• The type of community or audience served by the project (for example older people, young people, mental health users)
• The geographical location of the project in England
• The arts activity employed within projects (for example drama, quilt-making, computer design, lantern processions).

The 15 selected projects, together with the hypothetical good practice criteria developed in the course of the research, were submitted to an advisory panel of experts drawn from funding bodies, the medical profession, arts professionals and health promotion experts. The objectives of the panel were to:

• Refine the good practice criteria
• Agree the research methodology and refine the list of proposed site visits
• Agree the questionnaire methodology by which the database would be built.

List of projects

The following projects were agreed by SHM, the HEA and the expert panel:

Didactic strand

• **The Looking Well, Bentham.** Community arts centre providing 'creative health promotion and outreach' (Yorkshire and Humber region)
• **Jubilee Arts, West Bromwich.** Project providing community arts and multimedia access (West Midlands region)
• **Withymoor Surgery/Brierley Hill Arts Education and Health Group.** Providing creative health promotion via a GP's practice and a network of local schools (West Midlands region)
• **Wrekenton 'Happy Hearts' Lantern procession (via Gateshead MBC Libraries and Arts).** Creative health promotion via annual lantern-making workshops and lantern procession (Northern region).

Environmental strand

• **Healing Arts, Isle of Wight.** Hospital arts and community outreach (Southern region)
• **Free Form Arts, Hackney.** Community regeneration and health education (Inner London region)
• **MOSAIC – Multi Organisational Support Arts in Community, Batley Carr Estate.** Public arts and regeneration (Yorkshire and Humber region)
• **Bromley by Bow Centre.** Arts and health promotion integrated throughout health centre and play park (Inner London region)
• **'Art in the Ark'.** Seagrams' art programme for the workplace (Inner London region).

Participatory strand

• **'Multi-A' (now the umbrella for Hartcliffe Boys' Dance Project and others) South Bristol.** Boys' dance company working with professional residencies, such as Ballet Rambert (South West region)
• **Magic Me.** Inter-generational oral history and reminiscence work (Inner London region)
• **South Tyneside Arts Studio, South Shields.** Open access studio spaces specialising in mental health referrals (Northern region)
• **Equal Arts.** Drama work with frail older people in residential care (Northern region)
• **Mahogany Arts.** Carnival arts (Inner London region)
• **Care and Repair: EOPTA (Empowerment of Older People through the Arts).** Quilting project with older people (South West region).

Criteria for analysis

The first phase of research (literature review and early contact with arts organisations) together with expert advice from the advisory panel of experienced practitioners in the field, allowed us to identify the following criteria for analysis of success and determination of good practice:

• Congenial atmosphere ('great, good place'): demonstrating comfort, congeniality, improved conversation, etc.
• Organic connection with participants
• Cross-sectoral working: 'listening/learning organisations'
• Improved physical/social environment
• 'Valued', rather than 'value for money' projects
• Sustainability beyond 'catalytic individuals' or 'individual champions'
• High profile and impact artwork
• Healthy economic infrastructure
• Clear mission statement/vision/agenda
• Improved education. ('emotional literacy')
• 'Reflective practice' (self-evaluation etc.)
• Ongoing aims/aspirations
• 'Distinctive contribution' (projects that add value elsewhere).

These criteria were used to develop questions to act as the framework for the design of the questionnaire.

Methodology

SHM and HEA researchers visited each of the 15 projects and carried out a semi-structured interview with one key member of the project personnel to determine:

• Project origins
• Project design
• Ways in which projects target need
• Key benefits and outcomes: health; education; wellbeing; self-esteem; improved physical/social environment
• Extent to which projects encourage community participation
• Evaluation methods
• Profile and impact of artwork (value to participants and wider community)
• Accountability structures
• Partnerships
• Funding and sustainability.

On a more subjective level, researchers were also asked to think about:

• Project space: how it looked and how it was used
• Atmosphere: comfort and congeniality
• Attendance/participation: people present, their relationship with the project, conversation, etc.
• Anxieties

In addition to interviewing key project personnel, researchers interviewed participants where possible, observed the projects in action, and took photographs of artwork and activities.

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Phase three: the questionnaire survey

The approach described above informed the drafting of the questionnaire. The questionnaire was distributed to 246 UK arts organisations, projects and initiatives currently carrying out work in the field of developing arts for social/health benefits. It was designed to draw from other evaluative approaches in the field by:

• Identifying a project's own aims and objectives
• Understanding target audiences of projects
• Identifying the degree to which projects respond to health/social needs
• Establishing a project's relationship to measurable health outcomes
• Foregrounding the issue of health inequality
• Establishing what sorts of partnership and funding made projects possible
• Eliciting information about existing evaluation and measures of success
• Analysing the degree to which projects are run on a sound, sustainable and beneficial financial footing
• Examining the quality of the art product.

These principles informed the questionnaire's design and the definition of good practice and health benefits on which the analysis of the material was based. The response rate was relatively low (37%), with 90 out of 246 returning questionnaires. Non-responders were contacted twice to ask if they would be willing to submit questionnaires. Analysis of project characteristics revealed no objective difference between respondents and non-respondents, but anecdotal evidence suggests that many felt they did not have time or expertise to fill in the questionnaire. The results were analysed and will appear on the HDA's website.
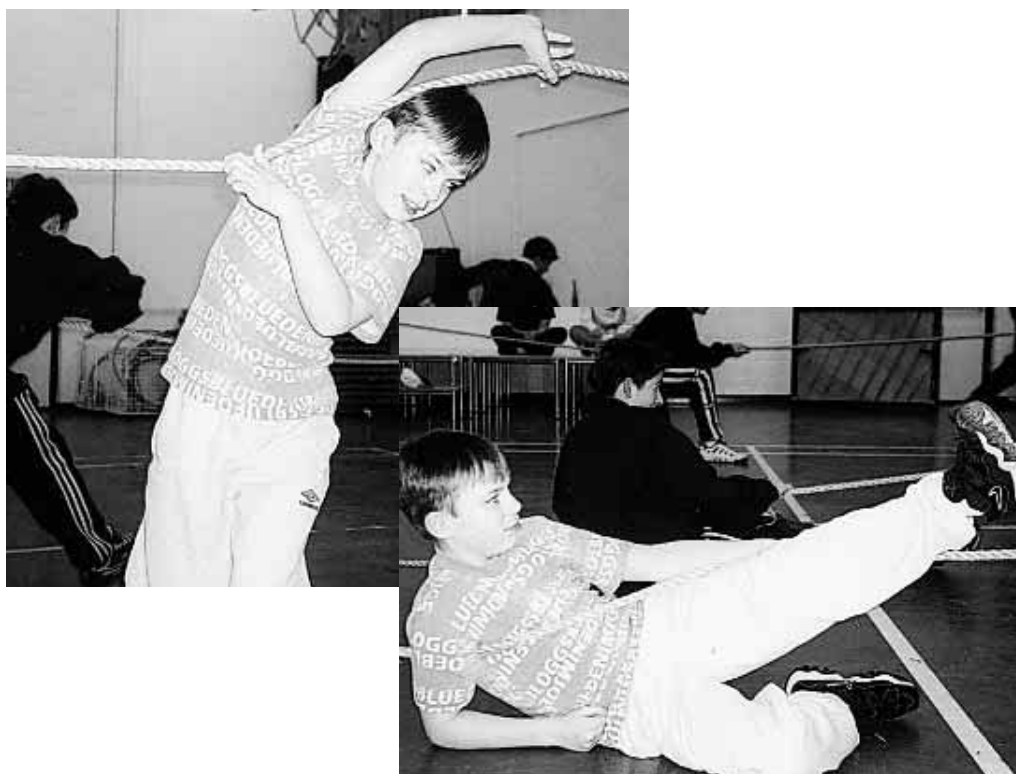
Project pictures

Part two

Participants are choreographed for 'The Ancient Mariner', Multi-A Ltd (Hartcliffe Boys' Dance)

'The Ancient Mariner' in rehearsals continued, Multi-A Ltd (Hartcliffe Boys' Dance)

A young participant proudly displays her batik work at The Looking Well, North Yorkshire

Open batik session in progress, The Looking Well, North Yorkshire

Project premises in converted garden centre, The Looking Well, North Yorkshire

3   Questionnaire survey findings summary

Projects and their communities

Local demand and target groups' needs form an important part of most projects' identification of need, although many projects across the country still depend on committee structures for their accountability to local people.

Democratic structures and catalytic individuals

Questionnaire responses do not give a clear indication of the extent to which catalytic individuals alone have been responsible for setting up projects. While more detailed qualitative examination of project origins in our case study research revealed the important role of individuals in the early stages of project development, quantitative questionnaire responses were much more difficult to interrogate.

Of the 90 projects that returned questionnaires, 32% identified a local need through the intervention of an individual. Half of the projects (50%) identified need with the participation of their target groups and 46% facilitated local communities in identifying their own projects. Only 22% of the projects were established as a result of a formal health needs assessment.

Accountability to local people

Formal accountability to project participants was thought to be significant by 38% of the 90 projects that returned questionnaires. Of these projects, 73% are formally accountable to a project management board/committee, 69% to the funders of the project, and 38% to project participants. Only 12% of projects are formally accountable to the wider public.

Project management/steering groups designed the evaluation in 27% of projects, while project coordinators alone designed the evaluation in 15%. Collaboration with the target group was recorded in only 20% of projects, and in 19% of projects an outside agency designed the evaluation. Nineteen per cent of projects claimed to have carried out informal evaluation, but were unable to provide details of procedures.

Project workers led coordination of the evaluation in 70% of projects, with the funding agency leading coordination in only 5% of projects. A further 6% of projects employ local people to lead coordination of the evaluation.

Attendance and participation

Sixty-eight per cent of the 90 projects that returned questionnaires catered for more than 100 participants, with only 14% catering for fewer than 25 participants.*

Fifty-seven per cent of the 90 projects restrict their work to members of the local community: 24% of the projects have only one salaried/employed staff member, and 35% have two to four salaried/employed staff members. Only 4% of projects have more than nine salaried staff.

Space and artwork

The majority of projects are based in temporary spaces shared with other initiatives (community centres, hospitals, schools). The venues used by the 90 projects include community centres (45%), schools (38%), Daycare centres (35%), and/or hospitals (34%).

Project space

Of the 90 projects that returned questionnaires, 11% cited the nature of the venue (poor access, insufficient size, etc.) as a factor restricting the success of project development.

*These figures have been adjusted to take into account that some questionnaires were returned by groups running more than one project.

Artwork and other forms of output

Over half of the 90 projects have produced reports (53%) and papers (54%). Forty-three per cent of projects have resulted in exhibitions and 26% in conferences; 20% of projects have produced websites.

