CAHHM
University of Durham

NHS

Health Development Agency

A review of evaluation in community-based art for health activity in the UK

John Angus

Copies of this publication can be downloaded free of charge from the HDA website (www.hda-online.org.uk)

Health Development Agency
Holborn Gate
330 High Holborn
London
WC1V 7BA

Email: communications@hda-online.org.uk

ISBN 1-84279-118-4

© Health Development Agency 2002

About the HDA

The Health Development Agency (HDA) is an NHS special health authority, established to support and enhance national efforts to improve health in England, with a particular focus on reducing health inequalities. In partnership with others, it gathers evidence of what works, advises on putting health into practice, and develops the skills of all those working to improve people's health.

Acknowledgements

The Health Development Agency (HDA) commissioned this report from the Centre for Arts and Humanities in Health and Medicine (CAHHM) at the University of Durham in 2001. The report's author, John Angus, is a research associate of CAHHM, a member of Pioneer Projects (Celebratory Arts) Ltd and has worked as an artist in the art for health field.

CAHHM was set up in 2000 by Sir Kenneth Calman, vice chancellor of the University of Durham and a former government Chief Medical Officer. CAHHM intends to meet the groundswell of interest from many areas of social policy and academic disciplines in the importance of the arts as a force for improving the health and wellbeing of communities and individuals. CAHHM's ultimate aims are to influence change in the way we learn, work and communicate in healthcare, and to build trusting creative partnerships between medical and health professionals, artists and the public.

Thanks are due to Dr Jane Meyrick, who undertook revisions and amendments to the text, adding an executive summary and 'map' of the art for health field (Appendix 6). Also involved in the production of this report were Dr Jane Macnaughton, director, CAHHM, and Mike White, director of projects, CAHHM.

CAHHM wishes to thank all the organisations listed in the appendixes of this report that sent in documentation to inform this study. Special thanks go to the National Network for Arts in Health for access to its archive and assistance in identifying organisations to approach.

CAHHM
14/15 Old Elvet, Durham City DH1 3HP
Tel: 0191 374 7231
Email: cahhm.info@durham.ac.uk
www.dur.ac.uk/cahhm

The Health Development Agency

The Health Development Agency (HDA) is an NHS special health authority, established to support and enhance national efforts to improve health in England, with a particular focus on reducing health inequalities. In partnership with others, the HDA's role is to:

- Gather evidence of what works
- Advise on good practice
- Support all those working to improve the public's health.

How?
The HDA works with key statutory and non-statutory organisations at national, regional and local level to develop and maintain:

- An accessible evidence base
- Guidance on how to translate evidence into practice
- The skills of those working to improve the public's health
- The standards and tools to measure the results
- Resources to help those working locally.

.

Why?

- To improve the health of people in England
- To tackle growing inequalities in health
- To fill the gaps in our knowledge about what works
- To ensure every penny spent on public health is money well spent.

Contents

Acknowledgements iii

Summary 1

1 Introduction 2

2 The aims of community-based art for health projects 3

3 Stated aims/theoretical models 4

4 Non-stated/broader aims and implicit theoretical models 6
- 4.1 Theoretical concept of health 6
- 4.2 Communication/community/participation 7
- 4.3 Personal development 7
- 4.4 Staff development 7
- 4.5 Specific health needs 7
- 4.6 Art 7
- 4.7 General aspects 8

5 Evaluation 9
- 5.1 Ethnographic approaches 9
- 5.2 Other approaches 10
- 5.3 Evaluation of particular aspects 11
- 5.4 Appropriate methods 11
- 5.5 Guidance on evaluation and promising practice 12

6 Conclusions 13

Appendix 1 – The sample 15

Appendix 2 – Request letter 17

Appendix 3 – Documents reviewed 18

Appendix 4 – Analysis 38

Appendix 5 – Stated aims and outcomes summary list 40

Appendix 6 – Map of the art for health field 42

Summary

Background

This report was commissioned by the Health Development Agency (HDA) from the Centre for Arts and Humanities in Health and Medicine (CAHHM) as a first step to improve evaluation practice in the field of community-based art for health activity. It was felt that some feedback and reflection on the diversity of implicit models of health and wellbeing, models of evaluation, practice and reporting in the field would be helpful. This report provides an overview of available documentation of work in this field and summarises the information on evaluation contained in them with some critical appraisal. It does not, however, attempt to describe an ideal evaluation. Special attention is given to both the stated aims of projects and to the more general aims of practitioners.

Scope

This report provides a review of over 150 recent documents describing 64 separate projects on community-based art for health activity in the UK, a field that has expanded rapidly since 1996. The range of projects included 34 in community settings, 13 in community-based health organisations, five in care homes and 14 in hospitals. The majority of projects were based in England with about three-quarters located in the north and one quarter in the south; a small number were located in Wales and Ireland. Projects with a specific target issue/population included 18 on young people, five on older people, four on mental health, two on young and older people, three on disability and one on learning disability.

Conclusions

- The majority of people working in community-based art for health appear to recognise that it is important to evaluate their activity.
- Many are attempting to evaluate, but they are struggling to find appropriate methods, and the evaluation they carry out is frequently inadequate.
- Many projects do not have clearly stated aims.
- Projects address various aspects of health and wellbeing, but very few explicitly aim to have a direct effect on health.
- Art for health appears to be working in the context of medicine and the health service, and so it may be assumed that it has similar aims. However, it is often trying to do something quite different to medicine.
- It is therefore inappropriate to assume that art for health should use medical models of health and wellbeing, measurement and assessment.

Recommendations

To be able to seek the evidence of the effect of community-based art for health, it is first necessary to be clear about what effect is intended.

- Community-based art for health work needs to show its effectiveness in addressing a range of issues around health, wellbeing and their wider determinants.
- To achieve this, evaluation practice in the field of community-based art for health activity needs to be improved.
- Evaluation practice needs to be based on explicit models of health and wellbeing, stated aims and rationale for how these will be achieved through the work.
- The variety of types of work carried out in community-based art for health should be made more explicit in order to more clearly distinguish the different aims/intentions this encompasses in addition to the even wider variety in the whole of the art for health field (see Appendix 6).
- Key agencies around community-based art for health practice should support consensus building on models for practice and appropriate evaluation. This should include access to training, sharing of good practice, funded networking and materials to support improved practice.

1 Introduction

This report provides a review of documents written about community-based art for health activity in the UK from 1993 to 2001. The study was carried out by a researcher for the Centre for Arts and Humanities in Health Medicine (CAHHM) which is based at the University of Durham. It was commissioned by the Health Development Agency (HDA).

The report is intended to provide background information and context for a national advisory forum on the evaluation of community-based art for health which CAHHM is undertaking to develop. It therefore focuses on the actual evaluation which is carried out by projects and the comments on evaluation requirements found in the documents reviewed. As evaluation methodology must be appropriate for the aims of any activity, special attention has been given to both the stated aims of projects and also to the more general aims of practitioners in this field.

This report has covered a total of 157 documents which range from 150-page reports to single sheet publicity flyers. They include detailed project reports, research reports, conference papers, strategy documents, annual reports, newsletters, published articles, information sheets, publicity materials, project proposals, lists of projects and practitioners in an area, notes and letters. Most of these documents were produced between 1999 and 2001, but some earlier reports are included that date back to 1993. The sample is described in Appendix 1.

The total of 157 documents included 63 reports that provide details of a specific project. The following discussion focuses on these 63 reports, but it is also informed by careful and thorough consideration of the information and ideas presented in all the documents.

The table in Appendix 3 provides a list of the documents reviewed and numbers them in alphabetical order by organisation. Documents referred to in the text are indicated by this number in brackets, eg (97). One document includes five organisations and so is referred to by all five numbers (30, 94, 125, 148, 156).

Appendix 3 also classifies the documents in a variety of ways. An analysis of these classifications is provided in Appendix 4.

2 The aims of community-based art for health projects

Community-based art for health is a very new activity and has expanded rapidly in the past five years. It involves the use of art to address health and wellbeing, but its aims are diverse and not entirely clear (see Appendix 6 for a broad map of the types of work often encompassed under the title).

As with any new field of activity, the boundaries of community-based art for health are not defined but it is a much more diverse area than sometimes thought. It is not a unified field: it is still emerging and includes a wide variety of activities that share some characteristics (eg involve art and address health and wellbeing, or work in a health context), but have quite different intentions. There is a variety of approaches, and a variety of projects, including participative arts, therapeutic arts, health promotion, community development, environmental enhancement, exhibitions and performances, staff development, etc. Some projects involve many different stakeholders. The people and agencies who initiate and deliver these various approaches and projects have different backgrounds, assumptions, skills and intentions. The wide range of aims, and their individual lack of clarity, is due to the diversity of both the field and the stakeholders involved.

Tom Smith (136, p7) states that:

> *'... there is no clear statement on its use or benefits ...*
>
> and:
>
> *'Approaches from a variety of perspectives and with different origins have come to be seen as part of a single approach ... They are better thought of as different approaches within a broad field.'*

He continues (p11):

> *'If the field is understood as having various and complementary dimensions it will have two important benefits: 1) it will relieve unnecessary and potentially destructive tensions within the field as it searches to define itself and 2) it will help those in the health service interested in arts based techniques to understand the range of interventions and the potential impact of each.'*

People who have participated in community-based art for health projects are already convinced of its impact and value, but more objective evidence of its effects is needed. The reports reviewed here reveal a widespread recognition by practitioners that it is necessary to evaluate their activity.

It seems clear, however, that no single evaluation method can be suitable and appropriate to assess all the different approaches and aims. A variety of methods is required to match the wide range of aims. A few projects address quite specific aspects of health in a defined and quantifiable way, and so it is fairly easy to find appropriate methods to evaluate them. But the vast majority of work in the field has a variety of aims which are often intangible, and so they are difficult to assess.

Whatever method of evaluation is adopted, practitioners can only collect appropriate data and evidence if they are clear about their aims. There is a call for evidence of the effect of community-based art for health, but to be able to seek that evidence it is first necessary to clarify what effect is intended.

3 Stated aims/theoretical models

To be able to evaluate effectively it is first necessary to know what art for health projects aim to achieve and how.

This review has found that projects in this field have a very wide range of stated aims, many of which might indirectly lead to effects on individual health and wellbeing, but that practitioners do not actually state that they aim to improve health and wellbeing. A summary list of the stated aims and suggested additional outcomes is given in Appendix 5.

The most common aims can be grouped under the following headings:

- Raising awareness of health issues and encouraging people to take responsibility for their health
- Personal development
- Aesthetic improvement of buildings and environments
- Acquisition of art and craft skills
- Social activity and participation
- Staff development for health professionals
- Health needs assessment
- Communication between consumers and the health and social care agencies
- Cross-sector partnership working.

