

Evaluation of Creative Interventions –

A project linking arts with health and well-being in the East End of Glasgow

FINAL REPORT

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EXECUTIVE SUMMARY

Creative Interventions for Health is a project which aims to improve health for excluded and vulnerable groups through participation in the arts. It was established in the East End of Glasgow in January 2005, funded by a partnership between the Scottish Arts Council, Greater Glasgow and Clyde NHS, Glasgow City Council and John Wheatley College of Further Education.

Creative Interventions has worked with nine different organisations addressing the key priorities of:

- mental health
- children and families
- drug and alcohol misuse
- women's health.

Workshop programmes have mostly been between 5-10 sessions, which a few single taster sessions. The workshops have been delivered by 2 artists per session, working with support workers from the service provider organisations. The workshops have been in various forms of the visual arts: drawing and painting, printmaking, photography, collage, graphic novel production and mosaic.

This report presents the evaluation of the programme of pilot workshops and the working of the Partnership. The evaluation study draws on existing monitoring and evaluation data, focus groups and in depth interviews. The key informants for the primary data were participants, artists who tutored the groups, representatives of the partner service provider organisations and the members of the Steering Group.

FINDINGS AND CONCLUSIONS

Artistic Development

Creative Interventions has developed a high quality standard in its delivery of art tuition which has resulted in participants developing their creativity and producing a good standard of art work. Quality artistic practice is a core value for Creative Interventions, and is ensured through using two artists for each programme who are well qualified and experienced in the field to deliver a programme which supports individual participants in their creative development, through choosing the form of art which is appropriate for needs of the various groups. The workshops have been a mixture of participant led, in being very client centred, but also artist led, in that they provided a structure for creative development.

The artistic development demonstrated by participants consisted of increase in skills, confidence to experiment and take risks and develop individual expression and production of art works of a high standard, some of which have been sold. The degree of engagement of the participants generally increased as the workshops progressed and was unexpectedly high for mental health service users. There was some evidence of the increase in confidence and degree of engagement leading to participants continuing with their art work at home or in other classes. The participants in the study wanted to continue the process they had started.

Creative Interventions has increased access to arts activity in terms of a high standard of art tuition and the arts in general for vulnerable groups who would not normally be in

contact with arts education. Trips to the art galleries and use of art books stimulated creative development and broadened participants' perceptions of art.

The artists felt supported by Creative Interventions and the support workers being present in the groups, which meant that there was not a strong pressure for artists to assume a counselling role. The artists tended to be isolated from other groups within Creative Interventions and lacked knowledge of the broader picture. This was exacerbated by there usually being only a small number of projects running concurrently and the short term nature of the projects allowing little time for collaboration.

The establishment of the pilot projects has been very successful in the range of groups worked with in health service and community settings and the innovative work that has been developed. There have been some challenges relating to attendance, achieving necessary levels of preparation with partners in setting up the programmes and technical support with the computer based graphic novel group.

Relationship between Art, Health and Well-being

There is clear evidence in the study which supports the premise that Creative Interventions is impacting on the health and well-being of participants through their involvement in making art work and the creative process, as opposed to a specific therapeutic intervention. The informants described many examples of the benefits experienced by the participants, which were all related to improvement of mental health and well-being.

This takes the form of:

- increased self-confidence and self-esteem
- being able to do something they enjoy
- improved levels of concentration and focus
- gaining of meaning and purpose in life
- extending social networks, enjoying a social experience and reduced isolation
- increased connectedness with the community
- possible increased life chances through participating in other activities and educational opportunities

Participating in a high quality artistic process is important in facilitating a sense of pride and achievement which underpins the above list of factors. Self confidence in producing artwork and the sense of achievement contributes to a deeper feeling of self-esteem and raised aspirations which led some participants to try other options, such as other groups or activities. The social benefits of the workshops were emphasised in the study, with participants enjoying the social contact, some making new friends and establishing a social network. The young people in one project, aged 7-10, demonstrated increased maturity and social development through participating in the art workshops, described by the service provider representative. There was some evidence of improved life chances through the improvements to mental health and well-being.

Sustainability and Project Processes

Creative Interventions has developed from the secure foundation of Art in Hospital, which provided an ideology, quality standards and a source of recruitment of artists and professional support. The project has piloted a programme of workshops and developed its own identity, together with a model of good practice for arts and health improvement, thus promoting social inclusion and tackling inequality in the East End of Glasgow.

Through the programme of pilot workshops, it has contributed to the objectives of the partner service provider organisations in working with their service users and provided other benefits such as raising the organisations' profiles. The organisations Creative Interventions has worked with are all keen to develop further, more sustainable work.

The Partnership has provided good support to the project in terms of a Steering Group which has been effective in providing strategic and operational management and peer support to the Project Manager. There have also been some challenges in partnership working, which the Partners have been working to overcome.

Other facilitative factors have been the extensive experience of Art in Hospital, being embedded in an NHS environment which is supportive of the arts and the existence of the post of Strategic Co-ordinator for Arts and Health in NHSGGC. The Partners and Project Manager all demonstrate high levels of commitment, integrity and hard work.

The challenge in partnership working is in relation to a lack of shared vision for Creative Interventions and lack of a shared model of good practice. There is also some lack of clarity concerning the role of some partners. The Partners have strived to overcome these issues, some progress has been made and they are committed to resolving them.

Creative Interventions has started the process of opening a dialogue between arts and health in the East End of Glasgow, through the establishment of its programme of pilot workshops, but now it needs to work on raising its profile and creating awareness of its work locally in the East End of Glasgow, in the wider arena of the NHS and City Council and nationally, through *Artfull*¹ and other arts and health publications and web-sites.

The project has undertaken considerable learning in the first 20 months in terms of developing innovative and good practice and maturing in partnership working, which contributes to the promotion of health and well-being through participating in quality artistic practice.

The Steering Group considers sustainability of Creative Interventions the most important issue for the future. There is agreement on the need to achieve this through mainstream services, and a number of options have been suggested which require further debate. These involve seeking funding to develop a creative space in the East End and a sustainable long term programme with partners, mainstreaming activities in the NHS and other partners, involving strategic development across the City and Health Board area. The absence of a strategic arts and health post with a community remit in the NHS is a threat to this development.

Ongoing monitoring and evaluation, building in reflective practice, and longitudinal case studies, will assist Creative Interventions in its learning journey.

¹Artfull – Arts, Mental Health and Well-being Strategy. 2006-2008 Scottish Arts Council 2006

RECOMMENDATIONS

Continue and consolidate:

1. Creative Interventions should continue to be funded to provide arts opportunities for vulnerable and hard to reach groups in the East End of Glasgow.
2. Quality of artistic practice should be maintained as this is fundamental to health improvement and social inclusion and all facilitators in the project should work to the same standards of delivery.
3. Consolidate the programme of pilot workshops by continuing to work with the service providers, providing taster sessions and longer courses of at least 10 workshops as part of a sustainable programme for hard to reach groups. Ensure service providers appreciate that taster sessions cannot achieve the same level of health improvement
4. Continue to work to establish permanent creative space for a Creative Interventions base to ensure opportunities for progression for participants who wish to carry on with their art work, accessing materials, quality tuition and exhibition space in the East End
5. Continue to pursue the Bothy project for sculpture and environmental art with the Healthy Living Centre

Improve or Develop:

6. Improve signposting to other learning, creative and health opportunities
7. Establish a peer support network / forum for Creative Interventions artists to share experiences, discuss issues and professional development, ensuring participation of artists is funded.
8. Raise profile of Creative Interventions work through dissemination of evaluation and art work and raise awareness of the project with service providers locally.
9. Clarify purpose and function of Creative Interventions with partner organisations involved in service delivery
10. Highlight the impact of Creative Interventions on health improvement for Heads of Service in the partner organisations as a mechanism for achieving corporate objectives for tackling inequalities and promoting social inclusion.
11. Establish a method of ongoing evaluation involving artists, John Wheatley College tutors, participants and service provider representatives. Build reflective practice sessions into programmes, and carry out longitudinal case studies on participants. Use this information for learning and consultation with participants and partners. Build an archive of the material.

Partnership working:

12. Consider separating the functions of strategic management and peer support in the Steering Group, but retaining an operational focus in the Steering Group.
13. Work with partners to achieve a shared vision and a resolution of the differences in the Steering Group.

14. Clarify the steps to be taken in the future to achieve sustainability through strategic development and mainstreaming within the Health Services and other Partners, using the options proposed in this study as a starting point for debate.
15. NHSGGC should consider a post with a remit for supporting the strategic development of arts and health within the CHCPs.

BACKGROUND TO CREATIVE INTERVENTIONS IN HEALTH PROJECT

The Arts and Health Improvement

Arts and health have a long shared history and arts have been a method used in community projects to contribute to a process of tackling deprivation and social inclusion. More recently there has been the development of community-based arts projects which aim to impact directly on health and well-being, as well as social inclusion. Reviews of such projects in the literature tend to agree that there is considerable qualitative evidence for the impact of arts on health improvement, but there is a demand from policy makers for more rigorous quantitative evidence of positive outcomes. There is a discourse on the merits and disadvantages of imposing a medical model of evaluation, using scientific methodology on holistic interventions based on artistic practice and development of creativity.

Ninety arts and health projects in the UK were reviewed for good practice by the Health Development Agency in 1999². The review found that many of the projects highlighted the development of interpersonal skills, opportunities for making new friends and increased involvement as being the most important contributions to health that an arts project can make. They also found that evaluation according to health criteria was infrequent, but that the respondents expressed the fear that evaluation would be reductionist and “*might set uncomfortable precedents in justifying art in terms of social usefulness.*” The review recommended evaluation of such projects should be rigorous and meaningful, but that projects should set their own evaluation frameworks.