Qualitative analysis indicates that most projects do not want to link arts activities too rigidly to social or 'educational' messages, but instead to achieve social and educational benefits via more indirect means. Project success was frequently judged in terms of improved skills, expression and sociability:

> 'Development of new skills. Expanded social networks. New ideas. New ways of using ideas. Tapped into creative instincts' – Mantle Community Arts

> 'Written and verbal communication skills; organisational skills; exploration of identities and positive aspects of lives; improved relationships with professionals and family and friends; effective communication in groups' – Bristol Health Promotion Service.

Evaluation of improved health and wellbeing

Increased sociability (through friendships), self-esteem, personal development, confidence, and the improvement of mental health were identified by an overwhelming number of projects as benefits of participation in arts projects. Many projects also stated the (informal) educational value of their work to both participants and in some cases the local community, particularly in raising awareness of health issues.

Improved health

It is difficult to gauge the extent of health benefits to participants, though the importance art plays in improving participants' mental health is continuously emphasised by questionnaire respondents.

Of the 90 projects that returned questionnaires:

- 42% of projects sought to tackle health inequalities and 41% to tackle inequalities based on socioeconomic situation
- 66% of projects stated that they felt that their work

had resulted in increased individual happiness among project participants, and 53% said that they believed that their work resulted in stress reduction for participants

- 57% of projects said their work acted as therapy for participants.

Improved wellbeing/self-esteem

Questionnaire findings point to the act of participation enhancing participants' sense of wellbeing:

- Of the 90 projects that returned questionnaires, 91% stated that their work contributed to health improvement in the local area by developing people's self-esteem, and 82% stated that participants' confidence increased as a result of participation
- 59% said their projects resulted in people making new friends
- 76% stated that their work enhanced community development by improving participants' quality of life
- 78% of projects stated that their participants felt more creative and confident and 64% said that they believed that participants had an enhanced sense of control over their own lives as a result of participation in the project.

Evidence for these benefits was predominantly anecdotal and no projects had designed rigorous instruments of measurement.

Improved education

While evidence of improvements in formal education through participation in the arts is limited to only one project (Hartcliffe Boys' Dance), there is much evidence of informal education taking place through the development of new skills and developed language/creative/social skills:

- 72% of projects stated that in their opinion, participants developed language/creative/social skills by participating in their projects
- 70% of projects stated that participation in arts projects had increased the likelihood of participants' seeking to develop skills.

Changed patterns of service elsewhere

Evidence of reduction in services elsewhere due to participation in arts project is extremely difficult to identify. Indeed, data giving evidence of quantified

savings in costs to any of these services are unavailable from the questionnaire research. However, while this evidence of savings is difficult to establish, evidence regarding partnerships does point to many local services such as libraries, sports services, voluntary groups and NHS Trusts working with arts projects.

Of the 90 projects that returned questionnaires:

- 12% stated that they believed they were contributing to reducing the cost of Social services, 11% claimed to have an impact on the cost of health promotion and 8% on the cost of crime prevention
- 45% state they have encouraged cross-community cooperation and 30% say they have improved the relationship between the community and local council.

Again, evidence for these benefits is predominantly anecdotal and not based on rigorous instruments of measurement.

Success

Many different indicators of a project's success were identified though, in general, project responses can be divided between the benefits of social contact for participants, and indicators relating to projects' success in the community:

'Although the project encourages self-expression and through this building confidence, we are also a focal/meeting place where friendships are built. From this the group organises other social activities which reduces the effect of loneliness/isolation' – Amble House Arts Project

'Success is about encouraging people to be more vulnerable (sometimes), more assertive (sometimes) and better skilled in interpersonal relationships, personal and social awareness and communication' – Wolf & Water Arts Company

'Enhanced wellbeing; enhanced ability to communicate; build relationships; new opportunities' – Jabadao

'Success is measured by take up of the scheme, now with waiting list, and quality of musical process for the participants' – Sound It Out Community Music

'Increased participation; greater sense of personal achievement and awareness of personal achievement; increased concentration span; increased communication; increased ability to work with others' – First Movement

'The studio is in use seven days a week at least 71 hours per week; young people going on to FE and HE; bands signed to record companies' – Bandwagon Studios

Good Practice

Good practice involved a set of intersecting factors, but projects identified the following five, in order of highest frequency, as crucial to success:

- Strong/meaningful partnerships (27%)
- High quality and experienced coordinators (18%)
- Enthusiasm and commitment from participants and staff (16%)
- New ways of working (12%)
- Thorough monitoring and evaluation (9%).

Restrictions

According to questionnaire respondents, the five most common factors hindering the development of projects are (figures in brackets relate to the 90 respondents):

- Insufficient/limited funding (39%)
- Short-term funding (23%)
- Lack of time (18%)
- Insufficient resources (14%)
- Nature of the venue (poor access, insufficient size) (11%).

Lessons

All projects were asked what were the key lessons they had learnt and would like to pass on to others. The variety of respondents' answers given to this question can be categorised in the following way (figures in brackets relate to the 90 questionnaire respondents):

- Develop strong partnerships (18%)
- Think in the long-term/plan in advance (16%)

- Be involved in community consultation (15%)
- Recruit professional/quality tutors, artists and coordinators (11%)
- Be flexible in your approach (11%).

Funding and sustainability

Funding is primarily provided by grants from charitable trusts, local authorities, and Regional Arts Boards. The majority of projects are run by people from the local area and although many projects stress the importance of long-term planning, many are only able to provide finite investment in the local area (through job creation, training and artist support).

Funding

Of the 90 questionnaire respondents, project funding is mostly provided by local authorities (53%), grant-making charitable trusts (50%), and/or Regional Arts Boards (43%):

- Fifty-one per cent had a funding level over £20,000, and only 3% had a funding level of less than £1000; 15% had a funding level of £5000-£9999; 14% had a funding level of £1000-£4999; and 14% between £10,000 and £19,999.
- Only 39% of projects stated that insufficient/limiting funding was hindering the development of their work and only 23% identified short-term funding as the key problem.

The overall quality of responses to questions about funding was uneven, and many projects expressed anxiety about revealing details to outsiders.

Sustainability

While the funding reality for most projects prevents them from implementing long-term strategies, there is an awareness that developing strong partnerships and long-term planning are the key to sustainability. In addition to seeking new funding, the dissemination of skills and training is regarded by many projects as an effective way of ensuring that the benefits of the project remain sustainable in the long term.

To ensure long-term sustainability, 58% (of the 90 projects who returned questionnaires) seek further/mainstream funding. Many projects also stress the importance of long-term thinking and planning:

'Build projects from the start as long-term projects' – First Movement

'Consider sustainability, develop forward strategy right from the start of the project' – Young Batley

'We talk about the longer term implications of the work at its outset with support team (funders, local groups/individuals) and, whenever possible, work with them to ensure sustainability (currently 50% of our projects are continuing)' – Artists' Agency.

Also, the need to have greater links and affinity with funders was expressed:

'To persuade fund-holders to provide long-term support in which growth and planning can take place' – Arts Project, Northumberland

'Keep the funders fully informed so that you can approach them the following year' – Live Music Now North West.

Transferability

Of the 90 projects that returned questionnaires, 54% publicise findings and lessons from their work, 53% claim to develop both local professionals' skills, and 51% local people's skills; 50% of projects share information with local people, and 36% create new/improved services.

Partnerships and cross-sectoral working

Of the 90 projects that responded to the questionnaire:

- Local authorities are the main partners (69%), though charities/voluntary groups are also strong partners (54%). These partnerships are often based on community consultation and joint planning and management. Most projects are involved with one government initiative, the Single Regeneration Budget being most frequent (20%)
- The majority are partnered with local authorities (69%) and/or charities/voluntary groups (54%). Community or neighbourhood groups account for 34% of partners
- The nature of the partnerships are mostly based on joint planning and management (47%), community consultation (35%) and/or shared resources (30%).

Project pictures

Part three

Right: Artist displaying carnival artefacts, Mahogany Arts, Harlesden.
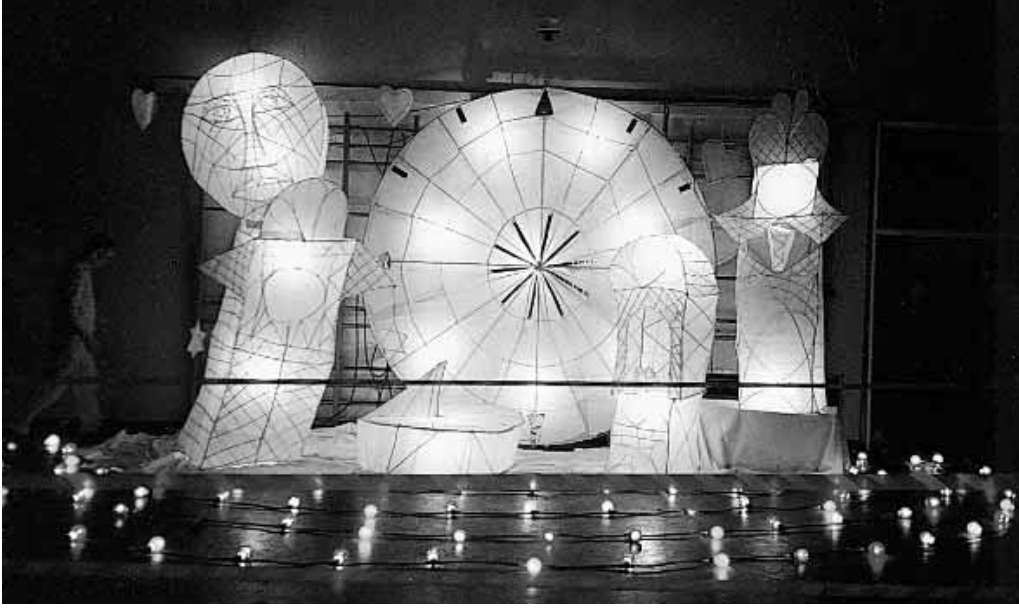Below: more carnival artefacts and the project's premises in Harlesden

Group session between
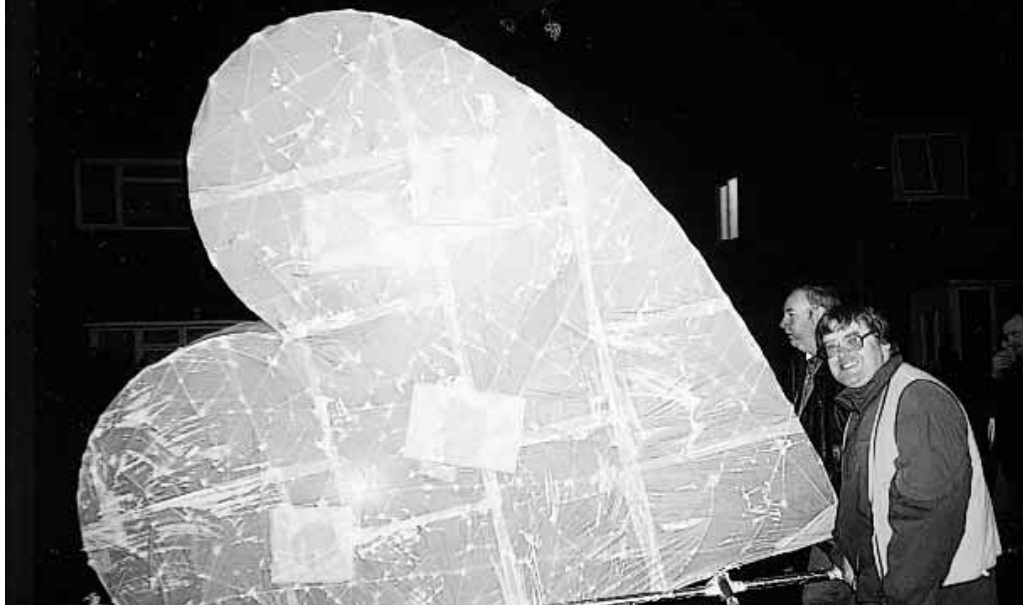schoolchildren and older
people, Magic Me, East
London

Women weaving willow
lanterns, Wrekenton
'Happy Hearts'

Community lantern display
in the school, Wrekenton
'Happy Hearts'

22

Participants carrying the
'heart of the community' in
the 'Happy Hearts' procession

Children in the lantern
procession, 'Happy Hearts'

Participants chatting
as they work,
South Tyneside Arts Studio

Portrait, South Tyneside
Arts Studio

Participant relaxing over
coffee, South Tyneside
Arts Studio

4   Site visits – findings summary

This section is based on the analysis of the 15 case studies carried out with the organisations and project coordinators that were felt in some way to exemplify good practice in this field. The quality of the data collected during site visits was superior to that collected via the questionnaires.