Many projects address several of these groups of aims.

The use of the term 'art for health' communicates an apparent assumption that projects are intended to improve or enhance health and wellbeing and that evaluations should therefore collect evidence of such improvement and individual health gain. Those in government, the NHS and arts funding organisations who are requesting evidence for the effect of art for health activity seem to expect this. But it should not be assumed that, just because this work is in a health context, practitioners are trying to improve individual health and wellbeing.

In fact it is particularly notable that hardly any project reports state explicitly that their aim is to affect health and wellbeing. The only ones that do so are three projects which include the phrase 'to enhance health' in their aim. These projects are included in one report (30, 94, 125, 148, 156) that summarises five projects in total.

In some cases it is clearly stated that improvement in health is not intended.

The absence of explicitly stated aims to improve health and wellbeing is perhaps surprising in a field commonly referred to as 'art for health'. It may be suggested that practitioners assume that the intention is to improve health and wellbeing and so do not feel that it is necessary to state that as an aim. It may be an omission which is simply due to not wishing to 'state the obvious'.

Alternatively, it may be that practitioners accept that it would be unrealistic to aim to improve health and wellbeing directly. Perhaps they have recognised and accepted that they should aim at indirect or intermediate steps towards improving health and wellbeing.

However, it may be that most art for health practitioners actually do not aim to improve health, but rather aim to address a variety of aspects of health and wellbeing which have previously not been thought to be important.

Certainly, the aims of most projects in this review are psychological, social and even spiritual, rather than physical. It seems reasonable that art would be more likely to be able to affect the mind rather than the body

(psyche rather than soma). The aims are not for direct effects on health but for factors that might precipitate or facilitate such effects. One of the commonest types of aim is for personal development, particularly raising self-esteem and self-confidence.

It may be that practitioners assume that these aims are intermediate indicators for, or steps towards, improvement in health and wellbeing. But there is little evidence that this is the assumption, as reports do not provide discussion of the issue.

Health and art may be considered as the two ends of the range of aims. At one end are projects that aim to enhance health and wellbeing through involvement with art. In these projects the art is to some degree being used, or is at the service of, health improvement. At the other end are projects that aim to produce or present 'pure' art and to broaden the audience for art. At this end the aim is not to affect health and wellbeing, but to produce and present art in a new context, which in this case is a health context. In many projects the aims are provision of interesting and stimulating activities, development of art skills and staff development.

Some projects do address specific aspects of health, particularly mental health and physical disability. However, there are a few projects that have physical aims. These tend to be quite specific, such as reducing falls in older people and aiding breathing for children with asthma.

4 Non-stated/broader aims and implicit theoretical models

The range of aims is expanded further if we move from an examination of the explicitly stated aims for projects to consider some of the general discussion presented in the reports. This discussion is found not only in project reports but also in a variety of conference, research and strategy papers. The writers provide thoughts and ideas both about their particular part of art for health and about the whole field that are often passionate and illuminating.

The aims and purposes that are discussed can be loosely grouped under the following headings, but there is frequent overlap between them.

4.1 Theoretical concept of health

The concept or model of 'health' employed is crucial to an understanding of the aims of art for health. It also affects and informs the methods of evaluation that are appropriate.

Unfortunately, these reports do not clearly state what model of health the art for health practitioners adopt. There is negligible explicit mention of concepts of health in the project reports, but the range and types of aims of the projects imply the use of a broad concept of health and wellbeing.

Some of the more discursive reports do provide discussion of these issues (4, 23, 43, 116, 117, 121, 136, 138, 151, 153). They particularly point out the inappropriateness of the medical or health service model for this work because it sees health in negative terms as the absence of illness.

A positive and holistic concept seems to be generally assumed by arts for health practitioners and is occasionally stated (38, 136). It is implied that important issues for health and wellbeing include personal and social identity, human worth, communication, autonomy, responsibility, self-direction and control, participation in the making of political decisions, cultural and spiritual needs and celebration. It also appears to be assumed that there are multiple determinants of health including environmental, economic, social and psychological factors.

A research report on art for health (121) recommends use of the concept of 'social capital'. It suggests that many of the aims of art for health projects such as increased self-esteem, participation and social connectedness will build social capital, and that this will lead to enhanced individual health. Some other relevant concepts that are suggested include 'salutogenesis' and 'sense of coherence' (151), and 'foundation for achievement' (54).

Nicola Gardner provides a clear statement of the position of art for health activity as an approach to health and wellbeing (43, Sec. 4.1):

> *'... the modern approach to medicine ... treats parts of the person or the disease, but all too often can overlook the whole. Illness and the places where we treat these, hospitals and clinics, are alienating as they physically set us apart from our families, friends and communities in separate buildings. The routines of health care are controlled by health professionals, reinforcing the sense of alienation and loss of control for the patient and carer. The arts have an important role in bringing a sense of ownership, participation and familiarity; and in reminding and helping us look at the entire person's needs.'*

Projects often appear to be attempting to reveal and explore issues around health and wellbeing which may have been ignored. As a result, art for health activity may be shifting and expanding both cultural and institutional understanding of 'health'.

4.2 Communication/community/participation

A large proportion of the documents emphasise the participatory and social aspects of art for health, the engagement in art activity to encourage conversation and communication, and also to 'make special and celebratory' (eg 4, 23, 28, 30, 35, 38, 39, 43, 48, 54, 73, 94, 97, 121, 125, 126, 134, 135, 148, 153, 156).

Participation, creating community, communication, conversation and listening are each frequently given as ends or aims in themselves. There seems to be a widespread assumption that social activity and inclusion in social networks are important for health and wellbeing. It is not clear whether there is any justification or evidence for this assumption.

4.3 Personal development

There is a widespread emphasis on the use of art for personal development through the discovery of creativity and social connectedness leading to increased confidence, self-esteem and empowerment. Many of the reports reviewed here seem to suggest that art can stimulate thought and provoke an individual response. This assists people to question their boundaries, explore issues, voice aspirations, identify needs and facilitate learning. As a consequence people may be enabled to make informed choices and become able to take control of, and responsibility for, their own lives and the factors affecting their health and wellbeing. There appears to be a political intention behind many community-based art for health projects to raise the consciousness and awareness of the effects of social inequality on health, promote wellbeing and empower communities to address these issues. There is also an apparent assumption that if individuals are enabled to express emotions they will be able to build the skills and strength necessary to promote wellbeing, deal with depression and anxiety, and prevent ill health.

4.4 Staff development

Some writers (eg 106, 108, 109, 111) promote involvement in art activities for the staff development of health professionals. They assert that by generating creativity, innovation and increased effectiveness, art activity is particularly effective in team building and providing insight and understanding into other team members' roles.

Art is also being considered as part of doctors' training to improve communication skills with patients. One GP claims (153) that at present the medical schools train medics to be unemotional.

Some projects (30) illustrate that artists can play a key role in creating a broader partnership in healthcare. Involvement of artists in the primary healthcare and health promotion teams can bring skills of creativity and lateral thinking to the practice. It is often said that health professionals tend to focus on physical aspects of health but, through addressing emotions, artists can help to provide a more holistic and integrated response to people's needs.

4.5 Specific health needs

Some work addresses particular health needs. One dance project (65) is working with neurologists to explore the effects that movement plays in young children's neurological development.

Some projects address the needs of physically disabled people (37, 83, 104, 105) and others deal with mental illness (14, 39, 77, 92). In both there is an assumption that art can break down barriers and challenge prejudices. Also, some of these projects are providing an alternative to clinical care, which allows for personal, social and artistic growth.

4.6 Art

Many reports emphasise that the quality of art produced is most important and state that it is the experience of quality which is effective and which generates hope. They affirm that mystery and magic are required rather than social work.

There is much concern about the integrity of the art practice. The research on community-based projects by SHM Productions for the Health Education Authority (121, pp48-49) found that:

> *'... 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 "arts 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.'

Sue Roberts (22, p20) says that an arts project:

'... needs to be absolutely crystal clear about its artistic purpose and integrity … [or] *it will become a health project which just happens to use the arts, rather than arts development in a health setting.'*

Another report (73, p43) states:

'If the art is just seen as an add-on activity for keeping people amused or the place pretty, it will lose its effect.'

There is a real concern that using art to deliver particular health requirements will simply result in bad art. This will not do anyone any good. It is important that art should not be subsumed by the requirements of health promotion or the medical profession. If art is to have an effect it must maintain its integrity, and its special power and effect must be asserted.

A distinction can be made between art and the intentions of artists in community-based projects and art in hospitals. Art in hospitals generally brings established works into hospitals and displays them as a gallery would. Community-based work is grown from and reflects the experience of community members. Some of the artists involved emphasise that they are facilitating and nurturing art, and that any therapeutic or health improvement result is merely a spin-off. But many artists attempt to develop a role for the artist as responsible citizen, and so perhaps to produce a different kind of art.

The term 'art for health' itself carries implicit assumptions about the aim of the work and the role of art. The term can imply art that is at the service of health. The use of different conjunctions between 'art' and 'health' alter the implications, eg 'art and health', 'art into health', 'art in health'. Tom Smith (136) recommends use of 'art/health' to avoid the different assumptions that may lie behind these phrases.

An alternative would be clearer recognition of the differences between the types of work practised across the whole field of art for health (see Appendix 6).

It is interesting that medical staff tend to assume that art for health contexts should be 'safe' and have a calming effect. Some art can have this effect but art is also effective in stimulating thought, activity and dealing with difficult emotions. One project (46) was a touring exhibition by an artist suffering from cancer who had produced paintings in which he attempted to communicate his feelings about his experience. Staff in many hospitals did not want to show the exhibition stating that they felt 'the pictures were not suitable for a hospital environment', and they 'did not want patients to be upset' and 'did not want patients challenged and confronted'. But the response from cancer patients seemed to be the reverse:

'… the overwhelming evidence ... is that patients ... do not want to be isolated and marginalised with their fear and loss. They want to share and learn from the experience of others, and they want to be exposed to, and have access to, material of this nature.'

4.7 General aspects

The Common Knowledge project (135) questions whether art/health is about promoting health, a healthy activity in itself, a means or an end, a useful vehicle to explore health, or all of these. Angela Everitt (30, 94, 125, 148, 156) suggests that the key concepts in community-based art for health are creativity, conversation, play, congenial space and emotional literacy.

One writer (47, p1) says:

'This project was founded on the belief that creative work with a professional artist ... has the potential to reach the parts that other things cannot.'

But various writers point out that it is important to recognise that 'the arts cannot do everything' and that it is necessary to be clear about what art for health can and cannot achieve. Bill McDonnell (49) points out:

'As a culture we are too solution orientated. We need to accept that we don't have to have all the answers.'