Three other reviews,^{3 4 5} draw similar conclusions: that participation in arts activities can result in improved mental health and sense of well-being, including developing skills and confidence in communication, reduced isolation, enhanced social networks, quicker recovery rates, reduced medication and less visits to GP's. The need for more formal evaluation was highlighted. Many projects were struggling to evaluate their work but few had clearly stated aims and objectives and it was inevitably difficult to measure outcomes. The reviews concluded generally that, while there is ample qualitative evidence available demonstrating the benefits on mental health of participating in the arts projects, there is still a lack of quantitative and economic evidence for the social,

² NHS Health Development Agency. Art for health: a review of good practice in community-based arts projects and initiatives which impact on health and wellbeing. London, NHS Health Development Agency, 2000.

³ Ruiz J (2004) *A Literature Review of the Evidence Base for Culture, the Arts and Sport Policy* The Scottish Executive, Edinburgh

⁴ J Angus (2002) *A review of evaluation in community-based art for health activity in the UK*, CAHMH, for HDA

⁵ Everitt A and Hamilton R (2003) *'Evaluation and Collection of Evidence: an example', Art, Health and Community, A Study of Five Community Arts in Health Projects*, Centre for Arts and Humanities in Health and Medicine, HDA

clinical and cost benefits, and there is a need for “*good quality measurement tools*”. It was also concluded that it is inappropriate to assume that art and health projects should use the medical model of health and evaluation, and demonstrating effectiveness should be based on explicit models of health and well-being. Evaluations should adopt a pluralistic approach which ensures robustness from combining quantitative and qualitative methods based on a social model of health improvement.

The recent evaluation of Bazooka Arts Creative Programmes for Women⁶ suggests a positive impact on the mental health and well-being of the participants, with particular emphasis on increased self-confidence and positive mental attitudes as well as their artistic development. The study showed that the experience of being in the group and facilitation skills of the artists were important in the women’s development as well as the creative process itself. The interaction between the facilitators and the participants provided a forum for discussion of problems, and personal learning. The women commented on the importance of time out, fun, relaxation and time for reflection in contributing to the benefits from the course. There were also examples of women learning new coping strategies and using them in their daily lives.

A Brief History of the Project

The Creative Interventions Project originated from discussions between Art in Hospital, NHS Greater Glasgow (now NHS Greater Glasgow and Clyde, NHSGGC), Glasgow City Council Cultural and Leisure Services. A project proposal was developed, together with John Wheatley College and submitted to the Arts Council and funding granted with match funding from the statutory partners. The partners formed a Steering Group and Art in Hospital managed the project, but the line management for the Project Manager was through the NHS. The Project Manager took up post in January 2005.

Creative Interventions for Health is a two year project, which is part of a wider strategic approach to improving health and challenging inequalities through involvement in the arts. The main aim of the project is to demonstrate the ways in which a sustainable programme of quality arts can be used to promote health and well-being within the East End of Glasgow (a designated Social Inclusion Partnership area characterised by high levels of deprivation). The learning from this project will inform part of the development of a sustained, city wide programme of arts within the NHS, which will promote health and well-being. A post of Strategic Arts and Health Co-ordinator has been established by NHSGGC to support the strategic development of this work, and the post-holder has worked closely with Creative Interventions to progress this, although the remit of this post has now altered to be concerned only with the development of the Acute Sector and not the Community Health and Care Partnerships (CHCPs).

A period of research was carried out in the development of the proposal which identified groups for the pilot project linked to health priorities in the East End of Glasgow such as children and young families and mental health. As a result, the pilot projects were established with various service provider organisations. In some cases the Project Manager approached service providers, for example Geeza Break and the Anvil Centre

⁶ Swift, J. (2006) Evaluation of Bazooka Arts Women’s Programme for Creative Health: Draft Report GGand C NHS

for outpatients at Parkhead hospital which had been included in the SAC proposal. Some groups arose from a request made to Creative Interventions, as with Street league, Womens Aid, Women's mental health Forum and Parkhead Acute Mental health. The Women's Reproductive Health Service, as a consequence of the Clinical Director seeing the Art in Hospital stand at the Glasgow Art Fair was included in the SAC proposal. Some groups arose organically as a result of the local discussions on need. For all, there were preparation meetings involving the Project Manager, service provider representatives and the artists.

Four programmes of pilot workshops are current at the time of the evaluation, with the following organisations:

- Parkhead Mental Health In-patient Project
- 'Geeza Break' – respite care and support for young families
- Street League: lifestyle development with young people through the medium of sport - football
- Reid Adventure Playground Association (RAPA)

Programmes have also been piloted with Anvil Mental Health Centre, Women's Aid, the Women's Reproductive Health Service (Ward 71) and the Peak and South Camlachie Youth Projects

The pilot projects address the key priorities of:

- mental health
- children and families
- drug and alcohol misuse
- women's reproductive health.

Many of the client groups have multiple problems which may include mental health issues, drugs and alcohol problem use, homelessness, experience of abuse and social justice issues.

THE EVALUATION – RESEARCH DESIGN AND METHODOLOGY.

The purpose of the evaluation is to determine the impact of participation in art experience for the people in the East End of Glasgow. It provides evidence of models of best practice for work with the key target groups, which will be disseminated together with art works produced by the participants.

The process of the evaluation encourages reflection and learning for the project. The study is part of a monitoring and evaluation framework which is concerned with the following elements:

- impact on individual participants in terms of their quality of life
- development of partnership working
- ability of the project to raise awareness among service providers with health services of the role of the arts as a means to promoting health and well-being.

Objectives for the Evaluation

1. Determine indicators for the impact of the *Creative Interventions Project* on the health and well-being of the participants
2. Explore the role of the artistic intervention in the context of health improvement
3. Illuminate the processes of partnership working in the *Creative Interventions Project* and how this leads to sustainability
4. Investigate the degree of awareness in service providers who are involved with the project on the role of the arts in promoting health and well-being
5. Identify examples of best practice in relation to above objectives
6. Encourage reflection and learning for those involved in the project through the evaluation process and make recommendations for the manner in which this can contribute to longer term evaluation.

Methodology

The objectives for the study and the range of research questions developed by the evaluation group (see Appendix 1) indicated the use of qualitative methods as most appropriate. As well as the collection of primary data, the evaluation draws on data that have already been collected – artists' reflective notes, participants' self- evaluations, reports, minutes of meetings and attendance records. The outputs from the projects, i.e paintings, collages, graphic novels, photographs, stories, also provide evidence of the quality of artistic practice and perceptions of art.

Focus groups and interviews were used to gather data on the views and experiences of key informants and provide insight into the impact of the project on the artistic development and health and well-being of the participants. These methods also enabled an exploration of the development of practice and the processes involved in developing, delivering and sustaining the Creative Interventions Project and the Partnership. The primary data collection is supplemented with analysis of existing monitoring and evaluation data, artists' records and relevant Project documents.

The key informants for this study were recruited through Creative Interventions and their contacts. They were:

- Present and past participants in projects and workshops
- Representatives from service provider organisation whose users have participated in projects with Creative Interventions – e.g. Women's Aid, Anvil Mental health Project, Street League
- Members of the Steering Group
- Project Manager

The research design had five elements:

- 1) Collation and examination of documents and existing monitoring and evaluation data:** artists' reflective notes, participants' self- evaluations, reports, minutes of meetings and attendance records were examined to produce a brief history of Creative Interventions and contribute to analysis of other relevant research questions e.g. involvement of participants.

- 2) Focus groups with present participants:** this element of the study produced data on the participants' perceptions of
- a) their artistic development, the impact on their health and well-being based on a social model of health, including connectedness, influence on social and family networks
 - b) the processes involved, facilitation skills and their relationship with the artists,
 - c) their aspirations for the future,
 - d) engagement of participants with other services.
 - e) The role of the support workers

Two focus groups were held, one with the Geeza Break drawing and painting group, attended by 3 people, and the second with Street league graphic novel group.

One of the current groups was the Billboard and Phone box project with the Reid Adventure Playground Association (RAPA). This group consisted of 7-10 year olds. A different method of gathering primary data was developed, since the focus group protocol was not appropriate. An interactive session was conducted with the young people, which engaged them in physical movement and expressing their opinions. This was followed up by an observation of one of the workshops and brief one to one interviews with the young people. The pasting up of the billboard was also observed.

- 3) Paired or single in-depth interviews with artists (5):** in order to obtain rich data and include all the artists, paired interviews were conducted where possible with the two artists working on the same projects. This method enabled debate between the artists on the facilitation of the groups and contributes to the richness of the data. These interviews / groups provided data for all elements of the study.
- 4) In depth interviews with steering group members and Project Manager and service provider representatives (14):** the scope of the interviews with the steering group and the Project Manager produced data on all elements of the study, with particular emphasis on the quality of the artistic practice, sustainability and processes of delivering Creative Interventions and the strategic development of arts and health work. The interview with service provider organisations was important to gather data on the perceived impact on participants from the projects and workshops and the influence on their engagement with their own organisations.

The protocol for the focus groups and the topic guides for the interviews were based on the research questions developed by the Evaluation Group (see Appendix 1).

Challenges

The main challenge for the evaluation was to contact participants in the programmes. There were four groups active at the time of the evaluation but one of these was a group with mental health inpatients. The evaluation steering group had decided not to submit the study for Health Service ethical approval because of time constraints, which meant that Health Service group participants could not be accessed directly, although data were available from interviews with the artists and service provider representatives and the artists' reports.

It had been intended to try to interview past participants, but in reality this was not feasible and only one was contacted. The two focus groups held with Street League and Geeza Break only involved 3 people in each group. However, the data from the participants was very rich and was supported by that from the artists and service provider representative interviews as well as the secondary data from the artists' reports and participants' evaluation questionnaires.

Validation Workshop

The findings were presented to the Steering Group partners and were subject to discussion in a workshop which was attended by five members of the Steering Group. The purpose of this was to ensure the discussion, conclusions and recommendations of the evaluation study are grounded in reality and validated by the stakeholders.

Analysis

The analysis of the data involved a combination of thematic analysis and grounded theory. The data were read and a list of codes developed. Following the coding of the data, themes were identified and these were compared with those prescribed in the research questions which were developed by the evaluation group. The analysis was then conducted using an amalgamation of these themes.

Documents

The documents which were collated and examined included

- Artists' reports
- Participant feedback sheets
- Minutes of Steering Group and other meetings

The documents were read and categories for coding identified under the broader themes of artistic development, health and well-being and partnership working. When the primary data analysis was conducted, further reference was made to the documents for support or more details on a theme or issue.