The main reason for this was that in direct interview situations respondents were more willing to provide project details than when responding to questionnaires. For this reason, good practice recommendations and criteria have been based predominantly on the findings of the site visits, while the questionnaire provides more general evidence of the field. The questionnaire findings do, however, support the site visit findings.

Projects and their communities

The original sample included five projects with 'didactic' aims or intentions; five 'environmental' projects, and five 'participatory'. It emerged from the research that the primary focus of all projects selected was fundamentally participation.

Among all respondents, it would appear that the belief that there is a direct link between art (produced and performed) and health is giving way to a more indirect notion of the link between participation and engendering a sense of social inclusion.

One of the key findings is that participation is not uniform, nor is it the case that participatory models necessarily constitute good practice. The research shows that there are distinct models of participatory practice that work well. A taxonomy of different models as they relate to interventions in the arts was developed. These models represent surprisingly formal structures.

Democratic structures and catalytic individuals
While the great majority of projects are participatory, examples of best practice are more strongly related to the single-minded vision of individuals rather than wholly democratic structures. In many projects, the insistence on the quality of work generated eclipsed any desire for open decision-making.

In fact, some of the best examples, such as Hartcliffe Boys' Dance, are based on clear authority structures, where the desire to create high quality art or entertainment is not seen as consonant with a philosophy of 'anything goes'.

Responsiveness to local need
All of the projects analysed represented a response to specific health, social or educational needs. However, the satisfaction of need was never determined through objective criteria, but was reported anecdotally by members of the community who felt particularly strongly about a specific problem. As one project leader suggested: 'You just know, because you're there'; and another: 'I was just fed up with watching people fall sick.'

Accountability to local people
There is no single model of good practice with regard to accountability to local people. However, the artwork itself is often an occasion for a different kind of accountability – some of the best projects derive their accountability not from committee structures or AGMs, but from local verdicts on performances or displays, and if such events are cancelled or postponed, it can lead to disappointment locally.

Attendance and participation
'Participation' itself has become something of a goal in itself in this field. Many practitioners and commentators are quick to extol its virtues and make impressive claims

on its behalf. However, there is to date very little analysis of what exactly participation means.

In the first place, participation in successful projects often represents relatively small numbers of people: in most cases fewer than 35 at a time. Very good practice is often to be found in a participatory focus on very small groups, sometimes as small as 12 or 13.

Second, one of the key findings is that participation is not an amorphous, democratic concept which can be evoked as a panacea. The perceived value of artistic and symbolic outcomes in these projects is so important that what characterises participatory models that work tends to be the deployment of structures that are clearly defined and highly ordered.

Below is a list of models for participation which have been extracted from the results of the research. The list is not intended to be exhaustive, but it does begin to offer a taxonomy through which notions of good practice can be analysed and ultimately built.

- The masterclass – a tireless instructor builds an amateur troupe into semi-professional performers, for example Hartcliffe Boys' Dance.
- The scuola – a school of apprentices work together on the 'master's piece', for example Healing Arts, Mahogany Arts.
- The agency – a group of professionals undertake design and production according to a brief, for example Jubilee Arts, Free Form Arts.
- The tapestry – a group of amateurs cooperate to make artefacts together, for example Batley Carr Estate (MOSAIC); Care and Repair; Equal Arts; Magic Me.
- Travelling players – hired professionals work with members of the community to create annual festivals, for example Wrekenton's 'Happy Hearts' lantern procession.
- The workshop – a professional artist leads a group of amateurs in production, for example past activities at Withymoor Surgery/Brierley Hill Arts Education Group, and Bromley by Bow Health Centre.
- The studio – studios open to all in which individuals motivate themselves to produce their own works of art, with guidance where necessary, for example The Looking Well, and South Tyneside Arts Studio.

Among the striking conclusions that emerged from the taxonomy is the way in which these models seemed so

often to relate to more ancient traditions of collaborative activity in the arts, such as the making of narrative tapestries, renaissance schools, or the musical masterclass. The names given to the items in this list are intended to reflect this community-focused heritage.

Space and artwork

The best practice in these projects requires tangible manifestation of a project's achievements. This may involve either the space occupied by a project, or the artwork generated, or both. All respondents invested a great deal in the degree to which they all had 'something to show'.

Project space
One clear finding is the importance of space and how it is appropriated and used, not only for the purposes of making art, but also for the way in which the space can be used for 'dropping in' and for more informal forms of networking and communication. However, it is ironic that many project leaders commented that space available was temporary and often shared with other initiatives, which made exploitation of space in that way extremely difficult.

Quality of artefact
One overwhelming finding is the fact that participation alone cannot sustain projects. Participants themselves are interested in taking part in arts projects, as opposed to other sorts of activity, precisely because they perceive that there is value in what they produce or perform. The research suggests that there is a great deal of willingness on the part of participants to learn, to be corrected, and even to be criticised, as long as it is in the service of creating something that has a high degree of symbolic value.

One main reason for continued participation emerged as the desire precisely to improve or to increase the value of finished outcomes. In fact, respondents tended to shy away from justification for projects that strayed from the legitimacy of artistic quality.

Recommendations that emerged spontaneously include: 'Never sell a project as it's good for you' and 'Go for quality, be challenging, exceed expectations: it's better to provide two days' of excellence rather than four weeks of crap.'

Content

The research revealed a sense that, while the perceived symbolic value of outcomes was important, attempts to make the content of activities overtly educational, didactic, social or health-related, met with general disapproval. This suggests that attempts to link arts projects too specifically to social or educational 'messages' are likely to be unsuccessful, whereas attempts to capitalise on perceived notions of the value of 'art for art's sake' have a better chance of building strong communities of participants, and achieving benefits in terms of increased social capital, albeit via more indirect means.

Evaluation

The majority of projects do not carry out evaluation, as they seldom have the money, time or inclination to do so. Evaluation according to health criteria is infrequent. Furthermore, there is a fear of evaluation – that it may be reductionist, and may set uncomfortable precedents in justifying art in terms of social usefulness. Inevitably, respondents suspect that evaluation will be linked to funding.

Most evaluative statements that we can put forward are made in the light of these preconceptions, and are therefore based on anecdotal evidence and can only operate as working hypotheses.

Improved health
It is impossible to give precise details of improved health, particularly in light of the fact that so few projects directly provide health or social information related to health based on formal instruments of measurement.

Improved wellbeing/self-esteem
Where wellbeing and self-esteem are concerned, there is not only much more in the way of evidence, albeit anecdotal, but also a great deal more indication that increased wellbeing or self-esteem is directly related to involvement with the art and not just with socialising or carrying out the physical activity involved.

All respondents reported improvements in wellbeing in participants as indicated by:

• Enhanced motivation (both in the project and in their lives more generally)

• Greater connectedness to others
• People's own perceptions of having a more positive outlook on life
• Reduced sense of fear, isolation or anxiety.

These benefits were often brought about not merely by the participatory nature of the relevant activity, but by the opportunities that engagement in art afforded for:

• Self-expression
• Enhanced sense of value and attainment
• Pride in achievement.

All of these factors are underpinned by a strong perceived sense of the value of the work produced or performed, and reinforced by public performance and display.

As for self-esteem, respondents unanimously reported that enhanced self-esteem is a common outcome in community-based arts projects, with project participants spontaneously articulating the benefits of an improved sense of self-worth on a regular basis.

As participants so eloquently put it:

> 'I haven't got time to be sick anymore' – participant at Care & Repair: EOPTA

> 'It's companionship – it shows you how to try and get somewhere' – participant at Equal Arts

Improved education
There is one striking example of the link between participation and education being mapped. Hartcliffe Boys' Dance offers compelling evidence of a link between participation in out of school arts activities, and improved attainment at GCSE level among boys. It would appear that boys who had participated in the dance project for seven years were performing significantly better than expected, and bucking the national trend of under-performance by boys in relation to girls at GCSE level.

In general, there are three types of educational model that seem to operate:

• Improved educational outcomes beyond the project, for example Hartcliffe Boys' Dance
• Arts-related education within the project (learning how to do something) of which there are many examples (some leading to increased levels of employability)

- Non arts-related education within the project; that is, using the project to teach participants about something else. This model appears to work less well. In fact, there is even evidence to suggest that where there are supposed to be secondary social benefits, (for example the young relating to the elderly), the arts medium is a strikingly unreliable method.

The evidence suggests that art projects have two main benefits in relation to education:

- Transferable skills, for example Hartcliffe Boys learning discipline, mental toughness, coordination, etc.
- Arts skills – people going on to become more employable as a result of the project, having learnt specific arts-related skills, which they then go on to use.

In addition, a growing body of opinion believes arts projects' main value lies in the fostering of emotional literacy, whereby people use art to express needs, frustrations or feelings that would otherwise remain unarticulated.

Changed patterns of service elsewhere

While fashionable as a way of justifying funding and investment, the model that tries to equate success in community development projects (such as arts projects) with reduction in services elsewhere, is at best extremely difficult to make a case for from the evidence provided by respondents.

There may even be evidence of increased social connectedness and awareness that comes with greater participation leading to an increase in services elsewhere, as people become more motivated to visit the doctor, use leisure services or ask for help. There is certainly evidence within projects that the more successful a project is in encouraging its participants to take part fully in project activities, the more demanding those participants become of project coordinators' time, and other resources.