5 Evaluation

In addition to reviewing project reports to determine their aims, they were also examined to discover whether any evaluation was carried out and, if so, what methods were employed. Consistent information on other aspects of evaluations such as when they were planned, who carried them out and the intentions behind them was not contained in the reports and so no conclusions about these could be drawn.

Out of the 64 projects, 54 include some evaluation and 48 state aims. Out of the 42 organisations, 36 include evaluation in their reports.

It is clear from these numbers that most of the organisations producing project reports are attempting to carry out evaluation of their work. Many of the project reports and other documents in the survey, including some covering letters, provide comment on, and discussion of, evaluation. It is clear that nearly all practitioners recognise its importance. However, in most cases the evaluation actually carried out is rather basic, unstructured, poorly thought out, provides limited information and often does not really assess the project's aims.

Many of the report writers recognise these inadequacies and they comment on their uncertainty about how to carry out evaluation, what the most appropriate procedures are, and what types of evaluation will be acceptable to others. Some reports include comment on the reasons for adopting a particular approach.

5.1 Ethnographic approaches

Most evaluators adopt an ethnographic or critical social science approach. It is often pluralistic, in that everything which may be relevant is collected. The best involve participative and reflective practice which attempts to maximise learning and generate reflection and informed debate.

Most reports indicate that practitioners feel the aims of evaluation work are rather intangible and so are difficult to quantify. Numbers are collected wherever it is felt to be appropriate and straightforward, such as recording the number of attendees, but most information collected is qualitative.

The information collected is from a wide variety of sources, including:

- Participant observation and field notes by evaluators/artists steering group members/funders, etc
- Interviews by evaluators/community researchers/other professional workers with all stakeholders including workers/steering group members/participants/funders/advisors etc
- Discussions with all stakeholders
- Verbal feedback sessions
- De-briefing sessions
- Evaluation meetings
- Focus groups
- Verbal or written comments by all stakeholders and participants
- Personal memoranda of reflections and remarks
- Diaries by workers
- Project stories written by users
- Project planning and evaluation books for which participants gathered and put together a wide variety of material, including pictures, tapestries and sketches
- Project documentation – attendance registers/day books/minutes of meetings/promotional materials/proposals/funding applications/notes of events/comment books/scrapbooks
- Videos of activities
- Photographs

- Audio tape
- Artworks produced
- Evidence of high standards
- Awards
- Reports in media
- Accredited courses
- Research on relevant documentation and local statistics.

In most projects only a few of these types of information are collected and in many of the reports there is negligible information about the procedure used. There is also little attempt at analysis.

A few projects, however, collect a wide selection of information and are very thorough and structured. One report (30, 94, 125, 148, 156) uses log frame planning, a technique which provides a structure or framework through which that practice may be understood, analysed, communicated and debated. In another (98), the analysis and interpretation consists of reducing the data by simplifying, abstracting and pulling out themes, noting patterns, commonalities and differences in the data. In these well thought-out examples there is an independent evaluator who facilitates, guides, and oversees the evaluation and who equips the artists and practitioners to collect the information. There is a commitment to sharing of knowledge and understandings. There is also an emphasis on the involvement of all stakeholders and that all their multiple perspectives are articulated and recognised.

5.2 Other approaches

Although most reports adopt an ethnographic approach, a variety of other methods are also used.

A number of projects refer to the collection of comments through evaluation sheets or forms which are given out to participants or members of the audience. The content of the forms is not usually explained but they seem to produce very basic data which primarily concern delivery rather than achievement of aims.

Many of the projects use questionnaires and one used an opinion survey. These are often employed without any comment on their appropriateness or effectiveness, but some reports state quite clearly that although they used or tried to use questionnaires they were found to be unsatisfactory and inappropriate.

Questionnaires and evaluation sheets are prevalent in school-based projects, and are particularly used by touring theatre companies. Full details of these questionnaires are provided in some cases. It is evident that the intention is primarily to provide information for the company about delivery and there is little, if any, attempt to assess effectiveness in achieving aims.

Some projects do attempt to collect more quantitative measurements. There is a range from simple to complex approaches.

One project involving arts on prescription (20) was evaluated by professionals who had a medical background, using a questionnaire before and after a series of sessions. They employed a standardised questionnaire (General Health Questionnaire) and added specially devised questions. This was intended to provide information on contacts with GPs and other health professionals in a three-month period, and to assess self-concept, anxiety, depression, somatic complaints, social functioning, social relationships, activities, interests and hobbies. A statistical test was applied to the difference between scores on the questionnaire before and after the sessions.

The evaluation of a project in a health action zone (40) collected qualitative data but also attempted to collect quantitative information through use of 'a validated and standardised assessment tool', Frydenberg and Lewis's Adolescent Coping Scale. This was administered near the beginning of the project and a few days after the final performance.

One project (reported in 21) took an ethological approach in which observations were recorded in a highly structured way, employing scoring categories that were as unambiguous as possible and required relatively little interpretation by the observer. It produced a behavioural record and sought (and checked) to ensure high inter-judge reliability.

In one case (reported in 21) the effectiveness of music therapy was assessed against a set of specified goals. Each participant was assigned to a different treatment or non-treatment, so providing a simple randomised controlled trial. A project on the effect of singing (45) used technology to measure electrical activity in the brain via electrodes fitted to the head and a display on a specially designed computer graph. A dance project (65)

is working with neurologists and attempting to show that particular movement patterns actively promote neurological organisation and development in young children. Assessment sheets are used to provide an individual child's 'movement play profile' by observation and assessment of various components on 5 or 10 point scales or percentages.

5.3 Evaluation of particular aspects

Most evaluation work focuses on outcomes and results of a project, but some included other aspects.

5.3.1 Process and practice

Although reports emphasise that the process is as important as the result in art for health work, evaluation tends to focus on the outcomes. The questionnaires used in school-based projects focus on practical aspects of delivery, but they also provide some information on the extent of audience engagement. Many reports provide some comments on the involvement of participants but the evaluation focus is on results. This relative absence of process evaluation seems surprising given the emphasis on participation. The practitioners seem not to be really evaluating the claimed strengths of their work. The lack of attention given to process evaluation might indicate that practitioners recognise the need for evaluation, but see the purpose of this as being primarily to satisfy outsiders who focus on results. A guide on evaluation may need to address this issue.

5.3.2 Project management

The effective management of projects is obviously very important and some reports recognise the need for it to be included in evaluation. Community-based art for health projects often involve a wide range of partners including community groups, statutory bodies, voluntary sector, specialist agencies, schools and local committees. Reports regularly comment it is absolutely crucial for the successful development of a project that a steering group is formed. They recommend that this group should spend a lot of time discussing the project and the reasons for each partner's involvement. The steering group should generate a shared understanding of what the partners are collectively seeking to achieve, and ensure that all aims and objectives are jointly negotiated and agreed so that everyone's needs are met. Several reports describe the tension, confusion and misunderstanding which result if this careful planning is not carried out (eg 40, 136).

5.3.3 Professional training

The success of a project also depends on the skills and abilities of the artists involved. There is little reference to assessment of the skills required to do this work or to the need for training. Where it is mentioned the recommendation is that training is best achieved through practice with an experienced mentor, rather than through formal courses of study.

5.3.4 Art therapy

Art therapy works in a medical context with individual clients or patients and so seems to be doing something different from community-based art for health. However, there is clearly some overlap between the two areas. Art therapy may be able to provide a useful contribution to the delivery and practice of art for health.

The reports by arts therapists (29, 76) express concern about art for health projects that ask people to explore complex emotional issues. They wish to ensure that any issues arising can be adequately supported and followed up if necessary. This support is as important for workers as it is for participants. Art for health workers may become deeply involved in people's lives around times of great stress, distress and disturbance and are bound to be affected by these experiences. It is important that they look after themselves. Art therapy's code of practice obliges each therapist to spend regular amounts of time reflecting on practice with other practitioners. Art for health workers could benefit from using this model as one of the safety features of a project. It may be important to include this procedure in training and evaluation.

5.4 Appropriate methods

The documents reviewed suggested that practitioners feel that the aims of this work are rather intangible and so are difficult to quantify. There are projects that attempt to produce quantitative information (eg 20, 46, 65), and several reports comment that both qualitative and quantitative information should be collected. The latter point out that a balance can be struck between the two, and that a valuable synergy may emerge from the combination (eg 4, 21, 22, 30, 40, 48, 94, 98, 121, 125, 148, 151, 156). However, it seems to be widely felt that it is inappropriate, and even dangerous, to try to reduce evaluation of the complex quality of life issues addressed by art for health to some kind of star rating

scheme (eg 21, 22, 30, 48, 64, 78, 94, 125, 148, 156). The changes sought by art for health projects are not of the kind that may be easily quantified or monitored in a highly structured way. It is felt that an over-emphasis on a quantitative approach, and on investigations which match the criteria of scientific experiments, may limit the attention paid to variables which are a central focus of this humanistic practice (eg 21, 22, 35, 48, 64, 81, 97, 153).

There is extensive concern that the work itself could be affected or even led by the requirements of evaluation (eg 12, 21, 64, 87). Many report writers are familiar with doing evaluation, but they draw attention to the differences in requirements of various stakeholders; eg the arts funders, statutory funders and medical funders all have different requirements. Many writers and practitioners are particularly concerned that there seems to be a need and a pressure for the evaluation methodology employed to be acceptable to the medical profession (eg 21, 47, 64, 81, 153).

Many report writers express deep misgivings and worries that their work will be compromised, or even negated, by such demands. They are concerned that attempts to meet these requirements are liable to destroy the very things that are addressed (eg 12, 21, 64, 87, 97).

These are very real and important concerns and must be taken into account in any consideration of appropriate methods for evaluation. Projects must be evaluated against their own aims, and evaluation methods used that are appropriate to assess whether or not those aims are achieved.

5.5 Guidance on evaluation and promising practice

It is clear that many practitioners are struggling with evaluation and recognise that they need support and guidance. It is highly likely that they would welcome such guidance enthusiastically, and with considerable relief. On the other hand there are some organisations that provide no discussion or comment about the methods they have used, so it is not known whether they have considered their effectiveness or appropriateness. They seem to proceed with evaluation confidently while apparently being unaware that it is of rather limited value. Some of these practitioners could also benefit from guidance.

There are several project reports in this review whose approaches could be adapted and modified to suit the needs of many individual projects. In particular the reports by Angela Everitt (30, 94, 125, 148, 156), Janet Henderson (98), Tom Smith (136) and Ruth Hecht (28) can be recommended.

Ruth Hecht was working as a member of a health promotion team but succeeds in maintaining some of the necessary distance and objectivity. Her report is a model of clarity.

Tom Smith's report is written part way through a large project and does not provide details on evaluation practice, but the approach is thoughtful and inclusive, so the final project report can be expected to provide a valuable example.