FINDINGS

Introduction

Following details on the timing and attendance at the pilot workshop programmes, the findings are presented in relation to the research questions for the study, which fall into three categories:

1. Artistic Practice and Quality
2. Relationship between Art, Health and Well-being
3. Project Processes and Sustainability

The evidence is examined in relation to each research question from the document analysis and the key informants: participants in current Creative Interventions groups, the service provider representatives and the members of the Steering Group. The findings from the Validation Workshop conclude the chapter.

Completed and Current Pilot Projects for Creative Interventions

Creative Interventions has delivered a substantial programme of pilot workshops with a range of groups from local service provider organisations in the East End of Glasgow, which enabled it to address the key priorities of mental health, children and families, drug and alcohol misuse and women's health.

Completed projects

Project	Number of Sessions	Dates	Average Attendance	Total number of attendances
Geeza Break drawing and painting workshops	5	March 2005	8	40
Mosaic Project	8	April / May 2005	8	Not known
Ward 71 Women's Reproductive Health Service	9	June / July 2005	4	32
Women's Aid Refuge - Storytelling and Picture making	1	August 2005	4 children, 1 parent	5
Geeza Break Photography	10	September – November 2005	5	48
Women's Aid Refuge Leavers Support Group	5	October / November 2005	4	20
Street League Photography Workshop	1	December 2005	4	4
Writing Workshops	2	12/ 05 +2/06	11	11
Graphic Novel Workshops	12	January – March 2006	5	20
Women's Mental Health Network taster session	1	June 2006	6	6
Anvil Centre Mental Health Outpatients		January – March 2006	6	54
Street League - Digital photography intro	1	April 2006	9	9

Projects Current at time of Study

Project	Number of Sessions	Dates	Number of participants	Total number of attendances
Geeza Break – drawing and Painting	11	May - August 2006	7	43
Street League Graphic Novel follow-up workshops	2	August 2006	9	
Parkhead Acute Mental Health Service Inpatients	10	June – August 2006	23	84
Reid Adventure Playground Association (RAPA) Billboard and Phone box project	7	July – September 2006	10	70

Total number of participants in Creative Interventions projects = 166

Artistic Practice and Quality

The original project proposal emphasised the need for delivering a programme of quality arts to promote health and well-being.

“All elements of ‘Creative Interventions’ will have a focus on artistic quality, with all artists employed by, or involved with, the programme being professionally trained in their fields”.

Extract from Project Proposal Document

It is clear from the accounts of the artists, steering group, service providers and the participants, that quality is an important issue and is a core value for Creative Interventions. This is demonstrated not only by accounts in the data but also the recruitment of well qualified, experienced artists to work, in pairs, with the key target groups. The data from the interviews with artists and the reports they wrote for each session reveal a high level of commitment, dedication to supporting individual development of creativity and attention to detail in selecting appropriate methodology, which support the premise that Creative Interventions delivers a high quality service.

Several of the steering group members and the Project Manager also described how high quality is important for developing creativity, achievement and raising aspirations

“Quality of outcome is about quality of artistic practice in the way the artists work with the person, using skills of empathy and intuition and being able to relate their own practice to develop a persons creativity and develop their own work and express themselves.”

“Its about access to a good arts session, its about offering the space for people to explore their creativity and its about supporting people to do that through good quality materials and appropriate spaces and artists who are open and trained in technique and making art activity accessible”

Steering Group Members

The production of high quality art work from most of the groups is strong evidence of the effectiveness of this approach. Work has been exhibited in the Glasgow Art Fair, East End Healthy Living Centre Café and the Sandyford East Initiative in Parkhead, with some works being sold.

“The Arts Council has criteria about quality. It’s important because it’s about expectations, the expectation from the artist of local people that they can do really well, they can produce something of quality. The fact that some work has been exhibited at different art fairs and been sold, the knock on effect, not just on the individuals but on the groups and the wider community has been very positive. This whole thing, we expect more of you, Creative Interventions has managed to do, with the emphasis on high standards, and it has raised aspirations and confidence, which spreads out into the community.”

Service Provider Representative

In addition, supporting the artists work, good quality materials and resources were used and the artists felt this was important and impacted on the level of creativity in the groups.

Choice of art forms and processes

Creative Interventions piloted a range of programmes with various groups using different forms of visual art. The programmes were selected in response to the needs of the groups and to test the value of the methodology. The artists working with Creative Interventions tailored their approach to the particular group of participants based on their specific needs. Whilst the Art in Hospital model of practice, based largely on drawing and painting was used as the foundation for Creative Interventions, it was adapted to meet the needs of different groups, whilst still retaining the emphasis on quality and creativity. Artists working with health service groups and Geeza Break on drawing and painting developed a structure that enabled the participants to experience a range of mediums and supported them in developing their own ideas and creativity:

“As we introduced more and more materials, people had access to all those materials they had been introduced to and they would maybe choose to go back and take some charcoal along with whatever they were using, so as the weeks progressed they would develop their own individual styles.”

“That was very important that we encouraged individual expression so we would say this is what you could do with this material, but there is no one way. We encouraged each individual to find their own personal expression and give them confidence to do that.”

Artists

Through this process the participants developed artistically, increased in confidence and became more able to take risks with their work:

“Over the weeks, artistic development builds. They are working with different materials so knowledge builds from that first week, also the person wants to come back and build on their knowledge. The art work that comes out of that is very, very free. We give them a range of ways of working within a set medium and they develop their own way of doing it. We really encourage that, so that by week 10 everyone is doing vastly different things.”

"It is important to experiment and as the weeks go on people grow in confidence. They start off very tight and we encourage them to experiment with different mediums and through that process they just surprise themselves."

Artists

A participant in the Geeza Break Focus Group demonstrated how this had happened for her:

"I'm more confident now than when I started, at producing work and using different materials that I haven't used before. At the start I was scared to do anything, cos I thought I was rubbish and I could'nae do it. Now I'm more confident to try things, cos they encourage you."

The digital photography workshops held with Geeza Break combined teaching of technical skills with exposure to creative reference material and the use of a range of subject matter to develop individual expression. The Project Manager was a tutor for this group. An extract from the artist's report of an early session demonstrates how a participant responded:

"S noticed the light bouncing off a laminated information card for the Jenny Matthews show lying on the table in an interesting way and made some photographs which I found quite exciting. I was really impressed that she had picked up on this and done something with it. She started deliberately arranging a Cindy Sherman book so the light reflection was distorting the cover image to get a tear effect on Cindy Sherman's eye. It was great to see her moving the camera around and playing with the light, having an idea and doing something with it."

Artist's Report

The Mosaic Project worked with young people from local youth groups and involved them in designing and making mosaic panels for the playground area of the Healthy Living Centre. The workshops aimed to involve the young people in a community based activity which would encourage social integration as well as developing their creative skills and improving self-confidence. This was a project in collaboration with the EE Healthy Living Centre and East End Arts. There were some difficulties in the partnership working and joint management of this project

The purpose of the RAPA group was described by one of the artists as

- providing alternative activities for the young people over the summer holidays
- getting them off the street
- building up their self esteem and self confidence
- improving their creative confidence and awareness of their own environment.

The artists wanted the young people to be creative to their environment in a subtle way, not dealing with a particular issue, and above all to have fun. RAPA felt there was a lack of art development in the area and they could not provide such a project without extra support, since they did not the staffing levels or the expertise. This billboard and phone box project was considered to be a positive collaboration between a local, non-profit art organisation and CI to share skills and resources to realise a shared vision and to meet shared objectives in benefiting local community. Creative Interventions and DenistArt decided to use photography and painting and drawing as appropriate methods for developing the creativity of the young people. The Project Manager worked with this

group. The decision for using a billboard and the phone boxes to exhibit the young people's work was made on several grounds:

"From Creative Interventions' point of view it was to get the work seen in the local community, and from my point of view, it was to get the local community involved and have ownership of the project, and for the esteem of the kids. If you have an exhibition cut off in a little corner somewhere, nobody goes to see it. It was so they could have a sense of pride when they were walking around in their community, they could see their work and other people could see their work as well. The billboard in High street seemed ideal because it was giving a bit of esteem to the area, to show off the skills of the kids from this area, who are more disadvantaged, have it in the centre of town, yet still in the East End, and seen by a large audience."

Artist

The idea for the graphic novel with the Street League group was developed through discussion and it was felt this would be an appropriate way of engaging them. Street League wanted to record some of their activities in the graphic novel and demonstrate that they were involved in more than football.

The group in Ward 71, for the Women's Reproductive Health Service started as a traditional drawing and painting group, but as the participants were only in the hospital for one week, they could only attend one session. An alternative methodology was developed for the women. After several weeks at the beginning trying to experiment with different materials and finding it difficult to engage with the women, the artists decided to focus on a product rather than process. They also felt the women had a number of problems and very low self esteem. They decided to structure the session each week around producing a piece of artwork and framing it, originally with the idea of decorating the smoking room for the ward.

"We brought in lots of different materials that we wouldn't normally use, since we usually work in a fine art way. We did have the fine art materials there, with paper, fun things for collage and coloured inks. We encouraged people to make things to go in the frames, but they decorated the frames as well."

There was quite a lot of variation, lot of different collage material, so people were able to arrange things. They seemed to have ideas, a lot of the women started with names, and decorate it and then they made more, some would try other things. We had fine art books there but no one used them. They wanted to do personal things, some used their scan photo, occasionally, someone would do a little painting. Babies and children were a common theme!"

Artists Ward 71 group

This way of working proved very successful for the women, who were very proud of what they had achieved. New women coming into the ward saw them standing on the lockers and were enthused to attend the session with the 'art ladies'.

Participant or Artist Led?

The methodology for the groups was a mixture of artist and student led. In all the groups, the artists provided a structure and set an agenda which was responsive to the needs of the participants and through which the participants were able to develop their own creativity. For example, in the Parkhead Hospital group:

“The balance was achieved very well. It was artist led in that they came with the materials and said we are going to use charcoal this week – so that’s artist led, but within that the participants did whatever they wanted to. They were given a selection of things, pictures, flowers, still life. In acute psychiatry you can’t always be completely client centred and you have to provide boundaries and some kind of leadership at times. Within each session it was very much whatever the patients wanted to do.”