Funding and sustainability

Funding

There are many different sources of funding for the projects surveyed, including:

- Local authority funding
- Lottery funding
- Single Regeneration Budget
- Local health authority funding
- Arts Council and other arts bodies
- Charitable trusts
- Business.

Securing or sustaining funding is, day to day, one of the primary preoccupations of project coordinators. One finding is that funding possibilities come up in such a haphazard way, that project rhetoric may be spun opportunistically to match potential funders' aims.

What seems to be missing is a systematic approach to funding arts projects that takes into account precisely how they operate, what benefits they derive, and how they are best maintained. In short, there is a lack of coherent funding policy on the one hand, and a lack of shared knowledge and expertise on how to secure funds (on the part of project coordinators), on the other.

In addition, it emerges from the interviews that there is an optimum lifespan for project funding. Most coordinators agree that the provision of funding for a three-year project offers sufficient time for strategy, and for building successful participatory methodologies.

Funding for longer periods, say six years, is seen as less advantageous as it places too great a burden on speculative predictions of what the future may hold, and does not allow for renewal and revision of aims and objectives.

Sustainability

Most projects are tenacious, but not built on a principle of expanding indefinitely. As projects are undoubtedly reliant upon key individuals for their creation and continued energy, successful sustainability is all about understanding who key individuals are, and supporting them.

Financial sustainability appears to be rooted in three years' seed funding, after which the best projects turn into something else. For example, projects such as Mahogany may become self-sustaining agencies through quality of artwork produced; other projects may be sustained through payment for participation, performances or displays; sponsorship from business, or else disappear.

Transferability

The best projects, by their very nature:

- Are opportunistic in that they are based on chances to improve outcomes for pockets of disadvantage or social exclusion when need arises and when funding possibilities present themselves
- Reinvent the wheel to some extent, in that creative innovation is seldom about slavish replicability and usually about inventiveness and improvisation
- Are creative in their aims and goals and therefore cannot be reduced to easily implementable formulae.

It would therefore follow that project replicability is limited. On the other hand, while projects themselves are too reliant upon individuals and personal vision and passion to be easily transferred to different contexts, the conditions needed for projects to flourish can be replicated.

Partnerships and cross-sectoral working

Because arts projects are so much about creativity and vision, and because participants want the arts to remain about the art and nothing else, there are no models of successful cross-sectoral working. The best outcomes in this regard seem to occur when other agencies, institutions or individuals have knowledge of the project and provide support for the project, either tangibly (in terms of funds) or intangibly (in terms of talking up the project at local level).

5   Recommendations

The evidence suggests that arts projects and initiatives make a unique contribution to building social capital and enhancing wellbeing and self-esteem, but do so only where they are unique in what they have to offer and the way they deliver services.

There is growing recognition of the need to make arts projects a mainstream part of larger initiatives, such as Health Action Zones or Healthy Living Centres. However, there is a danger of looking for a 'winning formula' which will work for projects, as well as a current inclination to 'bolt' arts projects on to health initiatives.

To do so would be completely at odds with the nature and value of best practice in arts projects which impact health and wellbeing, which are by nature:

- Specific, in that, there is no single 'winning formula'
- Local, in that they tend to be defined and determined by local conditions and outcomes
- Generated by personal and passionate impetus, in that personalities play a key part in making projects successful – a part that cannot be ignored given the importance of personal expression in arts projects and the subjective nature of both process and outcomes.

It is therefore more appropriate to make the following recommendations.

Projects and their communities

The role of dynamic individuals cannot be ignored or dismissed as an inconvenience: success depends on them. They must be supported. It is important to understand that participatory models are very important, but that they work best when focused on art and not the model. Nor do they work when they are over-democratic in their structures. What seems to work best is a clear articulation of structure along the lines of the Masterclass, the Tapestry, etc.

It would seem inappropriate for the field to become over-professionalised, given that it is all about passion and personal impetus.

Space and artwork

- Projects should insist on quality of both space and output.
- The type of art used in a project should grow organically from local conditions, making the opportunistic happen.
- There should be an impetus to find larger spaces which can be used for arts projects, so that spaces can operate as drop-in centres, creating synergies and opportunities for community-building.

Evaluation

Evaluation is rarely carried out in arts projects, as found in arts research (Angus and Murray 1998)

A mechanism for evaluating the health benefits of an arts project has yet to emerge that both allows for meaningful and rigorous analysis and allows freedom for projects to set their own evaluation frameworks with regard to aims and objectives, and to local targets and need. Such a model will, it is hoped, emerge in future stages of this inquiry.

Funding and sustainability

- There should be support for individuals and projects via three-year funding packages.
- There should be increased awareness and dissemination of types of funding available.
- Projects should often be encouraged after three years to find ways of being self-sustaining or else find private sector sponsorship for their activities.

Partnerships and cross-sectoral working

Projects should have cross-sectoral support without creating cross-sectoral structures. For example, local hospitals or GPs should be aware of projects' activities and arguing in their favour, but other activities should not be inserted into projects, as interdisciplinarity is costly, time-consuming, and difficult logistically.

References

Angus, J. (1999). *An inquiry concerning possible methods for evaluation of arts for health projects.* London: Pioneer Projects (Community Health UK) Ltd.

Argyle, M. (1998). Sources of satisfaction, in Christie, I. *The Good Life.* Demos Collection No. 14. London: Demos.

Argyle, M., Martin, M. and Lu, L. (1995). Testing for stress and happiness: the role of social and cognitive factors, in Spielberger, C. D. and Sarason, I. G., *Stress and Emotion*, No. 15, pp173-187.

Campbell, C., Wood, R. and Kelly, M. (1999). *Social capital and health.* London: HEA.

Department of Health. Acheson, D. *Independent Inquiry into Inequalities in Health.* London: SO.

Department of Health (1999). *Saving Lives: Our Healthier Nation* (1999). London: SO.

Fee, L., Arber, S., Ginn, J. and Cooper, H. (1998). *Investigating the relationship between social support and health.* London: HEA, part 2.

Gillies, P. (1998). The effectiveness of alliances and partnerships for health promotion in *Health Promotion International*, 13: 1-21, cited in Campbell, C., Wood, R. and Kelly, M. (1999). *Social capital and health.* London: HEA, p2.

Headey, B., Holstrom, E. and Wearing, A. (1984). Wellbeing and ill-being: different dimensions?, *Social Indicators Research*, No. 14: 115-139.

Health Education Authority (1998). *Our Healthier Nation in Practice* questionnaire.

Matarasso, F. (1997). *Use or ornament? The social impact of participation in the arts.* Stroud: Comedia.

Matarasso, F. and Chell, J. (1998). *Vital signs: mapping community arts in Belfast.* Stroud: Comedia.

Meyrick, J. and Sinkler, P. (1998). *A guide to evaluation for healthy living centres.* London: HEA.

Appendix A   The questionnaire sample

The following projects and organisations were identified during the course of our research. These projects went on to form the sample for the 'Arts for Health and Wellbeing' questionnaire survey.

England

198 Gallery
24/7
50 Something Theatre Group and Full Circle Arts
ACNA Arts, Nottingham
ACTA Community Theatre, Bristol
Acting Up
Action Factory
Africa Oye
Age Exchange
Age Exchange Theatre Company
Amble House Art Project
Anchor Housing Association
Apna Arts, Nottingham
Art in Hospital
Art in the Ark
Art of Change, Wapping
Artec
ArtiMEDIA Centre
Artist's Agency, Sunderland
Artlink Central
Artlink West Yorkshire
Arts & Business (ABSA)
Arts and Mental Health Forum
Arts and Minds Forum
Artshape
Artists Agency & Newcastle City Health Trust
Artspace
Artswork
Avon & W. Wiltshire Health Care NHS Trust
Aylesbury Young Offenders Institution

Bandwagon Studios
Bass Connections, Salisbury, Wiltshire
Batley Cultural Fund, Kirklees
Beacon House, East London
Beechcroft Centre, Birmingham
Big Fish Theatre Co.
Birkin Viewfinder, Derbyshire
Black Labrador Community Arts
Blackbird Lees Youth Centre
Blackthorne Medical Centre, Maidstone
Boxmoor Arts Centre
Brassa Nova Street Band (in Education), Accrington
Brierley Hill Arts Education and Health group
Bromley by Bow Centre
Bromley Health Promotion Unit, Bromley
Brooklyn Day Centre
Bury Arts Unit
Cardboard Citizens
Care and Repair
Carl Campbell Dance Co 7
Cartwheel
Castle Museum & Art Gallery
Castle Project C and D, Cambridge
Catalyst Theatre in Health Education
Caught in the Act
Centre for Health of the Elderly
Charlton Lane Centre, Gloucestershire
Charnwood Arts Consortium
Chats Palace Arts Centre, Hackney
Cheater City Council
Chelsea and Westminster Hospital
Cheshire Dance Workshop
Chichester Festival Theatre
Chrysalis Arts, North Yorkshire
City Music Project, Oxford
Clean Break Theatre Company, Camden
Cleveland Alzheimer's Residential Centre, Thornaby
Cleveland Arts

Cleveland Arts & Community Care Forum
Cloth of Gold
Colchester & Tendring Hospital Arts
Community Arts Northwest
Community Dance
Company of Imagination, Norfolk
Connected Creative Arts network
Conquest Hospital, Hastings
Core Arts
Cork School of Music
Council of Education for World Citizenship
Creative Exchange
Dance Xchange
Greencandle Dance Company
Derby Community Arts
Derby Playhouse, Derbyshire
Diorama Arts
Doncaster Community Arts
Dr Fosters, Painswick Inn, Stroud
Dudley Metropolitan Borough Council
Dudley Priority Health NHS Trust
Dulwich Picture Gallery
East Midlands Arts
East Midlands Shape
Eden Arts Trust
Elders Share Arts
Equal Arts
Estover Percussion Project
Exeter Health care Arts
Finsbury Park Community Regeneration Initiative
Firebird Trust
First Movement
Forest Forge Theatre Company
Foxhill Healthy Living Centre
Free Form Arts, North Tyneside
Free Form Arts, Hackney
Futures Theatre Company
Gateshead Health promotion
Geese Theatre
Graeae Theatre
Green Candle Dance Company
Hackney Music Development
Harrow Youth Club, Harrow
Hartcliffe Boys Dance Company, South Bristol
Heads Together, Leeds
Headstart
Healing Arts, Isle of Wight
Healthy Bromley
Healthy Hearts Lantern Project, Gateshead
Heritage Ceramics