Janet Henderson's report is short and is on a comparatively small project, but is very clear and provides very useful guidance on evaluation and project management.

Angela Everitt's report on five art for health organisations provides a structure which could be adapted to most purposes. It emphasises the inclusion of all stakeholders' diverse assumptions and requirements, and provides a method to help them all to be open and explicit about these. This review has included her interim report (30, 94, 125, 148, 156), but unfortunately her final report was completed too for inclusion. The interim report provides the most useful guidance to evaluation of any report covered in this review.

6 Conclusions

This review has found that the majority of practitioners in community-based art for health recognise that it is important to evaluate their activity. Many are attempting to do so, but they are struggling to find appropriate methods, and the evaluation they carry out is frequently inadequate.

A common shortcoming is a failure to state and agree clear aims for a project. Whatever method of evaluation is adopted, practitioners can only collect appropriate data and evidence if they are clear about their aims.

As stated earlier, there is a call for evidence of the effect of community-based art for health, but to be able to seek the evidence it is first necessary to be clear about what effect is intended. The people in government, the NHS and the arts funding organisations who are requesting evidence often appear to expect effects on individual health or 'health benefits' in a conventional medical sense. However, the reports reviewed indicate that these may not be the effects which art for health projects aim to deliver. It should not be assumed that just because this work is carried out in a health context it is necessarily aimed at directly improving individual health. Art for health practitioners might not be aiming to improve health, but they may be addressing aspects of health and wellbeing which medicine does not, and which have previously not been emphasised.

In the reports reviewed, the aims and potential outcomes, both stated and implied, are very diverse. This diversity is found across the whole field but often also within individual projects. Very few projects state that their aim is to improve health, while several state explicitly that they do not aim to improve health. Nevertheless, the majority of projects aim to produce effects which may be understood as indirectly affecting health or as directly affecting holistic health and wellbeing. These effects may be regarded as indicators for, or intermediate steps towards, improving individual health and wellbeing. The intended effects may not be direct 'health benefits' or 'impacts on individual health gain' in a conventional sense, but they can generally be seen as related to a broad conception of health and wellbeing.

The concept or model of 'health' employed is crucial to both an evaluation and an understanding of art for health. While practitioners seem to hold a holistic and expansive view of health, many outsiders, including sympathetic outsiders, tend to assume a concept of individual health as understood in conventional medicine. As a result there is a potential mismatch between the expectations of outsiders about what the effects of art for health might be, and the effects actually intended by practitioners. These possible differences in conception must be clarified and stated to avoid misunderstanding about the aims.

Practitioners are not establishing a rationale for why their work is expected to have any effect, and what these effects might be. If they want to demonstrate effects of this work on health and wellbeing they need to provide a rationale for why these effects are expected.

Art for health practitioners need to set aims which are achievable by engagement with art and they need to be able to justify the use of art as the best way to achieve these particular aims. It is important to be clear about what art can and cannot achieve.

Many of those projects that do state aims are not carrying out evaluations in a manner that can determine whether those aims are achieved. They have recognised the need for evaluation, but the methods they are using do not provide the information required.

Practitioners are not evaluating the claimed strengths of their work. For example, it is often claimed that involvement in the process of this work is very important, but evaluation rarely addresses this aspect. Most evaluation only examines outcomes. It appears that evaluation is being carried out in an attempt to meet other stakeholders' requirements rather than to demonstrate the potential strengths of the work.

There is widespread uncertainty about what evaluation methods to use and what methods will be acceptable to other stakeholders. There is also concern that a requirement for quantitative evaluation will affect and damage the delivery of the work. In particular there is concern about the requirements of medical practice.

Art for health appears to be working in the context of medicine and the health service, and so it may be assumed that it has similar aims. But it is trying to do something quite different to medicine. It is therefore inappropriate to attempt to meet the expectations of the medical world, or to assume art for health should use medical methods of measurement and assessment. Community-based art for health needs to step outside the medical domain and its domination of health and wellbeing. It may have more in common with public health and health promotion than it does with medicine.

Most art for health practitioners are passionate about, and committed to, their work. They are skilled professionals who understand the effects and potential of this activity. It is essential that they confidently assert their vision, knowledge and expertise, rather than being solely at the service of other stakeholders and attempting to meet their assumptions and fulfil their requirements. The practitioners are the people who can best set the agenda for art and health. They need to be quite clear about what they aim to achieve and the rationale for engaging art in this process.

Many practitioners emphasise that the quality of the art produced is most important, otherwise it will not do anyone any good. There is a tension between the production of good quality art and the production of a particular effect. If art is to have any effect it must maintain its own integrity.

The art should be allowed to be judged on its own terms, to do what it is best at doing. Art does a variety of things including expressing emotions, enhancing environments, lifting spirits, stimulating thought, challenging ideas, and providing new views of the world. In doing these things, all art indirectly contributes to wellbeing and health in the holistic sense.

Many art for health practitioners seem to want to engage art directly to affect health and wellbeing. If art for health work is intended to contribute to the achievement of aspects of holistic health that are not covered by medicine, that difference should be stated.

Most art for health projects apparently do not aim to directly improve individual health, but they do address a wide variety of issues which may be important with respect to health and wellbeing. Projects often appear to be attempting to reveal and explore issues around health and wellbeing which have been ignored. Art for health activity may be shifting and expanding both cultural and institutional understanding of 'health' and drawing out aspects of health which have previously not been thought to be important. If so, it is important for practitioners and supporters to articulate and explore these ideas and their implications. Art for health needs to assert the value of its own strengths, intentions and effects.

Art for health might be able to contribute to the health and wellbeing of the population, not only in the way that art already does, but in a direct and structured way, embedded in a new and broader approach to health and wellbeing. However, it will not have the opportunity to make that contribution effectively unless it provides evidence for its special effects.

To be able to provide such evidence, practitioners first need to clarify what the aims and rationale of art for health are, and what its special effects can be. It is essential for them to set objectives which are specific, clear, realistic and achievable, and to describe and assess the effects in terms which are appropriate to the activity.

Arts for health practitioners must assert their aims and the potential effects clearly and confidently, and not be intimidated or diverted by the demands and assumptions of other stakeholders.

Appendix 1 – The sample

This review has covered a total of 157 documents which range from 150 page reports to single sheet publicity flyers. They include detailed reports of projects, research reports, conference papers, strategy documents, annual reports, newsletters, published articles, information sheets, publicity materials, project proposals, lists of projects and practitioners in an area, notes and letters. These documents have been produced since 1993, but are mainly from 2000-2001.

The documents were obtained from four sources. These were a request letter, the files of CAHHM, the National Network for the Arts in Health (NNAH) and the researcher. The letter (reproduced on p17) requesting reports on community-based art and health projects was sent in July 2001 to 109 members of NNAH. These organisations were selected by CAHHM from the total membership of NNAH on the basis that they were known or thought to be community-based or to include a community aspect. All documents received until early December 2001 were included in the review; 45 organisations responded, sending 90 documents.

Although the letter explained that this request was for support with a survey of evaluation, it asked for any documents produced by that organisation. The request for any available documents was intended to allow some assessment of whether or not organisations carried out any evaluation at all, but this assessment is obviously biased as organisations will be more likely to respond if they have evaluation to report.

The documents from CAHHM were selected and supplied by that organisation. The reports from NNAH were obtained largely on one visit by the researcher to the organisation's office and a quick search through its files with a focus on community-based projects.

It is probable that more documents could have been obtained through more active and repetitive requests and research. Responses may depend on organisations having a paid administrator who has the spare capacity to respond to such non-essential requests, which many organisations do not have. Some organisations that are known to be carrying out interesting work in the field and so would have been expected to respond, did not do so. This review could have adopted an approach of actively seeking out reports from these organisations, but that procedure would be biasing the sample towards those which are more likely to be doing evaluation. Instead it was decided to accept the sample as simply representing those organisations which were sufficiently motivated to reply.

It was decided that the sample obtained would be sufficient and that this review may be regarded as providing a satisfactory and representative snapshot of recent and current activity in community-based arts and health in the UK.

The table in Appendix 2 provides a list of the documents reviewed and numbers them in alphabetical order of the organisation. Documents referred to in the text are indicated by this number in brackets, eg (97). One document includes five organisations and so is referred to by all five numbers (30, 94, 125, 148, 156).

The researcher was surprised and gratified by the number of documents available and the extent of activity in community-based arts and health. When he was researching a report six years ago, in 1996 (97), there was very limited activity and hardly any documentation. There has been an explosion of activity in the field in this short intervening period. Unfortunately, however, the increase in activity has not so far been matched by an increase in the effectiveness of evaluation. Some of the

reports which were then available are still among the few which can be recommended as examples to follow for evaluation.

Appendix 3 also classifies the documents in a variety of ways. An analysis of these classifications is provided in Appendix 4.

The figures in the analysis have not been converted into percentages because these could suggest that they provide 'measurements' of activity, eg the percentage of all community-based arts and health projects which are carrying out evaluation. It is felt that the sampling procedure would not justify such conclusions. As regards the responses to the request letter, it may be assumed that those organisations which have carried out evaluation are more likely to respond. As regards the documents from existing files, it is almost certain that these files have a much higher percentage of reports which include evaluation than would be found in a random sample of art and health projects. Therefore we may assume that the sample reviewed includes a higher percentage of projects that carry out evaluation than the percentage in all the art and health projects currently in progress.

Project reports

The total of 157 documents included 63 reports which provide details of a specific project. The review focuses on these 63 reports, but it is also informed by careful and thorough consideration of the information and ideas presented in all the documents.

It should be noted that regarding these 63 reports:

- Some organisations submitted separate reports on each of several projects
- Some reports are by one organisation but include many individual projects
- One report includes projects by five organisations
- One project submitted four reports.

In the report which includes five organisations (30, 94, 125, 148, 156), three of these organisations are actually conducting numerous projects. If all these projects were listed separately, the total number of projects covered would be over 100. But as details are not provided on each separate project, these three organisations have been treated as each being one project.

The result is that the 63 project reports under consideration have been treated as including 64 projects. These reports are from 42 organisations.

Appendix 2 – Request letter

Dear

I am carrying out a national survey for the Centre for Arts and Humanities in Health and Medicine (CAHHM) on the use of evaluation in community-based art and health projects, and I am seeking your assistance.

'Evaluation' in this case does not only mean carefully planned and structured research, but includes any reflection upon the activities involved in a project. For example, it could include participants' comments on any aspects of a project, artists' judgments about their own work, the objectives (however vague) of a project, number of people involved, number of agencies involved, changes produced by a project, and many other possibilities.

The survey, which is being supported by the Health Development Agency, is seeking to gain a complete picture of the whole range of types of reflection which are applied to the process of delivery of art and health projects and their effects. I would be grateful, therefore, if you would send me any project reports which you have. Whether or not these reports include specific sections on evaluation/assessment/reflection, I would like to include them all in the survey.