Service Provider Representative

In the graphic novel group, the participants developed their own storyline, supported by the artists (a FE graphic design lecturer, a professional comic book illustrator who also writes his own comic books and a visiting writer (novelist, playwright, screenplay writer). They explored the different techniques involved in the writing and graphic design as a group. Individuals then pursued the aspect in which they demonstrated interest and aptitude and worked as a team in producing the graphic novel.

“I just think when we were in graphic novel group and we were writing out stuff it gave us something we hadn’t really done before and when we were writing the journal it, it gave us more confidence to write and add in jokes”.

Participant

The participants also talked about the ways in which the artists supported them when they did not feel confident, by encouraging them and helping them when they were stuck with something. This encouragement was vital for them to develop confidence to experiment and take risks with their work

What would improve practice?

Artists and service provider representatives in some cases felt they needed better preparation in setting up the programmes of workshops. The Billboard project suffered from some confusion as the artists felt the nature of the partnership was not clearly enough defined. The service provider representative did not know much about Creative Interventions.

The Graphic Novel group with Street League also suffered from a lack of clarity in relation to the task. These problems were overcome and the projects went on to be very successful in different ways, as described previously. Creative Interventions always undertook as much preparation as was possible, and it is clearly a core value for good practice, but sometime practicalities and extenuating circumstances prevented this being as thorough as the Project Manager would wish.

Another issue that was discussed by the artists was the length of the programme of workshops. Some groups only wanted five workshops, but it was clear that this was insufficient for the participants to make real steps forward in their artistic development. The artists felt at least ten sessions were the minimum for participants to make real gains in their creative development.

A key feature that emerged from nearly all groups was the issue of what happened to participants after they had finished a programme. Although they were signposted to other classes and groups, there was a general theme in the data that this was insufficient, either because there was not enough information available or other

appropriate groups simply did not exist. This was echoed by the partners and steering group and is discussed further in the section on Partnership Working.

It was clear from the accounts of the artists that they were very involved in their own groups but knew little about the others. Although they worked in pairs, and communicated directly with Creative Interventions, there was a degree of isolation. This would be overcome by having a longer programme of work with time allocated for collaboration with other groups and artists. A suggestion from a Steering Group member was to establish a professional development network for the artists with the aim of creating dialogue and sharing experience.

Involvement of artists

The data from the interviews with artists demonstrated a high level of motivation to be involved. Some had previously worked with Art in Hospital and were interested in extending their experience to other groups. All had relevant experience with various other groups of vulnerable people who had special needs. They had developed sensitivity to the target groups, empathy, and methods of working that enhanced the creative process. The Art in Hospital artists had been used to working in pairs, collaborating and reporting each session and brought these quality standards to Creative Interventions programmes. Some artists were known to the Project manager, had relevant experience in similar fields and were recruited directly. Two artists were on the staff of John Wheatley College and were part of the resources committed by the college. One artist was recruited from Art in Hospital but paid by John Wheatley College. Writers were recommended through GCC literature officer.

The artists' overall view was that Creative Interventions was an excellent organisation to work for. The Project Manager was supportive, but gave the artists respect and treated them as professionals, with the freedom to develop the methodology in the way they considered to be most appropriate for the groups. They also valued the quality of the resource materials which were provided and viewed this as an important element of being able to deliver a high standard of service.

"We were very happy about the resource. The source material was always fresh and you could get lovely things for the women and they were appreciative of these things being brought into their environment. They responded to that and it was a creative response. The environment changed as a result of what we brought into it and I saw that as a very valuable thing and I thought it was well resourced. I brought fresh flowers, fruit and vegetables and I have a collection of cloths I brought in as well."

Artist

The artists were viewed very favourably by the participants and by the service provider representatives. The participants saw the artists as very supportive of them as individuals, giving them positive feedback and encouraging them to experiment with the materials. The predominant view of the service provider representatives was that the artists worked well with the groups, building a positive dynamic and the tuition was of a high standard. A service provider representative from the mental health services said:

"The artists were very good at adapting what they were doing, being receptive to the needs of the people, very good at encouraging but not in a condescending way. Also they were not judgemental, they gave a little bit of prompting when it was needed but

never too much. They were always very welcoming to people, very inclusive. I thought they worked really well with the group."

Support mechanisms for Artists and Participants

The artists felt that working in pairs was essential when working with the vulnerable groups which typified the Creative Interventions pilot courses. There could be challenging situations which required the support of another artist and they also felt that the quality of the art tuition was assured by having two perspectives and dialogue with another artist. Sometimes the artists felt they needed the support of another professional to convince support workers of the value of the chosen methodology. The quality standard of two artists delivering the courses was generally supported by the Steering Group, with the exception of one member. The service provider representatives also supported this quality standard.

The inclusion of support workers from the service providers for the groups Creative Interventions worked with was viewed by the artists as extremely useful. The artists generally felt their role was limited to artistic tuition and although they felt part of their role was building good relationships with group members and achieving a good dynamic for the group, they did not see themselves in a therapeutic role as counsellors for the participants.

The demand for artists to take on a counselling role varied. One artist in her report described feelings of helplessness when a participant disclosed the nature of her problems. Support workers were present in most groups to deal with the issues that might emerge during a session, especially with particularly vulnerable participants. This was an important feature of the Creative Interventions programmes and seemed to work well. Support workers joined in the art making as well as being there for the participants. Some groups were more inclined to talk about personal issues than others, but in general the artist's did not see it as their role to respond or encourage this. One artist described her response to a woman disclosing too much personal information in the group:

"In the group people would talk to each other about their problems and would ask after each other the next week, how did that go? One woman was particularly needy and she got quite attached to us being there for her. She didn't talk to us 1-1 but she was talking in the group about something and she went a bit too far and I felt uncomfortable. She didn't have the boundaries round herself. It wasn't anything huge, but it was just a wee bit beyond ..., too personal. I'm used to it in my background, but I tried to be professional about it. I related everything back to art."

Artist

Involvement and Artistic Development of Participants

What are the participants' motivations to be involved?

Creative Interventions worked specifically with groups which were already established, in various settings. The diverse nature of the groups required different methods of involving participants, but most involved a degree of selection by the organisations,

based on service users' interests and motivation to be involved in the art groups, rather than self referral by individuals. Participants expressed various reasons for wanting to attend such as improving art skills, computer skills (Street League), and social or therapeutic reasons. The women in the Geeza Break focus group, some of whom had been to previous groups responded thus:

"I wanted to get out house and meet other people. I like drawing."

"I came for art therapy, to chill out and express myself on paper. Get a better understanding of art and to get different skills."

"I've been coming to all the groups Geeza Break have done, photography, and an art group. I enjoyed them."

The last comment was referring to all the Creative Interventions groups run with Geeza Break. One woman described how her motivation for coming increased as she engaged with the process:

"I look forward to the group, like getting your stuff altogether on a Wednesday night – it's quite sad! If you can't get to sleep you ... you've left a painting from the week before, you want to finish it or see how it looks anyway."

Participant Geeza Break

The health service groups were provided for psychiatric hospital in-patients at Parkhead Hospital and out-patients in the Anvil Centre, and for women in-patients in the Women's Reproductive Health Service at the Princess Royal Maternity Hospital. The psychiatric in-patients were recruited by the occupational therapist and invited to attend. Some patients did not attend the full session, though this improved over the programme. The occupational therapist would invite more patients to come down from the ward and the artists felt this seemed to work for the group. The psychiatric out-patients were referred by the community mental health team and this resulted in a diverse mix of patients that was unusual for the Anvil centre programme. It was also unusual, in the view of a service provider representative, in that the attendance level was excellent and much higher than the other groups they ran at the Centre.

The young people from RAPA were selected by the worker on their suitability in terms of their interest in art, their behaviour and the particular contribution they might make to the group. Similar criteria were used by Street League. One young person from RAPA said *"I came because want to draw better."* Another said *"I just wanted something to do."*

Have the skills of participants improved – technical, artistic, critical?

There was considerable evidence in the data from all the informants – participants, artists, service provider representatives and steering group members – of progress made by the participants in terms of their artistic development. This was expressed in terms of creativity, confidence to take risks, use of different mediums, improved skills in drawing, painting, photography and using computers.

The young people in RAPA described the things they felt they had learned and experienced in the group:

"I've learned to draw better, do better drawings"

"Taking photos,

*...on Duke street,
...up the drives,
...anywhere where there was a lot happening,
...in shops, taking pictures of people, in the barbers.”
“Do things on the computer.”*

“It’s been good, I’ve learned stuff, like doing art, using paints and other stuff. I do it in house as well, with my brother and cousins. I like art.”

“Using digital cameras, how to mix colours, how to draw a thistle.”

“I learned how to draw more. Now I do more drawing, ‘cos before I thought I was not too good at it. I’m drawing more and more interesting things – I drew my brother – that was hard.”

“Computer work – I’ve learned how to put pictures on to a computer – we made superman look funny with huge lips and huge eyes.”

RAPA participants

The RAPA young people highlighted skills development: 5 young people indicated they could draw and paint better, 2 highlighted using the computer and 1 using a digital camera. The service provider representative commented that they all learned how to use a digital camera and described how the artists showed each young person individually, rather than demonstrating to the whole group, with very positive results

Computer skills were highlighted by a Street League participant:

“Its good to understand the actual programmes, because you look at it and it’s pretty daunting there’s all these different things to do and there’s all these layers and your like that, wow! But since I’ve been coming in here it’s become a lot clearer and a lot easier to understand and work.”

The participants in the Geeza Break group had a discussion about how they had progressed in a general way, increasing in their confidence to take risks and perceive themselves as doing art:

“I didn’t think I was any good at the start, I thought what’s the point coming here when I cannae draw, but you don’t need to draw to be an artist. Now I think I could do it if I put my mind to it. Before I felt rubbish. Now, I feel good when I look at my paintings.”