High Peak Community Arts
Hospital Arts
Hull & Holderness Community Health NHS Trust
Impact Arts (Community Arts)
Inner City Music
Intermedia Film and Video, Nottingham
Iroko Theatre Company
Isle of Wight Music Machine
JABADAO, Leeds
Jubilee Arts, West Bromwich
Junction Arts, Derbyshire
Kaleidoscope theatre
Kazzuma Arts Project
Kids Clubs Network
Kids Company
Lapidus
Latin American Elders Group
Linskill School
Live Music Now! North West
Living Archive, Milton Keynes
Living Arts Scotland Ltd
Magic Me, Tower Hamlets
Mahogany
Manchester Camerata Orchestra
Manchester Health Authority
Manchester Survivor Poets
Mantle Community Arts Project
Mid Pennine Arts
Mind the gap …
More Music in Morecambe
Multi-Asian Arts
Music 2000, Portsmouth
Mytton Oak Surgery (HLC)
Neti-Neti Theatre
New Perspectives Theatre Company
Newark Community Arts, Nottinghamshire
Newcastle City Health NHS Trust
Newcastle & North Tyneside Health
Newcastle & North Tyneside Health Promotion Unit
Norfolk Music Works
North Durham NHS Trust
North East Somerset Arts Association
Northern General Hospital NHS Trust
Northgate Hospital, Morpeth
Northumberland Health Authority Centre for Health
    Development, (St. George's Hospital Morpeth)
North Light Artists
Nottingham Playhouse
Nottinghamshire Education Drug Education Team
On the Brink Theatre

One in Four Theatre Co.
Only Connect
Open Art
Paintings in Hospitals
Pedalling Arts Ltd
Phoenix Arts, Leicester
Poetry Remedy
Polyglot Theatre Company
Pop-Up Theatre
Prescap (Preston Community Arts Project)
Prism Arts
Project Ability
Proper Job Theatre and Bagshaw Museum
Pulsation
Queen Elizabeth hospital, Gateshead
Rais Academy
Raw Material
Readiop
Real Arts Company, Nottinghamshire
Rent-a-role, Plymouth
Round House Music Project, High Wycombe
Same Sky Community Arts, Brighton and Hastings
Sandwell Third Age
Screen For Your Life, Walsall
Sense of Sound
SHAPE network
SHARE Music
Sharp End, Hackney
Snap Peoples' Theatre
Soft Touch
Solent People's Theatre, Portsmouth
Solid
Sound Health
Sound it out
South Tyneside art studio
South Tyneside District Hospital
Southampton Cancer Unit
Spare Tyre Theatre
SPARK (SPort and ARts towards Knowledge)
St David's Hospital
St Luke's Arts Project
St Nicholas' Hospital, Gosforth
St. Richards Hospital project
Stockport Centre for Health Promotion
Stockport Healthcare NHS Trust
Strange Cargo
Studio 3 Arts
Survivors Poetry
Take Art
Tees & District Health Promotions Service

The Academy of South Asian Performing Arts
The Association n for Dance & Movement
The Blackie
The Bungalow Drop-in project, Bristol
The Embroiderer's Guild
The Hospital Arts Project
Chelsea & Westminster Hospital
The Lawnmowers
The Looking Well
The Nerve Centre
The Picket
The Point Dance & Arts Centre
The Pyramid Project
Theatre in Health Education Trust, Birmingham
Tiebreak Theatre Company
Trust Arts Project
Turning Point Theatre Company
Turtle Keys Arts Centre
Tutbury Practice, Staffordshire
Ulster Community & Hospitals Trust
Urban Strawberry Lunch
Walsall Museum
Waterford Healing Arts Trust
WEA (Workers Education Association)
West End Health Resource Centre, NUT
West Midlands Arts
Wolf and Water Company
Working for Health in Wythenshaw

Scotland

Feisan (Gaelic festivals)

Wales

South Wales Intercultural Arts

Appendix B   The questionnaire

Covering letter

Dear colleague

Throughout Britain, there are many projects that use participation in the arts and creative activities to improve people's health, wellbeing or sense of connectedness to their communities. Between them, the individuals who work on such projects share a vast amount of knowledge and experience. This knowledge could be shared to develop guidelines on good practice and to inform national policy.

To achieve this, the Health Education Authority for England (HEA) has commissioned us to create a national database of projects and initiatives which are current or have been undertaken within the last three years. This is part of its continuing commitment to putting Arts for Health firmly on the national agenda. The questionnaire represents the first comprehensive survey of arts and health activity to be carried out in the UK.

We understand that you have been engaged in this type of arts work, either within healthcare or within the community, and we would like to hear from you. We enclose a copy of the questionnaire that will allow us to build the database. In it, there are questions that will help us to develop a picture of the issues that dominate this field. These issues will be analysed and will steer discussions around the future of such projects, in conjunction with a panel of experts that includes representatives from government, funding bodies, the medical profession, arts professionals and health promotion experts.

As well as quantitative data, we are very interested in developing as rich a sense as possible of your experiences, so we have included a section on case histories (section K). You may prefer to begin with this section as it will give you a chance to explain the work of

your project to others, and will form the basis of your database entry.

If you can take the time to complete the whole questionnaire we would be very grateful, as this will allow us to analyse arts and health work in detail, and to make sensible recommendations for health promotion policy. However, if you can only spare the time to complete the case histories (section K), this will enable us to build a basic database entry for you, which could then be expanded at a later date, so do please attempt what you can.

We need to have your completed questionnaires returned as soon as you can manage. Instructions and guidance are provided in the accompanying paperwork. We look forward to hearing your responses eagerly.

Many thanks for your help.

Project manager
SHM Productions

Questionnaire instruction notes

The HDA/SHM Review of Arts-Based Projects and Initiatives which impact health and wellbeing:

Questionnaire for a National Database of Good Practice

SHM Productions has been commissioned by the Health Education Authority (HEA) to map the full range of arts projects and initiatives that impact health and wellbeing and build healthy communities in the UK. This is an important initiative: undertaken with full Department of Health backing, it represents a serious commitment by policy-makers in health and health promotion to explore the link between participation in the arts and health.

The arts 'mapping' process comprises two stages:

- National circulation of the (enclosed) questionnaire to all appropriate projects/initiatives
- Creation of an HEA multimedia database detailing projects and good practice in the field, for summer 1999.

The questionnaire and database are intended to:

- Map and represent the range, variety and strength of arts and health work across the country
- Assist further research, education and networking
- Identify criteria for good practice in the field
- Disseminate good practice
- Inform policy
- Attract potential funders to initiatives that link arts and health in the broadest sense.

We would therefore greatly appreciate your help in completing the enclosed questionnaire, which is designed to gather as much information as possible about your experience of running arts and health community participation projects or initiatives. We expect your project aims to be varied, from health education to community participation to community development or regeneration.

The questionnaire is designed to be completed as quickly as possible. Many sections are designed as 'tick boxes' to speed completion. There are guidance notes throughout the form to help you, and there is plenty of opportunity to provide expansive answers where you wish to do so. The questionnaire has been designed for direct transfer to the database, so it is essential that you follow the form faithfully to enable us to input data accurately. If you are word-processing your reply, please use font size 12. If you are handwriting your reply, you may find it useful to structure your responses as bullet points, although this is not essential.

Structure

The questionnaire is designed to be compatible with another HEA database called *Our Healthier Nation in Practice*. The structure therefore comprises the following sections:

- Organisation description – helps us understand your organisation
- Project details – to describe a specific project you'd like to tell us about
- Developing a healthy community – maps your relationship to local people/your area
- Relationship to health – maps your relationship to health and education (even if you've never analysed these links before)
- Partnerships – helps us understand your links with other organisations
- Funding – gives us a sense of how your funding works
- Evaluation/monitoring – maps how you assess a project
- Passing on the learning – allows us to see whether anyone else could benefit from your experiences
- Future aims – gives us a sense of where you feel your project is headed

- Contact details – so that we can contact you to verify any details, and other projects can contact you (if you would like it)
- Case histories – an opportunity for you to supply your own testimonies for the database
- Visual details – an opportunity to supply image/text/sound/performance clips for your database entry, and let others see your work in practice.

Please fill in as many sections are you are able to complete.

Practicalities

We are expecting a large response and will be entering data as soon as possible, so please submit your replies to us as soon as you are able. Please note that the information you supply may be edited to aid the database searching process.

Please return your completed forms to:
The Arts Database Coordinator
SHM Productions
112-114 Africa House
64-78 Kingsway
London WC2B 6AH.

We may need to call you to verify your data entry before it is finalised, so please remember to include the relevant contact information at the end of your form. If you need further assistance, please contact SHM on 020 7242 5504, or email us at: office@shm-ltd.co.uk.

The HEA *Good Practice Arts* database is expected to be launched in summer 1999 and will be accessible via the Internet (linked to the HEA website) and other formats. With your help we hope to put the link between arts and health firmly on the map.

Thank you for your help and support in completing this questionnaire.

THE HEA/SHM ARTS FOR HEALTH AND WELLBEING QUESTIONNAIRE

Section A   ORGANISATION DESCRIPTION

A1 Title of your organisation (providing arts/health activity)

Guidance: please do not include 'The' or 'A' at the beginning of the title

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A2 Geographical area served by your organisation/initiative

A3 Main aim(s) of organisation/initiative

Guidance: • *Describe what your project is trying to achieve in one or two sentences only*
                     • *You will have opportunities further on in the form to explain the work in more detail*

Section B   ARTS PROJECT DETAILS

B1 Name of specific arts project/initiative you refer to in this questionnaire

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B2 Art category

Combined arts/multi-art form	☐	Creative writing	☐
Circus skills	☐	Dance	☐
Computer/multimedia/CD-ROM	☐	Drama/theatre	☐
Crafts, eg pottery/sewing	☐	Sculpture	☐
Graphics/design	☐	Painting/visual arts	☐
History/reminiscence/narrative	☐	Streetwork/carnival/procession	☐
Music	☐	Video	☐
Film	☐		

Other – please specify: _____

B3 Main activities of project/services provided

Guidance: describe the services/activities of your project in no more than four points

---

B4 Start date of specific Arts project/initiative (month/year)

Guidance: if project is yet to start, please insert expected start date

B5 Finish date of specific arts project/initiative – (month/year)

Guidance: please leave blank if project or initiative is ongoing

B6 Setting where your arts project is provided (explain where you work)

Advice/information centre	☐	Primary healthcare centre	☐
College/further and higher education (inc. TECs)	☐	Probation service	☐
Community centre	☐	Prison/custodial settings	☐
Daycare centre	☐	Religious institution	☐
Employment centre	☐	Residential or nursing home	☐
Housing estate	☐	Rural communities	☐
GP surgery	☐	School	☐
Healthy Living Centre	☐	Sheltered housing scheme	☐
Hostel	☐	Shop	☐
Home	☐	Sports/recreation/leisure centre	☐
Hospital	☐	Street	☐
Library/information/resource centre	☐	Women's group	☐
Men's group	☐	Workplace	☐
Mobile unit	☐	Youth provision	☐
Neighbourhood	☐		

Other – please specify: _____

Guidance: please tick the main type of setting(s) covered and add any relevant settings if they are not listed. You may tick more than one box

B7 Describe briefly how the need for the work of the project was identified

Individual idea ☐

Health needs assessment ☐

Pilot project ☐

Local demand ☐

Local consultancy ☐

Applied/published research ☐

Voluntary groups ☐

Other ☐

Please specify _____

B8 Were needs identified with the participation of target communities/other groups?
(If so, please give details)

B9 Who does your project/initiative work with?