If you charge for your reports, or you require payment for photocopying, postage etc, you may enclose an invoice if the total is less than £5. If it is over this amount, please send a report summary and let us know how much you will require for the full version.

This survey is being done in collaboration with the National Network for Arts in Health (NNAH).
If you have already submitted material to them there is no need for you to do so again, but please let me know so that I can ensure that your work is included.

The aim of this survey is firstly to provide an overview of the current practice of evaluation in art and health projects in community settings, and to find out if there is a need for a practical guide to appropriate methods. The longer term aim is to use the demonstration of the range of art and health activity and its effectiveness to help obtain increased funding for projects.

If you would like further information about this survey please let me know. I look forward to hearing from you and receiving your reports.

Yours sincerely

John Angus
CAHHM Researcher

Appendix 3 – Documents reviewed

The table is arranged and numbered in alphabetical order by organisation.

A document is referred to in the text as (XX), where XX is its number in the table.

One document describes evaluation of five organisations and so is referred to by all five numbers (30, 94, 125, 148, 156).

Key

Project*
P – Project report
PAR & PA – Project as annual report or article, so not detailed
Pr – Proposal
R – Research study

Location
C – Community
HC – Community-based but in health organisation, eg GP surgery
CH – Care homes
H – Hospital

Status
I – Independent organisation
A – Health authority led/initiated
AI – Authority initiated – but delivered by independent organisation
AT – Art therapy

Health
(Projects or organisations with a specific health sector focus)
MH – Mental health
LD – Learning disabilities
D – Disabled
O – Older people
Y – Young people

Theory
E – Includes discussion of evaluation
T – Includes theoretical ideas about art and health

Evaluation
E – Evaluated
EP – Evaluation planned
A – Aims/objectives stated
O – Outcomes stated (suggested/claimed) – different or additional to aims/objectives

Survey
S – Organisation which responded to survey request
SA – Additional reports from above

* The grounds for classification as a project report are difficult to define – some included give little detail, but enough to provide information about a specific activity and thoughts about it.

Note:
– Some organisations submitted separate reports on each of several projects
– Some reports are by one organisation but include many projects.

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
1	Action Space	London	Annual report 1998/9	'... bringing the visual and performing arts to Londoners with learning disabilities.'		1999	PA R	C	I	LD		A	
2	all CHANGE	London	Flyer	Community arts company								O	
3	ARIA	Glasgow	Arts on prescription	ARIA – an action research initiative to promote the application of the arts to mental healthcare	Larry Butler	1999	Pr					EP	
4	ARPAT	Edinburgh	Action research proposal for the arts therapies in mental health	Proposal for 3 year project			Pr			AT	T	EP	
5	Art for Life Chard Hospital	Taunton and Somerset	Artist in residence folded colour leaflet	Artist in residence		No date		H	A			O	SA
6	Art for Life: Taunton and Somerset NHS Trust Hospitals	Taunton and Somerset	Sense of place/sense of self	Artists' residencies		1999/ 2000 15pp	P	H	A			E O	SA
7	Art for Life: arts programme for NHS Trust and Take Art – Somerset's rural arts development agency	Taunton and Somerset		Hospital arts programme									S
8	Art for Life: Take Art – Minehead Community Hospital	Taunton and Somerset	Artist in residence	Artist in residence		1995/ 1996 18pp	P	H	A			E A O	SA
9	Art Operation: Maidstone and Tunbridge Wells NHS Trust	Maidstone and Tunbridge Wells	Art Operation letter – arts coordinator	Handwashing bus to visit schools		2001	Pr	C	A	Y			S

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
10	Art Shape	Glos.	Action research report: Inspirations – creative futures for older people	Project with the Summerfield Charitable Trust – in nursing home		Nov 2000 20pp	PA R	CH	I	O		E A	
11	Art4Space		Information sheets	Three artists working with local communities				C	I				S
12	Artcare Salisbury District Hospital	Salisbury	Annual report 2001	Art project integrated as part of health trust	Emma Ryder Richardson	2001	PA R	H HC	A		E	E	S
13	Artlink	West Yorkshire	Celebrating Sound Festival: report and evaluation forms	Residential event for people with learning disabilities		1998	P	C	I	LD		E A	S
14	Artlink West Yorkshire	West Yorkshire	Annual report 1998/99	Arts programmes for people with learning disabilities, and mental health service users		1999 8pp		HC	I	M H LD			
15	Artlink and Lothian Hospital Arts Consortium	Edinburgh	Three issues of FUSION	Generating art within hospital settings			P	H	AI		T	A	S
16	Artlink Central	Stirling	Arts equals opportunities	Brochure								A	
17	Arts Consultancy	Newcastle upon Tyne	NNAH questionnaire	Arts project in centre for cancer treatment (part of 3)				H?	?			EP	
18	Arts in Healthcare – art in hospital project – Conquest Hospital, Hastings 'Works of Art' Trust, Hastings and Rother NHS Trust	Hastings East Sussex	Evaluation of staff participation projects	Project with hospital staff	Evelyn Carpenter: community education consultant	2001 21pp	P	H	A			E A	

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
19	Arts on Prescription	Stockport	Exercise on Prescription and Arts on Prescription	Referral by GP, voluntary sector or self		1997? 7pp	P	HC	A				
20	Arts on Prescription	Stockport	Arts on Prescription: an evaluation	Evaluation of above	Prof Peter Huxley and the project team	1997	P	HC	A		E T	E A O	
21	Arts Therapists in Wales	UK	A review of research relevant to outcome measurement in the art therapies	Research review report	Melanie Kliendients Neil Frude	1999 19pp +33pp	R			AT	E T	O	
22	Artservice	??	Arts in healthcare initiative: evaluation report	Evaluation report for Northern Arts Board and Northern Regional Health Authority	Sue Roberts	Only part of report: pp16-25 1993 9pp	R				E T		
23	Bolton Community Homes and Freedom in Dance	Bolton	Community dance project 2000/2001	Dance and exercise sessions with older people		June 2001 28pp	P	CH	I	O		E A O	
24	Bolton Health Promotion Service and activ8	Bolton	Tagged	Drama project with young people		No date 2001? 2pp	P	C	AI	Y		O	
25	Bolton Hospitals Arts Project	Bolton	Annual report	Bolton Hospitals Arts Project Annual report		1999/ 2000		H	A			O	
26	Bradford Health Authority and Artlink West Yorkshire	Bradford NHS	Bradford Arts and Health Day: Supporting the development of healthy living centres	Conference		1999 12pp			AI				S

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
27	Brainstorm Madcap	Birmingham	Leaflet: developing community art for mental health	Community art for mental health				C	I	MH			S
28	Bristol Area Specialist Health Promotion Service	Bristol	I talk now	Health promotion and community arts projects	Ruth Hecht	1996 28pp	P	HC	A		E T	E A O	
29	British Association of Art Therapists (BAAT)	UK	Art Therapy	Some notes for the National Network for Arts and Health launch		Oct 2000				AT	T		
30	Bromley-by-Bow Healthy Living Centre	London	Arts in Health National Evaluation Programme: interim report	Arts in Health National Evaluation Programme	Angela Everitt Ruth Hamilton	August 2000 34pp	P/R	C	I		E T	E A O	
31	Bromley-by-Bow Healthy Living Centre	London	Art in Health	Windsor conference paper	?	1999? 15pp					T		
32	Carnegie National Sports Development Centre, School of Leisure and Sport Studies, Leeds Metropolitan University	UK	Letter and progress report to Common Knowledge	Research project on social inclusion for Dept of Culture, Media and Sport – 14 projects – inc CK (rep 93)							E T	O	
33	Chiltern Community Arts	Chiltern	Paper on art and disability	Community arts healthcare projects		2000/1		C	AI	D			
34	Clare Louise Edwards	Ceiriog Ward at Chirk Hospital	Report on student project	Student project	Clare Louise Edwards	2001		H					S
35	Commedia	UK	Use or Ornament		Francois Matarasso	2000					E T	E	
36	Community Dance Wales	Wales	Leaflet	The National Forum for Community Dance in Wales								O	

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
37	Conquest Art	Surrey	No project reports but sent: – outline of intro talk – two small brochures – issue of magazine: summer 2001	Enriching the lives of physically disabled people		2001						A	S
38	Copeland Borough Council	Cumbria	Transfusion: evaluation report	Young people's health project		1999 6pp & 16pp	P	C	A	Y		E A	S
39	Core Arts	London	Prospectus – colour brochure	Mental health/arts company			PA R	C	I	M H		A O	S
40	Cornwall and Isles of Scilly HAZ	Cornwall and Isles of Scilly	'These voices'	A case study evaluation of the arts and health project (phase 1)	Nick May	April 2001 25pp	P	C	AI	Y	E	E A	S
41	CragRats Theatre in education company	Huddersfield	React	Report: 'Sexual Health' touring theatre production		2000	P	C	I	Y		E	
42	Dance 4 and Foundation For Community Dance	Leicester	Creative movement and the healthier older person	Conference report		2000 22pp				O	E		
43	Department of Health Strategy and Planning Division	UK	A report on the value and use of the visual arts in healthcare	Review – unpublished draft report	Nicola Gardner	June 2001	R		A		E T	O	
44	Disability Media Agency		Art of Disability – information	Individual artist	Steven Bloch			C	I	D		A	S
45	Dr Anand – GP	Newcastle	Sing – and let your cares fade away	Article in 'The Journal' on project at GP surgery	Rosie Waller	14/6/ 2000 2pp	PA	HC	I?		E T	E A O	
46	East Sussex, Brighton and Hove NHS	Brighton and Hove East Sussex	The Emotional Cancer Journey: Michele Angelo Petrone – exhibition report	The Emotional Cancer Journey: Michele Angelo Petrone	Margaret Felton	1997 18pp	P	C	AI			E A O	S

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
47	Eden Arts – Eden District Council	Cumbria	Letter – arts officer project report	Artists' residencies in primary schools in areas worst affected by foot and mouth disease	Sue Allan	2001 approx 30pp	P	C	I	Y		E A	S
48	Equal Arts	Gateshead	Creating Conversations: interim report	Gateshead Elderly Arts Project	Angela Everitt	1994 87pp	P	CH	I	O	ET	E A O	
49	Foxhill School	Sheffield	Respect Project: evaluation report	Respect Project in primary school	Bill McDonnell John Goodchild	1999? 17pp	P	C	I	Y		E A O	SA
50	Gwent Healthcare NHS Trust	Gwent	Various short documents	Artists in residence programme		1996		H					S
51	Hastings and Rother NHS Trust	Hastings		Art in hospital project									
52	Healing Arts Isle of Wight Healthcare NHS Trust	Isle of Wight	Letter	Art projects in hospital?				H	A		E		S
53	Health Education Authority	UK	An evaluation resource for healthy living centres	Guide for evaluation	Jane Meyrick Paige Sinkler	1999 56pp	R				E		
54	Helen Chambers	UK	The role of community artists in primary care health promotion: creating connections and compassion	MSc thesis	Helen Chambers	1995 120pp	R				ET	O	
55	Helix Arts	Sunderland	Institute for the Health of the Elderly: report	Colour brochure						O			S
56	Hull and East Riding Community Health NHS Trust health promotion service	Hull and East Riding	West End Children's Unit puppetry project	West End Children's Unit puppetry project		Nov 2000 4pp	P	HC	AI	Y		E	S