“I’m more confident now, than when I started at producing work and using different materials that I haven’t used before. At start I was scared to do anything, cos I thought I was rubbish and could’nae do it. Now I’m more confident to try things, cos they encourage you.”

Participants Geeza Break

A past participant commented on the progress he had made:

“I liked using the different materials. I’m interested in portraits and I felt I got a lot of advice from the teachers about how to do things, ideas. I felt I made a lot progress.”

Past Participant

There was evidence in the data of some participants feeling motivated and confident enough to practice art in places other than the group – to work at home or look for more art classes. Another participant from the Geeza Break second drawing and painting group who had previously attended the Art School but given up reported how she started working at home during the course:

"I was just drawing now and again at home. Now I've got a wee box at the side of my couch and a wee table and a wee stool thing to put my things on. I did have pencils. I've bought pastels, oil and ordinary ones. I got them a few weeks ago.

Participant

The artists commented on the participants' development in great detail in their reflective reports of each session. They described how individuals responded to use of new materials, what inspired them, the kind of difficulties they faced and how they overcame them. The reports relating to the Geeza Break photo workshop described how the artists introduced the group to using digital cameras and different techniques which would allow them to express themselves creatively. The following comment concerns the progress of one participant through the programme:

"It is lovely to see how M's picture making has progressed. She brought in a photo of her two sons to be scanned in for a T-shirt and the composition wasn't nearly as good as she is producing now. She is very experimental with her subjects and framing. She'll try photographing anything around her (squashed up roll of paper towels, textures of wood or hair), gets in close and makes some quite interesting abstract images of familiar objects and settings. She is very prolific."

Artist's report

There were many references in the data from artists and service provider representatives, concerning the increase in confidence and sense of achievement experienced by the participants on their progress and the level of work they were able to produce. Most of the participants had little experience of art before attending the Creative Interventions groups. It is clear that the level of tuition was skilful and sensitive to their needs, enabling them to do develop creatively, including their critical abilities.

"Guiding people through that learning process can be quite difficult especially in art and they managed that really well and you could see from week 1 – week 8 how people had developed their skills, the important thing was that it wasn't just an art group that you go to every week and you do a bit of drawing, they really developed their skills and you can only do that if the group is run by an artist. They are able to guide them much better."

Service Provider Representative

The value of the level of tuition was a common theme expressed by most of the service provider representatives and the steering group members. There was general support for the view expressed by the artists, that having two artists to facilitate the groups was highly beneficial, and in some cases essential for the process

Perceptions of Art, Expectations and Access to Arts

The artists generally agreed that, when the participants had the chance of a programme lasting for 10 sessions or more, their artistic development and confidence was such that they did become more critical of their work in the sense that they had greater understanding of the artistic process and higher expectations to achieve. Most participants were achieving beyond their expectations. Some felt that they had little artistic talent and were surprised at what they managed to achieve.

"As well as growing in confidence they also become more critical of what they were doing which was really interesting, their expectations of themselves increased. They say 'I want more than this'. 'I want to do better than that'."

Artist

The views of the majority of the informants was that the project had increased access to high quality art tuition in groups of people who were unlikely to have this opportunity in the normal course of their lives. This in itself was innovative, since Creative Interventions was able, through its contacts within the Health Service and locally in the East End, to construct a programme of pilot groups which reached people who were not in touch with other services, or who would be unlikely to be in contact with arts education organisations or Further Education arts courses. There was one informant who agreed that the Health Service groups were in this category but felt that the community based groups might have happened through other routes such as the local Further Education College outreach programme

Within the courses which were 10 sessions or longer, there was always a visit to a museum or gallery to widen the experience of the participants. For most this was a new experience and was influential in their views and perceptions of art and their creative development. For example, views expressed in the Geeza Break focus group were:

"I thought art was just drawing and painting before we went to that museum. I didn't know it could be all that stuff."

"It means a lot more than just what's on the picture, that's what we learned at that museum, it gives different messages out."

Participants

The artists' reports and their accounts in the interviews described how they encouraged the participants to make art work based on something that had inspired them on their trip to the art gallery. There were many examples of participants' work that was based on such inspiration in the artists' accounts and in the collection of participants' work that was viewed by the researcher. For example, when one group visited the Glasgow Gallery for Modern Art the artist described how they had a very worthwhile experience and for one woman:

"B especially was very impressed by a sculpture by artist Daphne Wright; it was an installation of surreal objects you might find in a house. One object was three knitted plant in knitted plant pots, they were beautiful but yet surreal. B was immediately drawn to them and told me that in the next workshop she would make a drawing or painting that was in response to this sculpture."

Artist's report

The painting she did was framed and exhibited at the Glasgow Art Fair and in a local health centre. An artist described how a participant was encouraged by work she saw at GOMA and was confident enough about her own photographic work to ask for an application form to exhibit her work in the community section.

A session on writing and storyboarding was arranged with the well known writer Des Dillon, for the Street League group. An artist's report describes this as a highly successful event in which Des really connected with young men and inspired them. The participants' accounts support this and one described how this session had helped them particularly with the story line for the novel.

"One of the sessions I really enjoyed was when we had a writer in called Des Dillon. That session was really informative because he actually produces stories and having his

knowledge and guidance about how to put stuff on paper was really good. I think if they ever do this again they should get Des in again, because the group really enjoyed the session"

Participant

Another participant relates how, as a result of this session he went to see a play written by Des Dillon:

"I went to see one of his plays; that was good. If someone had asked me did I want to go and see a play I would have been like, Na, don't really want to go. It was actually an eye opener, and seeing things like that really helped you see how you could turn your graphic novel into a play. It was really good."

Participant

The artists brought along art books to all the groups, to inspire the participants and expose them to the work of other artists. There are several examples in the artist's reports of the inspiration this provided for participants and connections they made with the work of artists they had seen in the books. This was clearly an important element in the facilitation of the creative process and broadened the perceptions of the participants.

Overcoming challenges and barriers

Attendance was an issue in some groups, with different people at different sessions. Usually a core group developed who attended regularly. The artists for the Ward 71 group, the Women's Reproductive Health Service, faced a particular challenge in that the women were only in the ward for one week after they had had their babies. The methodology which was described earlier, was for the women to produce small framed pictures. This proved highly successful for the women.

Artists in the Parkhead group for psychiatric in-patients started the programme with a range of materials and art books, encouraging the participants to experiment, but they were overwhelmed and most left after a short time. The artists then changed to a more structured and developmental approach, introducing one medium at a time and this proved very successful.

In the Graphic Novel group there were technical barriers to overcome, as well as attendance. A representative from the service provider described that the computers did not all have the appropriate software; access was sometimes difficult because of passwords and difficulty in locating relevant staff members in the centre. An artist commented that printers didn't always work and there wasn't a scanner, or access to a technician. These difficulties were overcome by taking materials to John Wheatley College, but this impacted on the already tight time scale for the project. An artist commented that the programme was very ambitious in trying to produce a graphic novel in an eleven week programme. This was exacerbated by poor attendance by Street League. There were also difficulties in that it was appeared unclear at the start what the story for graphic novel would be. One artist commented:

"My original plan of how to work, developing images from reference material, with a thread between them, using collage, storyboarding and using Photoshop to produce the final images, didn't work because I had assumed they would already had done the written work and would have a theme and a basic storyline. This wasn't the case so we had to

go through a lot of preparatory work before we got to the visual work so that held us back and we ended up short of time.”

Artist

Creative Interventions managed to fund some extra workshops, but attendance by Street League was not good. The work remains incomplete at the time of writing, but there are plans to finish it.

There was a similar challenge for the artists working with the RAPA group. The plans were to run workshops using photography and painting and drawing, in the summer holiday for a group of young people attending RAPA. The work was to be exhibited on a billboard and on local phone boxes, and to make T-shirts. This was all achieved, but the artists felt they were under considerable strains from the time pressure to complete it. They agreed on reflection it was an over ambitious programme, but the results were very worthwhile for the young people, their families and the community.

Relationship between Art, Health and Wellbeing

Influences on Health and Well-being

There was strong evidence in the data from all informants which demonstrated how participants improved in relation to positive factors supporting mental health and well-being, such as self-esteem and self confidence, social participation and the quality of the social environment. A corresponding decrease was described for some of the demoting factors such as stress and social isolation.

Self-confidence and Self –esteem

There was a clear link between artistic development and increase in self-confidence described in the previous section and the evidence in the data demonstrates how the participants' confidence in their artistic abilities transfers into confidence in self and increase in self worth.

In one group, a woman at the start of the programme was unable to accept a positive comment about her work, but had changed by the end:

“In the first project, a woman at beginning was doing a painting from an Emil Nolde book, it was really beautiful, and I said that’s lovely and she sneered at me. But by the time we took the painting to the art fair, and she saw it in a frame, she was like a changed woman. She was so pleased with herself; she was so open and relaxed. Something had really, really changed for her, she valued what she had done, whereas the first time she wasn’t valuing what she was doing.”

Project Manager

In another group, a service provider representative described how one woman had very low self confidence and self esteem and she really blossomed in the group and by the end was talking about going to art college. She really looked forward to coming to the groups and she gave verbal feedback to the worker that she had gained an enormous amount from the group.

Other participants commented on their inability to accept positive comments from the artists, and even felt they might not be genuine, but they realised this was probably because their worlds were so full of negative experiences: *“We’re used to people putting us down all the time”*. This was described well by a service provider representative relating to the women in the Geeza Break painting and drawing group, and she clearly links the therapeutic value for the participants with the creative process:

“This was a piece of work with women who have major problems with being labelled as failures from the word go, low self esteem, who are having children and are battered with comments from society telling them they are useless mothers. The project helped them do something creative for themselves. It wasn’t art therapy but it was therapeutic. They loved it and they were hugely proud of what they produced.”

Service Provider Representative

The increase in self esteem was frequently linked with specific elements of learning and achieving, and having this recognised by others, although the term used in the accounts tends to be self-confidence, which is about the ability to do things, it clearly also refers to self-esteem and self-worth, which is about how people value themselves.