This list has been designed to help index your work accurately on the database. Please tick more than one group if appropriate, or write in the relevant group if it is not listed

Black and minority ethnic groups	☐	Men (over 18 years old)	☐
Cared for children/young people	☐	Older people	☐
Carers	☐	Parents and families	☐
Children (age 5-7)	☐	Patients	☐
Children (age 8-10)	☐	People on low incomes	☐
Elderly	☐	People who are 'socially excluded'	☐
Employees	☐	People with hearing/visual impairment	☐
Employers	☐	People with learning disabilities	☐
Gay men	☐	People with physical disabilities	☐
General public	☐	Prison and/or probation population	☐
Gypsies and travellers	☐	Prison/probation services staff	☐
Health authority staff	☐	Refugees	☐
Health professionals	☐	Teachers and/or lecturers	☐
Homeless people	☐	Unemployed	☐
Infants (age 0-3)	☐	Voluntary groups	☐
Lesbians	☐	Women (over 18 years old)	☐
Local authority staff	☐	Young people (age 12-18)	☐
Local community	☐	Young People (age 18-25)	☐
Local residents	☐		

Other – please specify: _____

B10 Number of participants

Fewer than 25 ☐

25-49 ☐

50-74 ☐

75-99 ☐

More than 100 ☐

B11 How do people become involved?

Anyone can join ☐

People are referred ☐   Please specify how: _____

Formal membership (eg of drama group etc.) ☐

Other – please specify: _____

B12 How many people help run the project?

		Number per project:		Number ongoing:	
Salaried/Employed staff	☐		☐		☐
Paid freelance artist	☐		☐		☐
Voluntary artworker	☐		☐		☐
Community/general volunteer	☐		☐		☐

Section C   DEVELOPING A HEALTHY COMMUNITY

C1 How does the project work with the local community/target groups?

Facilitates local communities in identifying their own projects ☐

Ensures that projects are culturally and educationally appropriate ☐

Works through settings that are accessible ☐

Other – please specify: _____

C2 Is your project concerned with any of the following:

Health and lifestyle change	☐	Communication across generations	☐
Patient support	☐	Communication between ethnic groups	☐
Support for carers	☐	Multi-sectoral working	☐
Developing social networks	☐	Liaison between social and health services	☐
Improving the environment	☐	Pathology of the environment	☐
Community development	☐		

Other – please specify: _____

C3 What role has the project played in enhancing community development? Please give examples where possible (or you may wish to choose from the categories below):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Health and wellbeing

☐ Support to vulnerable individuals/groups, eg _____

☐ Health education, eg _____

☐ Pleasure – quality of life, eg _____

Social cohesion

☐ Promotion of neighbourhood security, eg _____

☐ Rehabilitation of offenders, eg _____

☐ Intergenerational contact, eg _____

☐ Increased friendship, eg _____

☐ Increased contact with other cultures, eg _____

Community empowerment/self-determination

☐ Building organisational skills/capacity, e.g. _____

☐ Transferable organisational skills, eg _____

☐ Control over lives (literal/metaphorical), eg _____.

☐ Regeneration: partnership between residents/public agencies, eg _____

☐ Local democracy, eg _____

☐ Increased sense of individuals' rights, eg _____

☐ Individuals with keen involvement in the future, eg _____

Local image/identity

☐ Development of local identity/sense of belonging, eg _____

☐ Affirmed pride/ image of marginalised groups, eg _____

☐ Involved community in environmental improvements, eg _____

☐ Changed perception of public agencies/local authorities, eg _____

☐ People feeling more positive about where they live, eg _____

☐ People keen to help on local projects, eg _____

Changed perspective

☐ Participants felt more creative and confident, eg _____

☐ Participants/professionals tried new things/change their ideas, eg _____

☐ Art impacted professional work practice, eg_____

☐ Professionals became responsive to community's views/interests, eg _____

☐ Professionals became more prepared for risk-taking, eg _____

C4 Please give reasons why you feel the project has fulfilled the role(s) you have indicated above

Section D   RELATIONSHIP TO HEALTH AND WELLBEING

This section allows us to gather material on good practice related to health and wellbeing in more detail.
Please attempt to complete as many sections as you can

D1 How does the project contribute to health improvement in the area?

Provides health information ☐

Promotes healthy lifestyles ☐

Develops people's self-esteem ☐

Provides forum for discussion ☐

Offers opportunities for training ☐

Encourages people to work on their own health priorities ☐

Heightens local agency awareness of/responsibility to community issues ☐

Supports local campaigns ☐

Lobbies for change in national policy ☐

Seeks to regenerate local area ☐

Acts as therapy for participants ☐

Provides congenial space for conversation, networking etc. ☐

Other – please specify _____

D2 Is project part of a wider/recent health initiative, eg Health Action Zone, Healthy Living Centre, etc.? If yes, please state brief details

---

D3 Does the project seek to tackle inequalities of any of the following:

Health ☐

Socio-economic situation ☐

Gender ☐

Ethnicity ☐

Other – please specify: _____

D4 Is the project intended to have an impact on any of the following national health targets?

Cancer	☐	Heart disease and stroke	☐
Mental health	☐	Accidents	☐
Diabetes	☐	Social exclusion	☐
Vulnerable groups	☐	Teenage pregnancy	☐
Asthma and other respiratory problems	☐	Back pain, rheumatism and arthritis	☐
Infant mortality	☐	Environment	☐
Oral health	☐		

Other – please specify _____

D5 Is the project intended to impact any local health targets/needs?

Please specify:

Section E   PARTNERSHIPS

E1 Which organisations are partners in your project's work?

Academic/research institution ☐ Leisure/sports service ☐

_____ _____

Charity/voluntary group ☐ Library/information service ☐

_____ _____

Commercial organisation ☐ Local authority ☐

_____ _____

Community/neighbourhood group ☐ Media/PR organisation ☐

_____ _____

Government department ☐ Professional organisation ☐

_____ _____

Health authority ☐ Religious group/institution/organisation ☐

_____ _____

Health promotion trust ☐ Single Regeneration Budget Initiative ☐

_____ _____

NHS trust ☐ Other (please specify) ☐

_____ _____

Guidance: please tick all the relevant boxes for types of partners and give the names of partners in the line underneath the relevant category. A partner group/agency should be one that has active and ongoing involvement in the project through, for example, funding, staff management, involvement in a management committee, etc. They may be partners in either strategy or deliver

E2 Who would you identify as your main collaborator?

E3 What was/is the working nature of the partnership based on?

Community consultation	☐	Office training	☐
User groups who report to board	☐	Joint appointments	☐
Board/management committee structure	☐	Constitution	☐
Shared resources	☐	Setting mutual standards	☐
Joint planning and management	☐		

Other – please specify: _____

E4 Is the project/initiative involved with any of the following government initiatives:

Guidance: please tick all relevant boxes and add any other relevant schemes under 'other'

Local Agenda 21	☐	Joint Investment Plan	☐
Better Government for Older People Programme	☐	Lifelong Learning Development Plans	☐
Community safety strategy	☐	New Deal (employment)	☐
Early Excellence Centres	☐	New Deal for Communities	☐
Education Action Zones	☐	Pathfinders	☐
Health Action Zones	☐	Primary Care Groups	☐
Health Improvement Programmes	☐	Regional Development Agencies	☐
Healthy Cities	☐	Single Regeneration Budget (SRB)	☐
Healthy Living Centres	☐	Sure Start	☐
Healthy Schools Network	☐		

Other – please specify: _____

E5 Describe briefly the nature of the involvement

Guidance: please describe any involvement that the project/initiative has with any of the initiatives listed above.
If the project/initiative is in an area covered by one of the initiatives/zones but does not have any involvement,
simply leave blank

Section F   FUNDING

F1 Who funds your project?

Regional Arts Board ☐

Local health authority ☐

Local authority ☐

Local council ☐

National/International private company ☐

Grant-making charitable trust ☐

Capital funding ☐

Business Sponsors ☐

Other – please specify: _____

F2 What is the nature of the funding you receive?

National Lottery ☐

Arts for Everyone/Arts for Everyone Express ☐

New Audiences ☐

Healthy Living Centre Initiative ☐

Health Action Zone ☐

European Regional Development Fund ☐

European Social Fund ☐

Single Regeneration Budget ☐

City Challenge ☐

New Opportunities Fund ☐

Voluntary sector (anti-crime/anti-poverty strategy) ☐

New Deal for Communities ☐

Grants from Charitable Trusts etc. ☐

Other – please specify _____

F3 Funding level

Length of project/initiative (in months)

Less than £1,000 ☐ ☐

£1,000-£4,999 ☐ ☐

£5,000-£9,999 ☐ ☐

£10,000-£19,999 ☐ ☐

Over £20,000 ☐ ☐

Guidance: please indicate level of funding. This is to give us some idea of the scale of the work. If you are part of a larger initiative, please indicate only the finances which correspond to the arts portion of the work

F4 Please describe any specific grants received for specific parts of the project/initiative

F5 What are the costs per project/initiative per annum for the following?

Staff

Materials

Services

F6 Where are the people who run/provide the project from?

Local area ☐   Outside area ☐

F7 Which of the following local services did the project use?

☐ Arts suppliers

☐ Printers/stationery

☐ Equipment hire

☐ Transport

☐ Food outlets

☐ Utilities (eg gas, electricity, cleaning)

☐ Insurance

☐ Tax (accountants etc.)

Guidance: This information is designed to help us understand patterns of spending and local area investment

F8 Did the project contribute to a reduction in the cost of local public services?

Please give details:

☐ Childcare _____   ☐ Crime prevention _____

☐ Social services _____   ☐ Health promotion _____

☐ Other – please specify

F9 Investment in the local area: did the project contribute to the following?

	Finite	Permanent
Jobs created (art related/other)	☐	☐
Creation of training	☐	☐
Artist's survival/support	☐	☐
Attracted international investment	☐	☐
Attracted redistribution of internal investment	☐	☐

Other – please specify _____

F10 To whom is the project/initiative formally accountable?

Funders of the project	☐
Project management board/committee	☐
Project participants	☐
The wider public	☐

Other – please specify _____

Guidance: tick as many boxes as are relevant but remember that this is about formal accountability, ie people with power to make decisions about project priorities, policies, etc.

Section G   MONITORING AND EVALUATION

G1 Do you have an evaluation strategy/plan?

We have a formal written strategy for evaluation ☐

No formal strategy, but regular reviews and planning take place ☐

No formal or informal evaluation takes place ☐

G2 Who leads on the coordination of the evaluation, if you have it?

Project worker(s) ☐   External paid consultant ☐

Management committee member(s) ☐   Local college/university ☐

Local people ☐   Funding agency ☐

Other – please specify _____

G3 Who designed the evaluation (did the target group help design and implement it)?