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
57	Hull and East Riding Community Health NHS Trust health promotion service	Hull and East Riding	St John's House Jabadao	St John's House Jabadao Dance with children		Oct 2000 4pp	P	HC	AI	Y		E	SA
58	Hull and East Riding Community Health NHS Trust health promotion service	Hull and East Riding	Adolescent unit graffiti and banner making project	Adolescent unit graffiti and banner making project		Oct 2000 3pp	P	HC	A	Y		E	SA
59	Hull and East Riding Community Health NHS Trust health promotion service	Hull and East Riding	Adolescent Unit, West End Music and CD making project	Adolescent Unit, West End Music and CD making project		Nov 2000 4pp	P	HC	A	Y		E	SA
60	Hull and East Riding Community Health NHS Trust health promotion service	Hull and East Riding	Speak Out Newsletters 1 and 2	Speak Out drama and health in six secondary schools		March & April 2001 2pp each	P	C	A	Y		E A	SA
61	Hull and East Riding Community Health NHS Trust and Arts Unit of Kingston upon Hull City Council	Hull and East Riding	A celebration of arts in health projects: brochure	Pilot projects focused on the specialist children's services		2001?	PA R	HC	AI	Y	T	E A O	S
62	I am – the inspired art movement London network	London	I am London@Tate Modern	Report on inaugural conference		2000 Photos 12pp			I	M H			
63	J. Casson		Evidence-based practice received from Martin Gill via email	Dramatherapy	J. Casson	2001 2pp			AT		T		S
64	Jabadao	??	Dance and health	Windsor conference paper	??	1999? 9pp					E T		

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
65	Jabadao		Building evidence on the value of movement play: short report	Movement play and evaluation research			P				E T	EP A	S
66	Joseph Rowntree Foundation	Wales	Creative regeneration: lessons from 10 community arts projects	To highlight effect of community arts in regeneration – 10 projects in Wales eg Arts Care – mobile dark room for special needs users	Tim Dwelly	2001 64pp	P	C	I			E A O	
67	Kala Sangam	Bradford	NNAH questionnaire	Craft work with Asian women re mental health				C	I	M H		E ?	
68	LIME		Four reports on CD ROM – only able to open three as 'text-only' (not DRIVWO~2.EXE)										S
69	LIME	Bolton	Seven short-term artist residencies	In seven locations within the mental health directorate at Bolton Hospitals NHS Trust		Sept 1999-April 2000 36pp	P	H	AI	M H		E A O	S A
70	LIME	Manchester	The arts and Ashworth Hospital: a report on a unique experiment	Project in high security hospital	Brian Chapman	9pp	P	H	AI	M H		A	SA
71	LIME Central Manchester Healthcare NHS Trust (CMHT) children's accident and emergency unit	Manchester	The Emergency Starship	Projects in children's accident and emergency unit		4pp	P	H				EP	SA
72	London Arts	London	The Art of Well-Being	Partnership strategy for the arts and health sectors		2000 6pp			I		T		

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
73	Look Ahead Housing Association (LADA)	London	The Story of Art at Aldgate Hostel (draft report)	Aldgate Hostel for homeless people	Jean Horstman Julia Rowntree	1998 59pp	P	C	I		E	E A O	
74	Loud Mouth Educational Theatre Company	Birmingham	Trust Me evaluation report (emailed report)	Theatre in health education		1999 38pp	P	C	I	Y		E	S
75	Loud Mouth Educational Theatre Company		Working For Marcus – an evaluation from three perspectives: booking teacher, teacher and student (emailed report)	Theatre in health education	Jan Norton The Theatre in Health Education Trust (THE) for Walsall Health Authority	Oct 1999 36pp	P	C	I	Y		E A O	SA
76	Malcolm Learmouth and Karen Huckvale	UK	Support for the Art in Health from Art Therapy	Comments on relation of art therapy and art/health	Malcolm Learmouth Karen Huckvale					AT	E T		
77	MAPS The MIND Art Project	Stockport	The MIND art project in Stockport: an evaluation	The MIND art project in Stockport	Sarah Clarke	2000 Exec. summ. 2pp	P	C	I	M H		E ? ?	
78	Medical Architecture Research Unit (MARU)	University of South Bank, London	Visual Art and Architecture in Acute Hospitals	Plan for a study of relationship between visual art and architecture in acute hospitals	Susan Francis	2001	Pr	H			E T		
79	Medicinema Guy's Hospital	London	Operational report on cinema briefing note – hospital coordinator	Medicinema			P	H	A			E	S
80	Merseyside ACME	Liverpool	Note of report	To evaluate community arts				C			E		SA
81	Michael Baum	UK	Evidence-Based Art?	Article *Journal of the Royal Society of Medicine* 94: 306-307	Michael Baum						E T		

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
82	Music and Dance Education (MaDE)	Cornwall	I want to go to Amberley	Report on a pilot music and dance project Stroke Rehabilitation Unit of City Hospital, Cornwall	Pat Hickman	1998 4pp	P	H	I			E A	SA
83	Music and Dance Education (MaDE)	Cornwall	Mines are closing, minds are opening	Report on a music and dance project – home for people with cerebral palsy	Pat Hickman	1998 3pp	P	CH	I	O		E A	SA
84	Music and Dance Education (MaDE)	Cornwall	Country Reminiscence: a rural community natural history project	An intergenerational project in three Cornish communities	Pat Hickman Chris Morgan	1999 12pp	P	C	I	O Y		E A O	SA
85	Music and Dance Education (MaDE)	Cornwall	MADD (music-arts-dance-drama) arts for children in hospital evaluative report	Project on children's ward in Royal Cornwall Hospital. May 2000-July 2001	Pat Hickman Chris Morgan	Sept 2001 16pp	P	H	I	Y	E	E A	SA
86	Music and Dance Education (MaDE)	Cornwall	Rolling back the years: an intergenerational arts and reminiscence project in Cornwall	Report in unnamed publication	Pat Hickman	No date 2pp	P	C	I	O Y		E A	S
87	Music Network	Dublin	Music in healthcare project: evaluation report	Programme of performance and participatory workshops	Judith Wilkinson		P	CH	I	O	E	E A O	S
88	Music Network	Dublin	Music in healthcare project: evaluation report - Phase 2	Programme of performance and participatory workshops	Judith Wilkinson		P	CH	I	O	T	E A O	SA A
89	Newcastle Healthy City project	Newcastle	Old Spice Report 1997-1999	Action for Health – senior citizens in Newcastle (AFH-SCIN)		1999 14pp	PA R	C	I	O		A	
90	North and East Devon Partnership NHS Trust	North and East Devon	Note	Art therapy						AT			S

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
91	North Staffordshire Combined Healthcare NHS Trust	North Staffs	Open Art Society	A review of arts activity in North Staffs Combined Healthcare NHS Trust	Saul Hewish	2000? Approx 150pp	P	H	A		E	E A O	
92	North Tyneside Arts Studio: Arts and Business	North Tyneside	Article	North Tyneside Arts Studio: artists' studio for people recovering from mental illness				C	I	M H			
93	Oldham NHS Trust	Oldham	Letter – no reports										S
94	Pioneer Projects Looking Well	Yorkshire	Arts in Health National Evaluation Programme: interim report	Arts in Health National Evaluation Programme	Angela Everitt Ruth Hamilton	August 2000 34pp	P/R	C	I		E T	E A O	
95	Pioneer Projects	Yorkshire	NNAH questionnaire	Looking Well community led arts-based project				C	I			E A	
96	Pioneer Projects	Yorkshire	Millennium Festival Fund – final report on project: Millennium Bugs	Completed questionnaire plus press cuttings									SA
97	Pioneer Projects	North Yorks/ Lancs	An enquiry concerning possible methods for evaluating arts for health projects	Report on evaluation	John Angus	1999 79pp	R	C	I		E T	O	
98	Pioneer Projects (then: Celebratory Arts for Primary Health Care) North Yorkshire and Airedale NHS Trust	North Yorkshire	Evaluation of 'Getting Together'	A project on community participation through arts	Dr Janet Henderson	1996 14pp	P	C	AI		E T	E A O	
99	Pod Clare	Ceredigion	Letter	Individual artist				C	I				S
100	Poems in the Waiting Room	Richmond	Report 2000	Poems in the Waiting Room	Poetry pamphlets for waiting rooms		P	HC	I			A O	

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
101	Project Ability	Glasgow	Space for Art: a creative strategy for 1999-2004 – booklet Visual Arts Prog 2000-01 – leaflet Art Workshops at Westlands Report 406: paintings by Japanese children	Visual arts company that specialises in creating sustainable opportunities for disabled people			P	C	I	D		A	S
102	Quantum Creative Health	Newcastle upon Tyne	NNAH questionnaire	Art on prescription – painting (part of 3)				C	I			EP	
103	Robin Philipp	UK	A users' guide to the practice and benefits of arts in healthcare and healthy living	Draft report for discussion at Windsor II conference	Robin Philipp	Aug 1999 130pp					E T		
104	Share Music	N Ireland	Share Music 1999	Residential music courses for disabled	Terence Zeeman	1999 7pp	P	C	I	D		E A	S
105	Share Music	N Ireland	Share Music 2000	Residential music courses for disabled	Sandra Joyce	2000 8pp	P	C	I	D		E A	SA
106	Sheffield University Institute of General Practice	Sheffield	A Different Way of Being: reflective practice at the turn of the millennium	Windsor conference paper	Gillie Bolton	1999? 13pp					T	O	
107	Sheffield University Institute of General Practice	Sheffield	The Northern General Hospital Palliative Care Story: application for grant	Project proposal for writing in palliative care	Gillie Bolton T. W. Noble		Pr	H	AI		T	A	S
108	Sheffield University Institute of General Practice	Sheffield	Reflections Through the Looking-Glass: the story of a course of writing as a reflective practitioner	Course for healthcare professionals Pub: *Teaching in Higher Education* 4 (2): 193-211	Gillie Bolton	1999 18pp	P	HC			E T	O	S
109	Sheffield University Inst. of Gen. Practice	Sheffield	Don's Diary	Article on reflective practice *TES* 16 July 1999	Gillie Bolton	1999							SA