“A few of the mothers have sold a picture and actually knowing that a piece of their work has been sold, not somebody from Creative Interventions liked their work, but an external person paid quite a bit of money for their work, and for them to have that money given to them was fantastic to see. There was one service user who sold a picture to somebody in Brussels. The fact that her picture is now in a European display, the self confidence that resulted in that person was just fantastic”

Service Provider Representative

The sense of pride and achievement was strongly in evidence in the data from participants, who mentioned it frequently in their accounts of what they had experienced from attending the group. The following quote from a Street League participant describes his work with computer graphics:

“You can feel a sense of pride, in coming in not knowing what to do and then the first picture that you copy, you’re like that, man. Once you take the original away and it comes up in cartoon form, it’s pretty impressive. I cannae believe that I’ve done that, so it’s a sense of achievement. So I think that’s quite good. I’ve had that personally. Cos I’ve never done stuff like this before. It was quite good to see you’ve taken in the skills that you’ve learned and once you actually see the image. It was a quite a feeling of achievement.”

Participant

The sense of achievement and pride was also a key feature of the RAPA group. This group had worked towards particular outputs – exhibiting their work on a billboard and in local phone boxes. The achievement resulted not only from the outputs of the group but in the young people having worked consistently over a substantial period of time in their summer holiday – seven weekly two hour sessions, which is a considerable commitment for 7-10 year olds. The service provider representative described her feelings when the billboard was pasted up:

“Some of the quiet ones need a wee bit of a confidence boost, and when the billboard went up, I had a lump in my throat because of the achievement. Its very rarely you see them at that stage, because often they do things and go away. To see them work over a

period of time and achieve something, this was huge for them, this was a huge achievement. To see their faces on the day they were just stunned, they were so excited. They are still talking about it."

Service Provider Representative

Even in the Women's Reproductive Service group, where the participants only experienced one session, the artists and service provider representative described the sense of achievement and pride in what they had produced. The service provider representative felt that even one episode of positive attention and achievement would be hugely beneficial for the women, whose lives were normally so full of challenges. She related that, when she was visiting the ward, the women would approach her specifically to show her the framed pictures they had made. They were very proud of their achievement.

The confidence that people gained from attending the art groups enabled some of them to explore other options. A service provider representative described how an elderly woman with bipolar condition, who wouldn't normally seek out new experiences, was sufficiently motivated after the group to go and find other art groups. Other participants described how they felt able to do other things with the confidence the art group had given them.

The participants' increase in ability to focus and concentrate on their art work, and more generally, was a common feature in the accounts of the artists and the service provider representatives. One of the artists from the RAPA group, the Billboard project, commented:

"They grew quite a lot with their stamina and attention. One of the boys in particular, he actually managed to stick with it for the full session which was amazing because at the start he was flipping in and out, he would still get a lot from it, but he didn't have the same need for attention by the end of it."

Artist

The observation notes of the researcher from her visit to the RAPA group included a comment concerning the levels of engagement in the young people. They were totally involved in their tasks, and conversation was very limited. This was amazing to see in a group of 7-10 year olds on a hot afternoon in the summer holidays.

The service provider representatives for the mental health service groups were surprised by the levels of attendance, the time the patients spent in the groups, and their levels of engagement with the process of making art. Whilst some individuals stayed only a short time, they were very focussed for that time and the artists noticed that some people became less anxious and more focussed over the period of the programme.

There were really strong indications in participants' accounts of their enjoyment of the sessions, and this was supported in the data from the artists and service provider representatives. There were some comments from the participants about the relaxing nature of the groups, sometimes supported by music playing in the room. There was a sense of the importance for some participants in being able to escape from the challenges of everyday life and the art group providing space for this. As might be expected this was particularly evident in the Geeza Break group! However it was a feature for other groups as one Street League participant commented:

"I found the group very relaxing and it takes your mind away from other thoughts, your depression."

Participant

Other life skills

The other life skill that was most obvious in the data was the development of team-working in the Street League group in making the graphic novel, and for the young people in the Billboard Project, who worked together to achieve particular outcomes over the course of the programme. The Street League group developed their skills in different areas as individuals came to realise where their skills and aptitudes lay. They developed different roles and one participant described how at one point they were working together like a production line.

Social development (connectedness/ relationships) of participants

People enjoyed the social aspects of the group, having somewhere to go and meet other people. There were frequent mentions in the participants' data of the importance of social contact, meeting and talking with people. Generally the groups seemed to bond well and in the case of Geeza Break and the Street League group the participants met outside the art workshop for social events. A discussion in one focus group related how participating in the art group improved their social health:

"It's given me confidence when I go to other places. I used to just sit there and now I just want to talk. I can talk to people a lot better now, I never shut up. Before I went to the group, I had post natal depression."

"Well, we've got a better social life now because we've started meeting up and to have drink an' that. [laughter]

"Healthy life, F...!" [ironically]

It is healthy, it's social. I don't drink all that much, I've got a baby."

Participants in Geeza Break Focus Group

For some participants the workshops were a reason for getting out of the house and provided an antidote for social isolation, at the same time giving a sense of purpose and a feeling of achievement. An artist commenting on an in-patient group said that she felt the art workshop created a social environment in the hospital which provided an alternative to the more formal staff-patient relationship and a non-clinical environment, and this was very valuable for the patients.

There were some interesting developments for participants in the RAPA group, described by the service provider representative. She knew most of the young people well and observed changes in how they interacted both in the group and back at the playground:

- One boy, new to area, was very shy at the start and now plays happily with the other children
- A girl showed a marked behaviour change and now has improved interaction with RAPA, she is more interested in things and joining in more:

“There was one girl, I wasn’t going to include her in the group because her behaviour had not been that good, but I did and now it’s like night and day. She got on well with 2 girls in the group which I would never have matched her with, and it turned out she was a fantastic drawer, which I never knew. I think all this praise that she received through the project has done wonders for her. I got a lot of good feedback off her dad last night. She’s matured a lot. She’s been given a lot of responsibility. When there were issues with another boy, we spoke to both of them and they agreed to put their differences aside for the group and its continued. Its social skills as well, she’s learned not to always speak her mind. I’ve seen such a big, big change in her.”

Service Provider Representative

- Another boy, younger than the rest, who tended to be a loner and attach himself to staff. He depended too much on adult company he needed to make friends of his own age. He is now more integrated and is now playing with the other children.
- A girl made friends with another girl who she would not normally mix with.
- Changes in the group over the programme. For example, the young people praised each others’ work, which they would not have done before. Also they were having discussions and debates with the tutors and were able to express opinions.

The social aspect of the mental health service groups was also significant; a service provider representative commented that for some it was the most important aspect of participating. They enjoyed the group and developed confidence. She also felt that it broke down barriers and tackled stigma, because more well people came into contact with people with more chronic conditions and learnt about other people’s mental illness. This doesn’t often happen and was unique to this group because referrals came from different parts of the community mental health team.

Effect on social or family networks

There was only a small amount of data relating to the effect of the programmes on family or social networks. There were two main themes:

1. For the RAPA group, the family members participated in the two events: the pasting up of the billboard and the end event. The researcher observed the former event and saw that there were a number of family members present – parents, grandparents, siblings and pets! The young people who were participants were wearing their bright T-shirts they had made and there was clear evidence of the pride and interest expressed by the family members. This was also apparent at the end event, from the artists’ reports, and the young people toured the phone boxes with their families where their work was displayed, and took a very active role in handing out leaflets and encouraging community members to visit their exhibition of work

“L has just moved here and his confidence was really, really low – he was really shy before. His mother was in tears when she saw him at the end event handing out flyers, he was really confident.”

Artist

2. The service provider representative for Geeza Break commented that some mothers felt more able to help their children with art homework and were more likely to encourage them to do art.

Effect on the Life Chances of Participants

There were small changes evident in the data for some individuals, which were about attending other art courses and other courses, considering going to college and moving on from the mental health services. Since it proved very difficult to follow up previous participants, the data tended to be limited to intentions. There was no evidence of the groups having an effect of aspects of health such as smoking and exercise.

"I think coming to this group – I joined the Working Links Group as well which was something I had never thought about before. It helps you builds your confidence, I probably wouldn't have done that before coming to this group, I wouldn't have had the confidence to do that."

Participant Geeza Break group

There were indications in the accounts of service provider representatives and the participants that some of the participants experienced a shift in perception of how they might move on, which was connected with higher aspirations and increased self confidence resulting from participating in the programmes. One member of the Geeza Break group was considering applying to John Wheatley College, but was pregnant, so had deferred her application. A service provider representative from Mental Health Services reported on two patients who were discharged after participating:

"Two people who were my patients are not within the service any more since they've been discharged. They both had mild to moderate mental illness, one was seeking out evening classes and was more confident and didn't need the support of mental health services anymore. For one of the guys I was looking out for things for him. One of the things we believe is having a meaningful daily routine is good for your health. With my clients I would be looking at how could you structure your day and with one man through the group, he has been able to really develop and decide this is what he wants to do with his time and this is what he would call meaningful. That was impacting on his health and I was able to discharge him. It might just be an hour a day doing some drawing."

Service Provider Representative

The case study on the following page demonstrates the progress one man made who attended one of painting and drawing groups. It contains extracts from the artist's report and information from the evaluation meeting held at the end of the group, as well as data from the artist and service provider representative interviews. For the sake of anonymity, the pseudonym, Stuart, is used. The case study shows not only the progress he made, but the way the artists worked with him and the group, and the way in which Stuart's artistic development has given his life new meaning and he is able to move on. It illustrates very clearly how being involved in a positive creative experience can impact on health.

STUART

Artist's reports

Week 4: Stuart has really developed his skills, I think that he is talented and shows real flair for art. It would be good to encourage him to complete an HNC. He is open to trying different things as the weeks progress, he is very absorbed in his work and has made a very nice seascape, however he gets unsure of where to begin with subject matter. He told us he is interested in portraits, so S suggested he bring in a mirror to draw his own portrait.

Week 5: Stuart I think shone at this workshop because previous to this class he was making very conventional work that was quite 'safe' but this afternoon he really used his imagination and I think the medium (*combination of ink and charcoal*) allowed him to loosen up and go with accidents that happened in his drawings so a big drip of ink suggested something imaginative to him and he followed it. So what began as a self portrait turned into a study of a Comanche. The drawing has great character.