G4 Describe the major benefits to (ie what happened) to the following groups of people:

Target group

Partnership participants/members

Broader community

G5 What does success look like? (Please describe how you know if the project has been successful in achieving its objectives – list any local successes you have noticed.) Please use bullet points if possible. You may wish to use the tick list in the next box, overleaf

G6 We don't expect formal evaluation methods, but in your opinion, do results suggest any of the following?

'Making life better'

☐ Increased take-up of health/social services

☐ Reduced take-up of health/social services elsewhere

☐ Reduction of visits to GP

☐ Improved dialogue with healthcare practitioners

☐ Reduced waiting lists

☐ Reduction in prescriptions (eg anti-depressants/tranquillisers)

☐ Reduced area transfers/relocation

☐ Reduced expenditure on vandalism

☐ Pain reduction

☐ Increased individual happiness (friendships etc.)

☐ Lifestyle change (smoking, diet etc.)

☐ Stress reduction

☐ Increased employment

☐ Increased literacy

☐ Increased assertiveness (possibly even manifesting as conflict within groups?)

☐ Improved environments

Success in relation to national health outcome indicators

☐   Heart disease and stroke

☐   Accidents

☐   Cancer

☐   Mental health

☐ Asthma/respiratory problems

☐ Teen pregnancy

☐ Infant mortality

☐ Back pain/rheumatism/arthritis

☐ Environment

☐ Diabetes

☐ Oral hygiene

☐ Vulnerable groups

Local involvement

☐ Numbers involved in planning

☐ Involvement of all sections of community

☐ People making new friends

☐ Use of play areas/new public spaces

☐ Reduced crime or fear of crime

Partnerships

☐ Spin-off projects created

☐ New structures for partnership working

☐ Supported local business

☐ Improved relationship between community and council

☐ Improved relationship between community and NHS trust

☐ Encouraged cross-community co-operation

Personal development

☐ Increased confidence

☐ Involvement with other community activities

☐ Sought new skills

☐ Sought personal development via training

☐ Developed language/creative/social skills

☐ Employment

Skills/resources

☐ Membership of, or activity within, tenants' and residents' associations

☐ Development of new proposals/community initiatives

☐ Reported life changes (diet, job, status)

☐ Impact: council officer awareness of project/area

☐ Impact: health professionals' awareness of project or area

☐ Impact on funding bodies, management etc.

☐ Impact: local councillor awareness of project/area

☐ Impact: local councillor awareness of project/area

Creation of public art

☐ Increased number of art objects in area

☐ Positive peer assessment response – or just any response

☐ Reduced vandalism to artwork

☐ Increased number of temporary arts activities/workshops

☐ Involvement of participants beyond local area

G7 Good practice: List up to five things that you feel have contributed/are contributing to the development of your project:

These details are confidential and are not for the database unless you specify otherwise

1

2

3

4

5

G8 List up to five things that you feel have/are limiting or hindering the development of your project:

These details are confidential and are not for the database unless you specify otherwise

1

2

3

4

5

Section H   PASSING ON THE LEARNING

Transferability

H1 Please indicate three main lessons that can be passed on to others about doing
similar work elsewhere

1

2

3

Sustainability

H2 Is your project engaging in any of the following to ensure that the benefits of the project are
sustainable in the long term?

☐ Developing local people's skills   ☐ Seeking further/mainstream funding

☐ Developing local professionals' skills   ☐ Publicising the learning from your work

☐ Creating new/improved services   ☐ Developing self-supporting local groups

☐ Sharing information with local people   ☐ Strengthening other local community

☐ Strengthening other local community projects   ☐ Ensuring local agencies use participatory approaches

☐ Other – please specify_____

H3 Learning guidance: please describe the main learning about how to keep the work going and about how the benefits of the work can continue after the project/initiative ends

H4 Has this project resulted in any of the following?

Reports ☐   Conferences ☐

_____   _____

_____   _____

Websites ☐   Exhibitions ☐

_____   _____

_____   _____

Awards ☐   Papers, articles, publications, etc. ☐

_____   _____

_____   _____

Please give relevant titles and/or details where appropriate, including where material is available from

Section I   FUTURE AIMS

I1 What further initiatives would you like to develop/strengthen?

I2 What further resources/staff would make new initiatives possible?

Section J   CONTACT DETAILS

This section concerns who we can contact about your work and who and by what means the database users can contact to find out more about your project/initiative.

Guidance: it is quite likely that database users may wish to contact a project/initiative to find out further information/develop networking opportunities and so on. The database will be widely publicised and available free on the Internet, so you need to consider the best way for people to contact your project/initiative, so that this does not create an unmanageable workload for your staff. Numbers of people accessing the website are likely to be between 5,000 and 100,000 per month. Please consider the best way for people to contact you, eg only by post, fax or email, or to be telephoned only at certain times. You may even prefer not to be contacted.

J1 SHM research team contacts:

Who would you like the research team to contact about your arts project/initiative? (We will need to contact you to verify your database entry before it goes 'live' and also periodically to update your record). These contact details are for the team's use only and will not be displayed on the website

Name:

Title:

Job title:

Address:

Postcode:

Telephone:

Fax:

Email:

Project/initiative website address (URL):

J2 Contact details for the public database

Who should database users contact if they want further information about your arts project/initiative? These details will be published on the database/website. Leave blank any details you do not want published

Name:

Title:

Job title:

Address:

Postcode:

Telephone:

Fax:

Email:

Project/initiative website address (URL):

J3 Please confirm how would you prefer database users to contact your arts project/initiative

☐ Post   ☐ Email

☐ Telephone   ☐ Website

☐ Fax   ☐ Other – please specify:

If you wish to be contacted only on certain days or at certain times, please specify below:

Thank you very much for completing this questionnaire

Section K   CASE HISTORIES (optional)

This section of the database aims to provide a rich and more personal view of your project/initiative through the use of short case stories. This section is optional, but will make your database entry come alive. Ideally, we would like to include three first-person accounts of the work from:

• An artist or creative worker involved with the project/initiative
• A funder or partner
• Someone who has participated in, and benefited from the project.

(Please use no more than 400 words in each case.)

Guidance

K1 Case stories (artist/creative worker)
This case story will be used to describe how a member of the creative team which provided the project/initiative viewed the work and what they learnt from it.

Please use the following outline to write your story.

Assume that the reader of your story knows little or nothing about the context of your story and describe:

• The project or initiative aim as briefly as you can (no more than two sentences)
• Who was involved
• What your involvement was
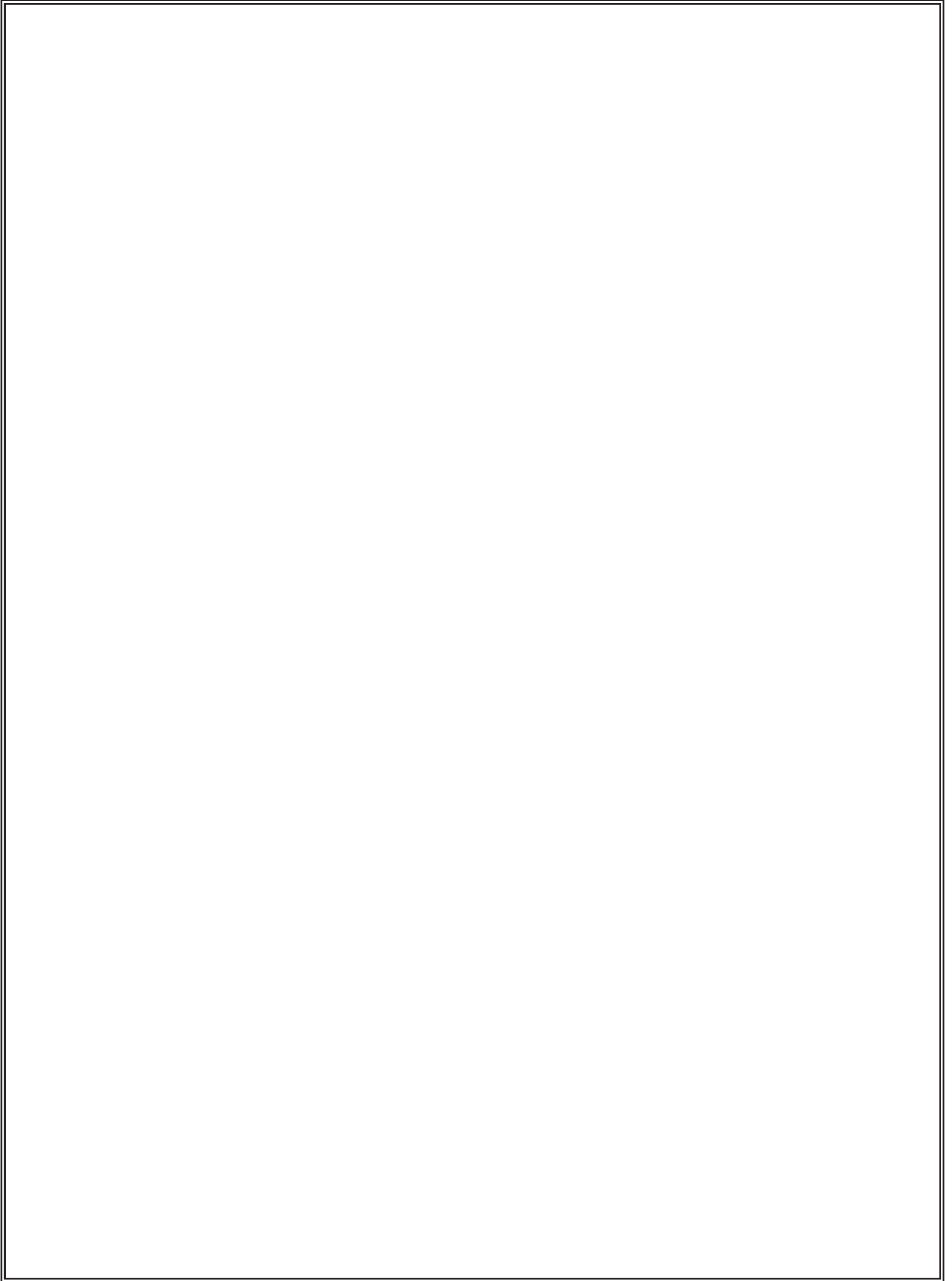• What went well
• What was difficult or surprising.

Explain:

• Why the project/initiative chose art to fulfil its aims
• How your action/involvement helped the project/initiative to tackle health inequalities
• How your work was viewed by your organisation and by the community it was targeted at (what feedback did you receive?)
• What you felt about the quality of art work produced.

Offer some reflections on your story about:

• Where there was consensus or disagreement about what should be done
• What you would do differently next time and why
• What you would need to help you do it differently.

REMEMBER: you can't tell the whole story of the project/initiative! Focus on one or two themes, your role and what you did, and most importantly what you learnt from it.