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
110	Sheffield University Institute of General Practice	Sheffield	Understanding Misunderstanding in Medical Consultation	Description of use of reflective practice writing with GPs. In: *Medical Humanities: a practical intro*. Kirklin and Richardson (eds): 89-108	Gillie Bolton	2001 19pp	PA	HC			T	O	SA
111	Sheffield University Institute of General Practice	Sheffield	Stories at Work: reflective writing for practitioners	Article re reflective practice writing in medical and nursing education. *Lancet* 354: 241-43	Gillie Bolton	1999 3pp							SA
112	Sheffield University Institute of General Practice	Sheffield	Stories at Work: fictional-critical writing as a means of professional development	Critical writing for health professionals' development *British Educational Research Journal* 20 (1): 55-68	Gillie Bolton	1994 14pp	P	HC			E T	E	SA
113	Sheffield University Institute of General Practice	Sheffield	On becoming our own shaman: creative writing as therapy	Article on therapeutic writing *Context* Feb 2000 pp18-20	Gillie Bolton	2000 p3					E		SA
114	Sheffield University Institute of General Practice	Sheffield	Writing as Therapy – a Therapeutic Space: opening the box	Article about a 'writing as therapy' day school with group of counsellors In: *Counselling – the BACP Counselling Reader* Vol 2 2001 pp106-112	Gillie Bolton	2001 7pp							SA
115	Sheffield University Institute of General Practice	UK	Keep Taking the Words: Therapeutic Writing in General Practice (also reported in 104)	Project with six GPs *British Journal of General Practice* Jan 2000 pp80-81.	Gillie Bolton	2000 2pp	P	HC	I		T	E O	SA
116	Sheffield University Institute of General Practice		Poetry as a key to healthcare	Article in: *Medical Humanities.* Evans and Finlay (eds) *BMJ* pp119-135	Gillie Bolton	2001 16pp					T	O	SA

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
117	Sheffield University Institute of General Practice		'Every poem breaks a silence that had to be overcome' The Therapeutic Power of Poetry Writing (also reported in 102)	Article *Feminist Review* 62, pp118-133	Gillie Bolton	1999 15pp	PA	HC	I		T	E O	SA
118	Sheffield University Institute of General Practice		Correspondence	Four letters *Lancet* Vol 357	Includes one letter from Gillie Bolton	May 2001							SA
119	Sheffield University Institute of General Practice		'The Rime of the Ancient Mariner' by Samuel Taylor Coleridge	In: *Medicine and Literature: the doctor's companion to the classics*. John Salinsky Radcliffe Medical Press pp207-220	Gillie Bolton	2001							SA
120	SHM Productions for the Health Education Authority	UK	Art For Health: summary bulletin	A review of community-based arts projects and interventions which impact on health and wellbeing	Produced by SHM Productions for the HEA	1999 6pp	R				E T		
121	SHM Productions for the Health Education Authority	UK	Art for Health: a review of arts-based projects and interventions which impact on health and wellbeing	One of a series on social capital for health research review of arts/health projects and evaluation		No date – 1999? 80pp	R				E T	O	
122	Signposts Sheffield Writing Development Project	Sheffield	Writing Health 2000: completed form and report	Writing development project: writing workshops in three GP surgeries		4pp	P	C	I			E A	SA
123	South Peterborough Primary Care Trust NHS	South Peterb'gh	Letter	Replied – have no appropriate material									S
124	South Tees Hospitals NHS Trust	Middlesb'gh	NNAH questionnaire	Artworks in hospital			H	A				EP	

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
125	South Tyneside Arts Studio	South Shields	Arts In Health National Evaluation Programme: interim report	Arts In Health National Evaluation Programme	Angela Everitt Ruth Hamilton	Aug 2000 34pp	P/R	C	I	M H	E T	E A O	
126	Studio Upstairs	London	Annual report	A working art studio within a therapeutic framework		1999 12pp	PA R	C	I	M H	T	A	
127	The Council for Music In Hospitals	UK	Review 2000	Music in hospitals		2000	PA R	H	I			A O	S
128	The Royal Devon and Exeter Healthcare NHS Trust	Exeter	The Exeter Evaluation	Evaluation research project of Exeter Health Care Arts – artworks in hospital	Peter Scher Peter Senior – Arts for Health	1999 106pp	P	H	A		E	E A O	
129	Theadora Children's Trust	Stoke on Trent	Feedback notes/points/ form	Clowns in hospital				H	I	Y			S
130	Trentham Mews Medical Centre	London	Jigsaw: putting people together in Trentham	Annual report 1999-2000 – art projects at GP surgery		2000 19pp	PA R	HC	I?			A	
131	Trust Arts Project (TAP) and Lambeth Healthcare NHS Trust	Tyne and Wear	On Site/Off Site	Arts and Health Care: Collaborative project examining historic and contemporary issues on a healthcare estate		Photos 1999 16pp	P	HC	AI	M H		A	
132	Tyne and Wear Health Action Zone Common Knowledge	Tyne and Wear	Framework summary of first Carnegie interview with CK Project Manager and Director	Common Knowledge SEE 93		July 2001		C	AI		E	O	
133	Tyne and Wear Health Action Zone Common Knowledge	Tyne and Wear	First Phase Project Report 1998-2001 An 'Arts In Health' Initiative for the Tyne and Wear Health Action Zone	Common Knowledge – art/health community projects	Tom Smith?	2001? 16pp	P/R	C	AI		E	E A	

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
134	Tyne and Wear Health Action Zone Common Knowledge	Tyne and Wear	Interim evaluation report – OHP summary	Common Knowledge 21? art/health community projects	Tom Smith	June 2001 10pp	P	C	AI		E	E A	
135	Tyne and Wear Health Action Zone Common Knowledge	Tyne and Wear	Report on 'A Six-Hour Coffee Break'	Common Knowledge – introductory conference	Tom Smith	Feb 2001 16pp	P	C	AI		E T	E A	
136	Tyne and Wear Health Action Zone's Arts and Health Project	Tyne and Wear	Common Knowledge: interim evaluation report	Common Knowledge 21? art/health community projects	Tom Smith	Nov 2001 90pp	P	C	AI		E T	E A O	
137	University of Umea Dept of Social Medicine	Sweden	Attendance at cultural events, reading books or periodicals, and making music or singing in a choir as determinants for survival	Swedish interview survey of living conditions *BMJ* 313: 1577-80	L. O. Bygren B. B. Konlaan S-E. Johansson	1996 4pp	R	C	I		E T	O	
138	Vital Arts and University of East London at Royal London Hospital	London	The patient doesn't end at the elbow: creativity lends a hand in occupational therapy	Proposal for a research project at the Upper Limb Occupational Therapy Dept		No date 4pp	Pr	H	AI	OT	E	A	
139	Walsall Community Arts (CAT)	Walsall	Male Art: art in men's health	Project report – issues around men's health		2000? 27pp	P	C	AI			E A	
140	Walsall Community Arts Team and Walsall Health Authority	Walsall	Arts into Health: strategic framework December 2000 Solutions that fit	Three year strategic development framework	Kate Grant	2000 24pp					E	A O	S
141	Walsall Community Arts Team	Walsall	Arts into Health in the Borough of Walsall	Publicity leaflet		1999/ 2000? A3					E	A O	SA
142	Walsall Community Arts Team	Walsall	Critical Measures: summary report of one day conference	Evaluating arts into health – one day conference		July 2001					E		SA

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
143	Walsall Community Arts Team East Walsall Health Action Zone	Walsall	'Young and Smoke Free' summary report	Arts into PSHE project: school pupils years 7&9		Sept 2001 26pp	P	C	AI	Y		E A	SA
144	Walsall Community Arts Team Arts into PSHE	Walsall	'How do I see Me?'	Arts and health consultation project – four primary schools		Oct-Nov 2000 44pp	P	C	I	Y		E A	SA
145	Walsall Community Arts Team and Walsall Health Authority and Healthy Schools Scheme: Arts into PSHE	Walsall	(Draft) documentation report on Walsall's Pilot 'Transition' project	Arts into PSHE and healthy schools initiative project		May-July 2001 62pp	P	C	AI	Y		E A O	SA
146	Walsall Community Arts Team, Walsall MBC Health Action Zone	Walsall	Happenin' project report	Event involving young people in West Walsall		July 2001 16pp	P	C	AI	Y	T	E A O	SA
147	Walsall Community Arts Team: Arts into PSHE	Walsall	Arts into PSHE: newsletter 1	Brief descriptions of approx 25 projects	Arts into PSHE coordinator	Jan 2001 8pp		C	I	Y		A	SA
148	West End Health Resource Centre	Newcastle	Arts in Health National Evaluation Programme: interim report	Arts in Health National Evaluation Programme	Angela Everitt Ruth Hamilton	Aug 2000 34pp	P/R	C	I?		E T	E A O	

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
149	West Midlands Arts Board		– Letter – Arts and health projects in West Midlands: overview – Arts and health/ social exclusion: projects in West Midlands: list – Healthy living centres and the arts in West Midlands: list – Hospitals: contacts – Arts and mental health: contacts – Potential speakers: arts, health, community – Year of the Artist in West Midlands – Art/health projects										S
150	West Yorkshire Playhouse	West Yorkshire	A Heydays B Connect C Spark D Spark – pilot E Activate										S
151	Withymoor Village Surgery	Dudley West Midlands	A case study of Withymoor Village Surgery – a health hive	Art projects at GP surgery	Keith Tones Jackie Green	1999 130pp	P/R	HC	I?		E T	E A O	
152	Withymoor Village Surgery	Dudley West Midlands	Withymoor Surgery – a health hive	Art projects at GP surgery	Malcolm Rigler	1997 20pp		HC	I?		E		
153	Withymoor Village Surgery	Dudley West Midlands	Art and health in Dudley	Windsor conference paper	Malcolm Rigler	1999? 18pp					T		
154	Wolf and Water: arts company	Devon	Brochure – loose leaf article 2pp	Arts company – various projects		No date 6pp	P	C	I			O	S

	Organisation	Place	Report title	Sub-title/description	Author	Date	Project	Locat.	Status	Health	Theory	Eval.	Survey
155	Word Of Mouth	Cornwall	Project description	Proposal for three year project – oral history		No date 6pp	Pr	C	I			A	
156	Wrekenton Lantern Project	Gateshead	Arts in Health National Evaluation Programme: interim report	Arts in Health National Evaluation Programme:	Angela Everitt Ruth Hamilton	Aug 2000 34pp	P/R	C	I		E T	E A O	
157	Wright Stuff Theatre of Puppets – supported by CAHHM and Arts Faculty Newcastle University	Huddersfield 25 schools	A Shot in the Dark: performance workshop for young people in school re drug, alcohol and tobacco use	Proposal for evaluation		To be carried out 2001-2003	Pr	C	I	Y	E	A	
158	Y Touring Theatre Company	London	Cracked 2001: an evaluation	Touring theatre production		2001	P	C	I	Y		E A	S
159	Y Touring Theatre Company	London	Theatre of Debate Stage 5	Feasibility study for work in art/health									SA
160	Yorkshire and Humberside Arts	Yorkshire	Serious Fun	Four community projects	Bill McDonell	No date 33pp	R	C	I		E	O	S
161	Yorkshire Arts		Letter plus five items (49, 80, 96, 122, 162)										S
162	Yorkshire Arts		Arts in health contacts	List									SA

Appendix 4 – Analysis

Analysis of table (Appendix 3)

Number of documents reviewed

Received from CAHHM	138
From survey request	90
From CAHHM files	48
From researcher's files	4
From NNAH's files	15
Total	157

Responses to survey request

Documents received	90
Organisations responding	45

Total number of organisations in survey (includes seven individuals)

104

Document types

From table, P = 60; P/R = 7 (5 of these are in one document); R = 10; PAR = 9; PA = 3; Pr = 9 (93 documents)

The qualification for classification of a document as a project report (P or P/R) is that it provides details about a specific activity. Annual reports and articles are not so detailed.