Week 6; Stuart had no problems moving from charcoal and ink to pastels, he developed his series of self portraits... Again the class was very focussed and everyone seemed very absorbed in their work.

Week 7: Today we made a visit to GOMA (Gallery of Modern Art) in Glasgow. Stuart (*and two others*) seemed the most vocal in their impressions. They seemed to get a lot from it... Stuart was particularly impressed by Ilana Halperin; he enjoyed her landscape drawings and her evocation of the Antarctic through her use of sound in conjunction with the drawings.

Week 8: Stuart said he wasn't sure what to do, so we suggested he doodle and sketch in his notepad and see where it would take him. He made a number of interesting sketches from his imagination. One of potential was of St Georges Square. He had the confidence to make a pastel drawing of an aerial view of the square. It was quite monumental and marked a new stage in Stuart's development, in terms of his confidence and his overall approach.

Week 9: During the session we introduced watercolour, we gave a brief demonstration and encouraged the group to be loose and bold with the watercolour.... Stuart made a very interesting seascape from his imagination.

Evaluation Meeting

Stuart contributed to the evaluation session held after the programme of workshops had ended. He felt that he had concentrated so much for the duration of the workshops that time had flown, it felt like he was in another world, so he would be more than happy if the workshops were longer or extended slightly. He joked he would be happy doing it all week. He felt his art had benefited by him being pointed in the right direction. While at GOMA, he noticed they did art classes and he is going to contact them as he wrote down the phone number. The group encouraged him to do this. Stuart said he has been inspired to keep going with his art work and feels he worries less about making mistakes and he can work with them when they happen. He is interested in the idea of a permanent base in Parkhead and is excited by the idea of new workshops.

Follow Up

He felt a great sense of achievement when he sold 2 paintings at the Art Fair and used the money to buy more art materials. Stuart attended the classes at GOMA until they stopped He feels his art has given new meaning to his life in that he has an interest in doing something when he wakes up in the morning. He has done a computer class as well. He is looking for more art classes.

Sustainability and Project Processes

Partnership working with Service Provider Organisations

One of the principal benefits of the pilot projects, for most of the service provider organisations, was to raise their profile in a positive way. The other most important impact was in contributing to their objectives in working with their service users. They highlighted other benefits too:

- For Street League the workshops meant being able to demonstrate they had undertaken a project with the young people in the summer and to raise awareness locally that they were involved in art as well as football. The eventual completion of the graphic novel would be an effective means of raising their profile as it would be distributed locally.
- RAPA also felt the summer holiday project would enhance their profile locally. In addition it fulfilled an objective for one of their funders, who was very enthusiastic about the project. The service provider representative felt the workshop had a very beneficial effect on the way the young people engaged with RAPA, as described previously, and other young people were keen to do a similar project.
- Denistart: this is the local arts organisation which worked with Creative Interventions with RAPA. They felt the project would not have happened without Creative Interventions and it had helped their organisation in creating local awareness of it and attracting volunteers to work with them.
- Geeza Break were very pleased with the groups Creative Interventions had run for their users, had seen benefits for the organisation in terms of raised profile, but also in having wonderful paintings for their offices.
- One of the Occupational Therapists at Parkhead Hospital felt they would always want to use artists for art groups rather than doing it herself since she had seen such benefits from this. At least one patient had been discharged as a result of participating in the programme
- Women's Reproductive Health Service: since the workshops had been such a positive experience for the women, they wanted to plan a long term input from Creative Interventions, but in a community setting.

All the service provider organisations would be pleased to work with Creative Interventions again.

"Working with Creative Interventions was very positive. Its great to allow women to explore other ways of getting their feelings out, or just do something different, and I think there's huge opportunities to use art and being creative do those things and its something I don't have the skills for and its great to have a service which comes in and does those pieces of work. We are planning more joint work with them."

Service Provider Representative

Women's Aid did not see any change in their service from the workshops, but they had not been able to review the project due to internal upheaval in their organisation.

The way the service provider representatives perceived Creative Interventions and their knowledge of the project was quite significant. Although they had a basic understanding about the purpose of the project being about arts and health, they all felt they lacked

awareness of the bigger picture and they did not know much about other projects. Some representatives were confused between Art in Hospital and Creative Interventions.

An issue which was common to most of the service providers, and one which concerned Creative Interventions, was the need for follow on workshops for the participants. Whilst a degree of signposting to other arts groups was carried out at the end of the workshops, most service provider representatives felt this was insufficient. The view of the Project Manager was that there was a lack of appropriate arts activities locally to refer participants to, and this was an area Creative Interventions was addressing for the future by working towards setting up a permanent base for future groups.

Partnership Working with the Steering Group Partners

The Partners represented on the Steering Group are:

- Greater Glasgow and Clyde NHS:
 - Strategic Arts and Health Co-ordinator
 - East CHCP
- Art in Hospital
- John Wheatley College
- Glasgow City Council – Cultural and Leisure Services
- East End Healthy Living Centre

The accounts of the Steering Group members demonstrated that most aspects are working well. They felt that the Group has provided effective management for the operational and strategic development of the Project in the early stages.

The leadership of the project has evolved since its inception in 2005. Initially Art in Hospital played a major role and provided strong leadership in supporting Creative Interventions. The Art in Hospital model of working was adopted for the pilot projects, as indicated in the project proposal. The line management for the Project Manager was always with the NHS, but due to internal changes, the management moved from the Strategic Arts Co-ordinator to the Community Health and Care Partnership (CHCP). The majority view was that Creative Interventions has benefited from its roots with Art in Hospital and has now developed its own distinct and successful model of working, and this was due to the driving force coming from the Project Manager.

Although the Partners share some aspects of a vision of the function and future direction for Creative Interventions, there are other aspects where differences emerge. It appears that there is fundamental agreement about the overall aim of improving health and well-being through participating in art work and challenging inequality and promoting social inclusion

- Working with hard to reach, vulnerable groups in the East End of Glasgow to participate in making art work and increase access to art more generally
- Through this process enabling participants to move on and access further art activity, other educational or leisure pursuits or health interventions as appropriate
- Demonstrating the links between participating in art and improving health and well-being

The view from one health service representative was:

“This project is about engaging with hard to reach groups making artwork with them, from that artwork there area number of paths people might want to take. They might want to continue making art work, if they do it’s the strategic group’s responsibility to make sure there’s a creative space for them to continue their work. It may mean setting up a studio in the East End run by Creative Interventions for progression, which we are trying to do. They may want to go college and get a qualification, in which case they may go to John Wheatley College. It could be they want some counselling, some health intervention and with the Project Manager’s position in the CHCP, she could tap into social services so those people could get some help. It’s about health inequalities, engaging with Creative Interventions, then striking out on their own, and they are able to engage with other things more effectively.”

Steering Group Member

This description of the function of the project would appear to be acceptable to all the steering group members based on the views they expressed. However, there was some disagreement about the precise nature of the target groups in that one member felt that these should all be located within a health context, i.e. they would have specific health needs.

“We recognise Creative Interventions as working in a health related context, rather than with any vulnerable group, but having said that lots of vulnerable groups have some health related issues, it’s difficult to be hard and fast about it. I don’t think the project has identified its target group well. We see the project as an umbrella bringing partners together to provide for vulnerable clients and service users. The value is the change in behaviour of health services and the FE college in terms of to whom and where they deliver, not Creative Interventions delivering to a small number of people.”

Steering Group Member

This also indicates a difference in perception in relation to the balance between service delivery and a strategic role. The other partners expressed the view that the work to date on the pilot projects had fulfilled the objective for this stated in the project proposal and were appropriately targeted. They felt the body of work that had been achieved was an indication of the success of the project and this was also demonstrated by the quality of the art work that had been produced. It was apparent that some work had been undertaken in the Steering Group to settle the differences on vision for the project, but they remained unresolved and were also connected with the role and function of partners.

Role and function of partners

Overall the roles and function of partners worked well for the majority of the Steering group. There was clarity and common understanding for some partners’ roles and contributions:

- Art in Hospital is contracted to provide management for the project overall, but not line management of the Project Manager. They also provided more leadership in the early days, a model of working and a source for recruitment of artists.
- NHS partners provide support with line management, professional development in health improvement and strategic support. They are also able to access links with health service providers and patients.

- Glasgow City Council Cultural and Leisure Services provide a gateway to networks with other arts and council projects, recommending artists, providing access to exhibition space, and pockets of funding for items such as artists' fees and signposting materials.

There was considerable debate about the involvement of John Wheatley College and the Healthy Living Centre partners. John Wheatley College had made a commitment to provide a staffing resource for up to eight groups at a time, in reality there had only been two that had used FE tutors from the College, and one tutor was recruited from Art in Hospital and been paid by the College. The representative felt this was due to Creative Interventions not establishing suitable groups. Another view in the Steering group, was that the resource commitment from John Wheatley College should be used to work towards a new model of working, not to recruit people for FE groups. In addition there were issues in the data about differences between the art tuition offered by Creative Interventions and that provided by some of the FE College tutors. Creative Interventions required a strong focus on artistic development based on creativity to achieve improvement in health and well-being, compared to a more skills based approach common in FE. In addition it was a key value of Creative Interventions to have two artists working together, for reasons described previously, whereas this was not viewed as essential in FE. There was a perception that the John Wheatley College tutors do not have time in their timetables to factor in preparation time for setting up groups, which is essential in terms of determining appropriate methodology.

Joint working with the East End Healthy Living Centre was another area where actual developments differed from the vision outlined in the project proposal. The original plan of the Healthy Living Centre providing a hub for Creative Interventions activities did not happen. Similarly, it was intended that Creative Interventions would lead on the development of an arts and health strategy for the East End Healthy Living Centre.