K1 Artist/creative worker story

K2 Case stories (funder/partner)

This case story will be used to describe how a member of a funding body or partnership organisation viewed the work of a project/initiative and what they learnt from it.

Please use the following outline to write your story.

Assume that the reader of your story knows little or nothing about the context of your story and describe:

- The project or initiative aim as briefly as you can (no more than two sentences)
- Who was involved
- What your involvement was
- What went well
- What was difficult or surprising.

Explain:

- What attracted you to become a funder/partner in an arts project
- How your organisation's involvement helped to tackle health inequalities

- How your work was viewed by your organisation and by the community it was targeted at (what feedback did you receive?)
- What you felt about the quality of art work produced
- How you feel about the 'return on your investment' in the arts project (does it compare favourably with non-arts projects?)

Offer some reflections on your story about:

- Where there was consensus or disagreement about what should be done
- What you would do differently next time and why
- What you would need to help you do it differently.

REMEMBER: you can't tell the whole story of the project/initiative! Focus on one or two themes, your role and what you did, and most importantly what you learnt from it.

K2 Funder/partner story
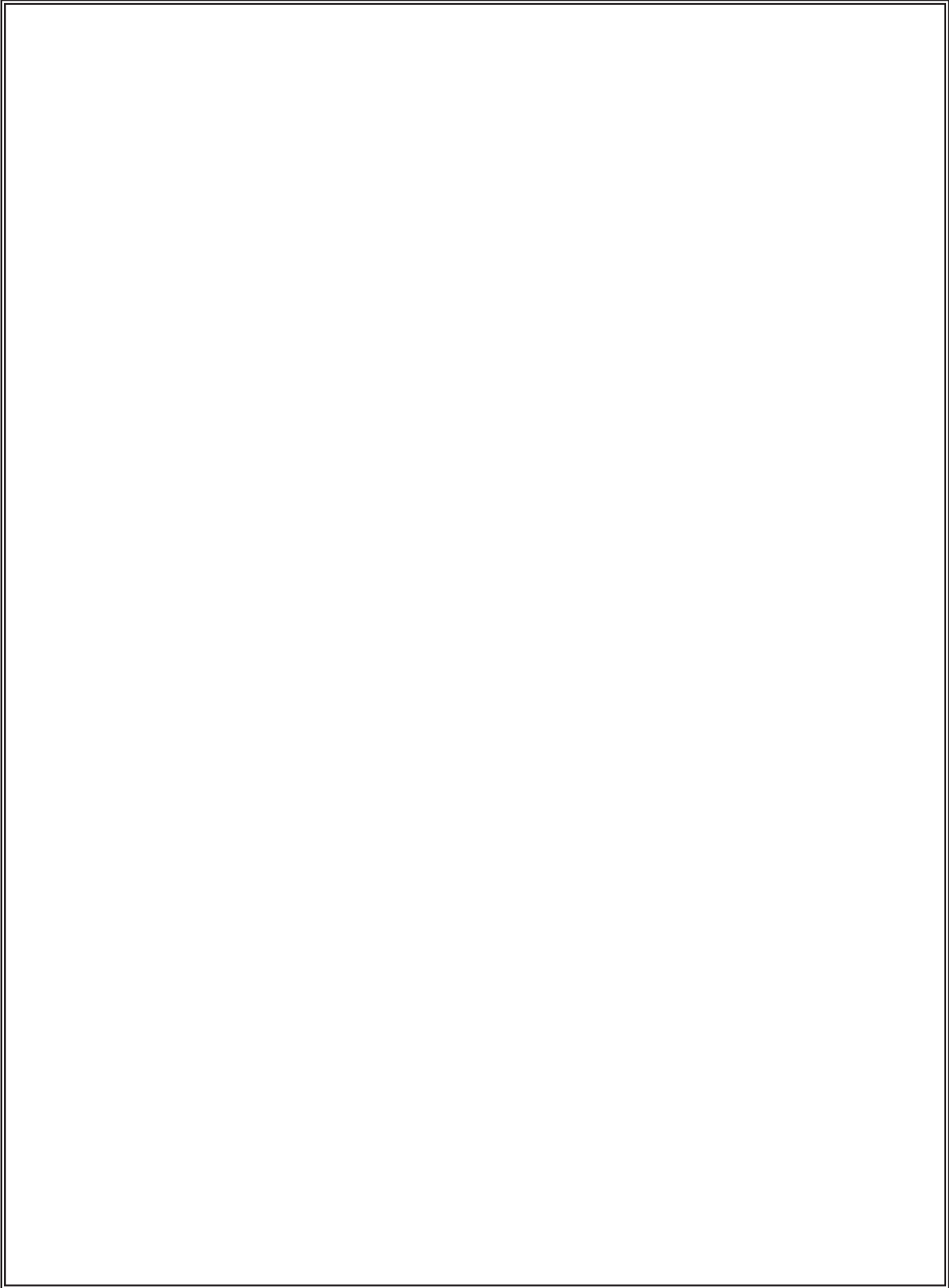
K3 Case stories (participant story)

This case story will be used to describe how a project participant viewed the project/initiative and what they learnt from it.

Please use the following outline to write your story.

Assume that the reader of your story knows little or nothing about the context of your story and describe:

- How you came to hear about the project
- What attracted you to it
- Who was involved
- How you were involved and what you did.

Explain:

- What you liked about the project
- What you disliked about the project (if anything)
- What benefits the project offered you

- What others in your area thought about the project, or about you doing it.

Offer some reflections on your story about:

- What you felt about the quality of artwork produced
- What you felt the project should do differently and why
- What the project would need to achieve this
- Whether the project encouraged you to try anything new
- Whether the project changed your ideas or allowed you to develop new skills
- Whether the project had an impact in your area. If so, how?

REMEMBER: you can't tell the whole story of the project/initiative! Focus on one or two themes, your role and what you did, and most importantly what you learnt from it.

K3 Participant story
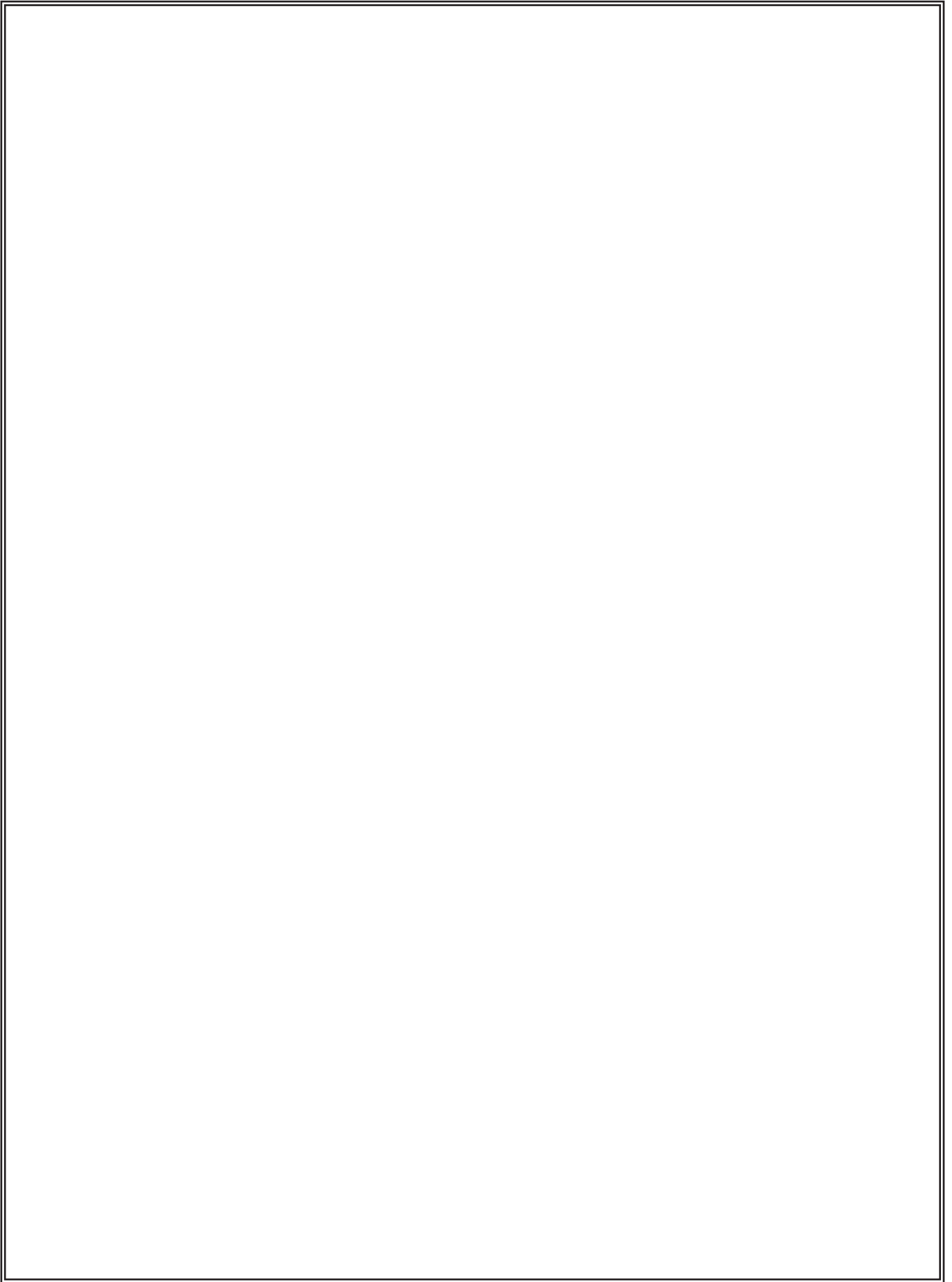
Section L PROJECT VISUALS/AUDIO

L1 Photographs, video and audio clips

Your database entry can be illustrated by a maximum of three photographs, and audio or video clips lasting no longer than two minutes. Please tick the appropriate box and fill in the number of items to be submitted.

Project/initiative photographs, video and audio clips

☐   Please find ___ photograph(s) attached to this form

☐   I will send ___ photograph(s) to you at a later date

☐   I do not currently plan to submit any photographs

☐   Please find ___ book extract(s) attached to this form

☐   I will send ___ book extract(s) to you at a later date

☐   I do not currently plan to submit any book extracts

☐   Please find ___ video clip(s) enclosed with this form

☐   I will send ___ video clip(s) to you at a later date

☐   I do not currently plan to submit any video clips

☐   Please find ___ audio clip(s) enclosed with this form

☐   I will send ___ audio clip(s) to you at a later date

☐   I do not currently plan to submit any audio clips

Guidance

We recommend that your photographs include: one generic photograph of the project; plus one photograph of the project/initiative worker; and one of a project participant/the artwork itself.

These photographs may be published on the database to illuminate your project/initiative record – please make sure that anyone in the photograph has given their agreement for their image to be published for this purpose.

Remember to label all funder/worker/participant material with the individual's name, the project/initiative title and date. Please label all other photographs with the project/initiative name and date.