Project reports	63
Project annual reports	9
Project articles	3
Proposals	9
Research reports	13

The other 52 documents reviewed include:

Questionnaire responses
Conference papers
Conference reports
Funding proposals
Feasibility studies
Strategy documents
Publicity leaflets
Information sheets
Newsletters
Letters, notes, and other personal communications
Contacts lists
Lists of art and health projects in a region

Analysis of project reports

The qualification for classification as a project report is that it provides details about an activity.

Number of project reports

63

Note:

– Some organisations submit separate reports on each of several projects
– Some reports are by one organisation but include many individual projects
– One project has four reports
– One report includes projects by five organisations.

Number of separate projects

64

Note: Regarding the report which includes five organisations (30, 94, 125, 148, 156). Three of these organisations are actually conducting numerous projects; however as details are not provided on each separate project, these organisations have been treated as each being one project. Another report includes five projects. If all these projects were listed separately, the total number of projects covered would be over 100.

Number of organisations with project reports

	42

Several organisations have more than one project report

Evaluation

Projects which include some evaluation	54
Organisations which include evaluation in project report	36
Projects which state aims	48

Location

Projects in community	34
Projects community-based in health organisation	13
Projects in care homes	5
Projects in hospitals	14

Organisations running:

Projects in community	25
Projects community-based in health organisation	6
Projects in care homes	4
Projects in hospitals	8

Status

Projects initiated and run by independent organisations	30
Independent organisations running projects	24
Projects run independently in health organisations	2
Health authority initiated and run projects	8
Health authority initiated projects run by independent organisations	17
Local authority initiated and run	1

Health focus (where specific)

Learning disability	1
Disabled	3
Mental health	4
Young people	18
Old people	5
Young and old people	2

Note

The figures in the analysis have not been converted into percentages because these could suggest that they provide 'measurements' of activity, eg the percentage of community-based arts and health projects carrying out evaluation.

It is felt that the sampling procedure would not justify such conclusions. As regards the responses to the request letter, it may be assumed that those organisations which have carried out evaluation are more likely to respond. As regards the documents from existing files, it is almost certain that these files have a much higher percentage of reports which include evaluation than would be found in a random sample of arts and health projects. Therefore we may assume that the sample reviewed includes a higher percentage of projects that carry out evaluation than the percentage in all the arts and health projects currently in progress.

Appendix 5 – Stated aims and outcomes summary list

Demonstrate/assess evaluate value/role of art for health
Increase awareness/profile of art for health

Provide access to art
Introduce contemporary art to people
Increase number of people experiencing the arts
Support regional artists
Develop art forms
Generate art in (and in response to) new contexts
Develop understanding/appreciation of art

Produce art
Ensure high quality

Participate in art
Encourage creativity
Provide opportunities for creative activity
Development of art skills

Opportunities for learning
Opportunities for employment

Improve quality of life
Improve wellbeing
Lift the spirits
Have fun
Provide emotional experiences and inspiration

Explore ideas
Stimulate discussion
Engage imagination

Provide therapeutic activity
Self-expression
Self-determination
Increase confidence
Increase self-esteem
Self-empowerment
Independence
Pride
Personal achievement
Personal development
Psychological rather than physical impact
Sense of coherence

Provide a safe/congenial environment
Create welcoming, warm, relaxed and safe place
Create environment of respect and support
Participation
Make new friends
Talk/conversation/chat
Foster emotional literacy
Explore and share experiences, feelings, thoughts, emotions
Develop communication skills
Extend social interaction
Increase sociability

Reduce isolation
Develop (sense of) community
Develop social capital
Combat social exclusion

Work together
Involve people
Give people a voice
Enable people to express their views
Provide people with means to pursue their rights
Inform people options available to improve their quality of life
Enable (young) people to contribute
Express views on health/social services
Identify health needs
Voice aspirations

Change agencies' conceptions of involving people
Health needs assessment

Profile older people as respected, valued, and trusted members of society
Enhance attitudes to older people
Encourage interaction between generations
Enhance relations between people from different ethnic groups

Reduce stress/anxiety/depression

Enhance health and wellbeing
Promote health
Raise awareness/understanding of health issues
Raise awareness/understanding of social/environmental issues
Challenge misconceptions
Improve access to/communication of information
Decrease fear of treatment
Reduce health risk behaviours
Encourage individuals to look after their own health
Increase healthier lifestyles
Provide alternative treatment to medication
Discourage somatisation
Allow people to express emotions
Catharsis
Allow people to mediate/take control of/take responsibility for their own treatment and healing
Improve recovery rates
Assist emotional and physical recovery
Reduce relapses
Reduce medication
Reduce consultation time
Reduce costs
Reduce disease

Support for recovery from mental illness
Improve understanding of mental illness
Reduce fear of and stigma of mental illness
Break down prejudice
Integration/inclusion

Relief and rehabilitation of physically disabled

Occupational therapy

Increase exercise
Provide opportunities for gentle exercise for men and women with problems of weight, diabetes and high blood pressure
Increase range of movement
Improve muscle power
Improve relaxation
Improve sleeping
Reduce falls and accidents in older people
Reduce incidence of asthma attacks among children with asthma
Assist and aid breathing for children with asthma
Reduce current rate of teenage pregnancy

Strengthen immune system
Promote neurological development in young children

Improve/enhance/humanise buildings/environment
Make building more conducive to healing
Assist healing
Improve morale

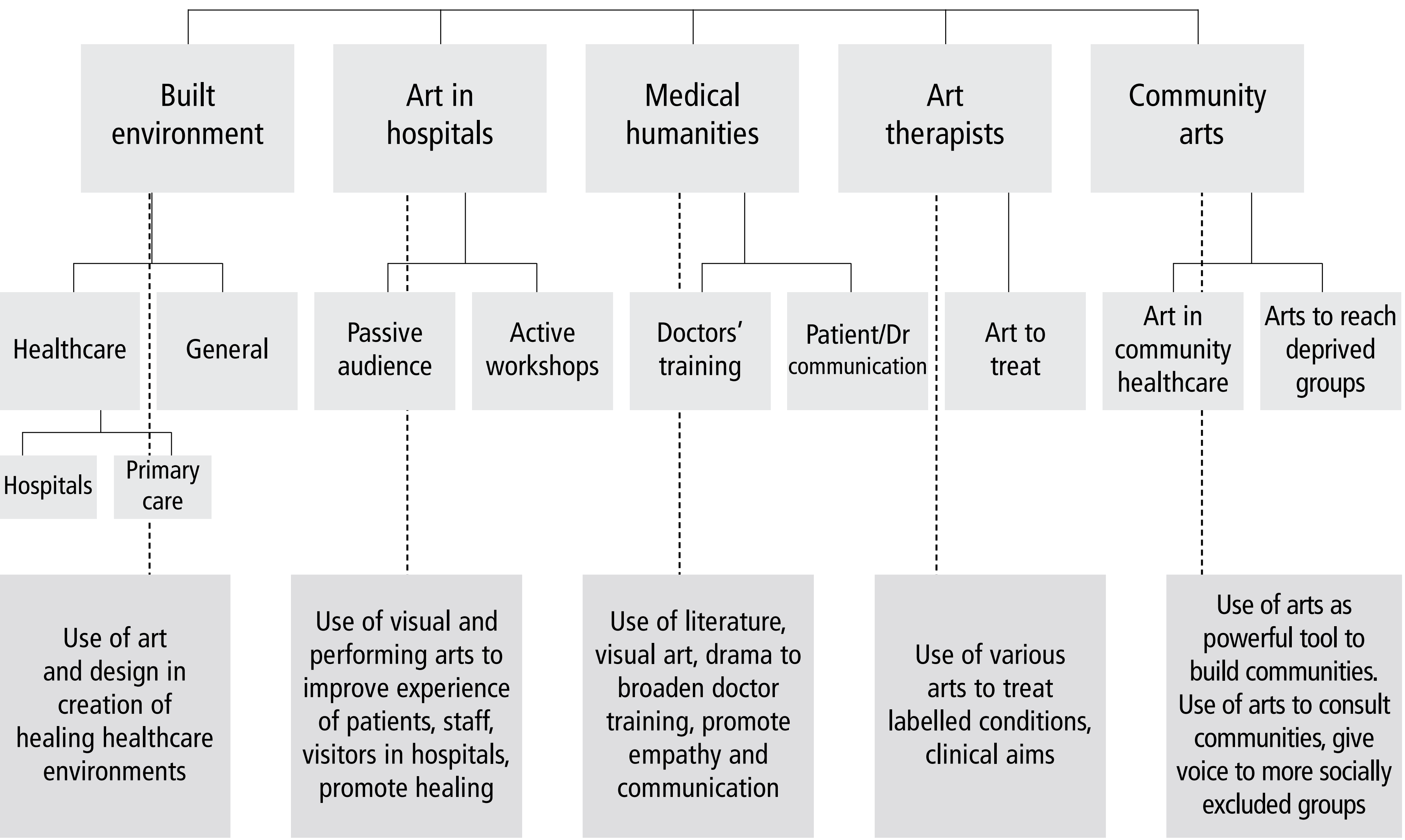
Staff/professional development for health care staff
Team building

Change care approaches/policies
Suggest/develop new approaches
Encourage holistic approach to health and care
Support carers

Communication
Break down barriers between staff and patients
Aid communication between GPs and patients
Improve GPs' understanding of patients

Collaboration/cooperation between sectors
Alliance
Joined-up working
Partnership

Appendix 6 – Map of the art for health field



(© HDA 2001)