The reality was that Creative Interventions was one of a number of providers of arts activities at the Healthy Living Centre, and not viewed as different from the others. However, in recent months, joint working has commenced on developing the Bothy project, a permanent space for sculpture and environmental art, and Creative Interventions is being viewed as a more central partner. A joint bid for lottery funding is being developed and the Healthy Living Centre will commit resources to it. It was the view of several partners that the reasons for the partnership with the Healthy Living Centre not developing as intended had been due to organisational issues for the Healthy Living Centre, such as the delay in the opening of the building, and previous manager's lack of interest in the arts.

The Steering group has functioned well in terms of management of the project, determining strategic direction and as a peer support group for the Project Manager. The majority saw it as very supportive for the Project Manager. In the view of one member, it needed to redefine its role, and perhaps peer support issues should not be brought to the Steering Group. Peer support was highlighted by other partners as important for the development of the project, and contributing towards maintaining the high quality viewed as essential for improving health and well-being through the arts. A new chair has recently been appointed and one member suggested this might provide an opportunity for change.

It was a strong theme in the accounts of Steering Group partners that they were working well together as partners with the exception of John Wheatley College. The

predominant view was that the College was inflexible in terms of partnership working, but all partners were committed to resolving the issues.

Facilitators and Challenges

The enabling factors for the project's development which were expressed in the data were:

- A supportive and effective Steering Group
- The hard work of all the partners and the Project Manager
- The skills, expertise, commitment and integrity of the Project Manager
- Health Board involvement and funding
- The project being well positioned in the East CHCP team, with strategic support from the post of the Strategic Arts Co-ordinator
- The Art in Hospital expertise and support underpinning the development of good practice for Creative Interventions
- Support from Cultural and Leisure services of the council

The challenges that have arisen have been largely concerned with partnership working as described above. In addition, one informant mentioned the lack of clear understanding of Creative Interventions role in relation to other arts projects in the area.

Future Developments and Sustainability

From the perspective of the participants, the future of Creative Interventions should be about providing access to arts activity for those who wished to continue. The lack of follow-on activities was a common theme throughout the data, from the participants, the service provider representatives, the artists and the steering group members.

Steering group members and the Project Manager described plans to develop two more permanent bases for further activity: the Bothy project with the Healthy Living Centre and a shop space in Parkhead which would provide studio and exhibition space. The Project Manager described how she saw this working:

"We would have a base and people would know there's a regular slot they can come to. And there's a core group of people who are committed and they have the benefit of a social network and having the material and the expertise and the support. We can have exhibitions and they can sell work, and there's still some outreach work with new people through these same organisations, or other ones, so we have a wide range of people. So the work would not all be issue based, but that might have been the way they came in to the project."

However, the other strong theme about the future of Creative Interventions was in relation to strategic development to ensure sustainability. The Strategic Arts and Health Co-ordinator had a very clear idea about how this should develop:

- Create a permanent space for progression of work with participants
- Make projects longer and more sustainable, for example, ongoing in acute services
- Strategic development to ensure sustainability

- Acute services, CHCPs should commission Creative Interventions to make artwork for their walls to improve health and well being of patients, staff and visitors, also they should plan art studios into new buildings
- Ensure Creative Interventions is well profiled in the Artfull website and other arts and health publications and websites, so it is part of a peer learning network
- Ensure Health Board colleagues are aware of national policy for arts and mental health from Scottish Executive so can commit budget to commissioning arts projects
- Work with key Health Board functions like the Inequalities Team who appreciate that Creative Interventions can help deliver corporate objectives
- Develop local arts and health policy
- Use NHS funding as seed funding to draw in funds from partners.

However, the emphasis of the Strategic Co-ordinator's post changed recently with a remit that is now weighted towards Acute service planning and delivery. She no longer has line management responsibility for CI but is still involved in Community Health in terms of planning for links between CHCP and Acute Commissioning, leading on and offering advice for professional practice and evaluation, advising other CHCP managers about funding and process for developing own Creative Intervention type projects. This requires time and the involvement of CI and other CI stakeholders. This process needs to be considered as there could be a capacity issue and it may be helpful to consider additional funding for development time or a part time post for CHCP strategic arts development .

There was some debate among the Steering Group members about the balance between the project continuing to provide service delivery in extending the work of the pilot projects, and consolidating this with development of a permanent base, and strategic work in terms of influencing the mainstream health service providers to incorporate arts and health programmes in their services, funded from health service resources. Nearly all the Steering Group representatives described a similar view of future strategic development, in terms of some degree of mainstream funding from the NHS to support arts activities as a method of health improvement with particular target groups, although one member expressed some concern over the realism of that happening. Although there was not a clear view over the exact role of Creative Interventions within this strategic development, the suggestions included the following:

- Use health Board funding as seed funding to attract other sources of finance
- Encourage Acute Health Services and CHCPs to commission Creative Interventions to deliver arts and health groups, in the East End, but extending to a city wide approach, including the production of high quality art work for hanging in health service settings.
- Link hard to reach groups, such as health service users, into mainstream Further Education outreach programmes
- Build capacity in partner organisations to run arts and health courses to the standard set by Creative Interventions, using high quality art tuition.

Monitoring and Evaluation in the Future

There was agreement among the Steering Group that evaluation and monitoring should be an ongoing process, built into the groups' agendas, and with attention to strategic development. This should provide the means for review and learning at regular intervals. Suggestions for how this should be done included involving all the artists and

participants in reflective practice which should be recorded in some manner, on a regular basis. Evidence could be recorded in various ways, written, visual and audio. There was also a suggestion for tracking individuals and following their progress, perhaps as case studies.

The Validation Workshop

The validation workshop was attended by four members of the Steering Group, the Project Manager and Administrative Officer. The Researcher presented the conclusions and recommendations from the study and there was general discussion in relation to these. The main points from the discussion are summarised below:

Functioning of Pilot Groups:

- The goals in two of the pilot groups were too ambitious for the short term nature of pilot projects. In one case the achievement of the group were also affected by poor attendance rates.
- Often the partner organisations specified a 5 week programme or single taster sessions.
- There is not the culture for long term workshops. Also the length of workshops is limited by funding / support worker's time / worry about commitment.
- Support from Creative Interventions worked well and so did the involvement of the supports workers. There was the possibility of a negative effect of the presence of a support worker, especially if they sat outside the group, when participants could feel watched. The recommendation is for support workers to join in with the art process.
- Taster sessions should continue to be provided. They are seen as successful and create a level of commitment from the organisations to sustain longer projects, as well as providing a core long term programme. It was important to differentiate between taster sessions and the intervention of a programme of workshops. It should be made clear that they would not achieve the outcomes of a longer course of workshops.

Steering Group

The group felt the positive aspects of the Steering Group should be stressed, in terms of successfully managing the project and strategic development. It was also recognised that the role of the Steering Group has evolved as the project has developed, with a stronger emphasis on peer support in the beginning, but the Steering Group has also given strategic advice and provided operational management. Although the suggestion of separating the functions of strategic management and peer support might be useful to consider, it should be recognised that it was important to keep an operational focus in the Steering Group to ensure that there is learning about the artistic process.

Future of the Project, Sustainability and Strategic Development

There was considerable discussion in this area, sustainability was considered to be the most important issue for the project:

- The importance of a permanent base was agreed, with participants who wanted to continue having access to high quality art education in the East End, who probably would not access the Glasgow School of Art. It would be important in providing community access to arts and influencing local culture. The emphasis would still be on health improvement.
- There would be ongoing short courses, lasting at least 10 weeks, with service provider organisations.
- Strategic development to ensure sustainability with Acute health services and CHCPs, utilising the links between art and Health Improvement highlighted in the evaluation.
- Creative Interventions should highlight how the arts can contribute to the key objectives and meet the criteria for Community Planning. Within the new structure for Cultural and Leisure Services, there will be 10 arts posts, one in each of the Community Planning Partnerships, which relate to the 5 CHCPs.
- There was discussion about the development of Creative Interventions being on a local basis or city-wide. Some of the service users for East End Service providers come from all over the city. The re-structuring of the NHS into autonomous local CHCP's made city-wide development more difficult. The modification of the post of Strategic Arts and Health Co-ordinator to focus more on the Acute sector rather than the CHCP's could indicate a possible threat to the strategic development and thus the sustainability of Creative Interventions. There is currently no post in NHSGGC dedicated to the development of new community Arts and Health Improvement partnerships and projects. The process, capacity and responsibility for this work require further debate.
- Other models of arts projects, such as Castlemilk should be reviewed

DISCUSSION

Introduction

The discussion reviews the evidence described in the findings in relation to the three main categories of research questions and assesses the degree to which the original objects from the project proposal have been achieved.

Artistic Practice and Quality

It is clear from the evidence in the findings that Creative Interventions delivers a very high quality product in terms of art tuition to its participants, and as a result, participants developed their creativity and individual expression and produced some art work of a good standard, some of which has been exhibited and sold. It would be interesting to find out what responses there have been to the various exhibitions in the way the work is reviewed by other artists. The core value of quality artistic practice is in alignment with the aims of Artfull: the Arts, Mental Health and Well-being Strategy of the Scottish Executive and Scottish Arts Council, which recognises the importance of the pursuit of artistic excellence for the potential benefits to mental health and well-being, from participation in the arts, are to be realised.

The participants demonstrated high level of engagement with the process, in some cases, as in the mental health services, unusually so. They were very appreciative of the way the artists worked with them, established good relationships with them and felt they made considerable progress. This progress was described by themselves, the artists and the service provider representatives in terms of their increased skills, improved levels of confidence in their ability to risk experimentation. This was a key feature of all the groups, but particularly so in the drawing and painting groups, the photography and the RAPA group. It is clear that the participants felt safe enough in the group to take risks, and the dynamic that the artists created was a major contribution to that.

There is no doubt that Creative Interventions is pushing at boundaries in art and education through increasing access to the arts for people in vulnerable groups, who would not normally find that level of art tuition available to them. The evidence is interesting in terms of how participants were affected by visiting a gallery and seeing quality art books and used these as a source of inspiration. For some participants it was clear that it did indeed change their perception of what art is. There is evidence from the participants, the artists and the service provider representatives that the participants did develop increased expectations of themselves and became more demanding of high quality.

The choice of groups was partly prescribed by the project proposal, but Creative Interventions has worked with an interesting range of groups and developed innovative work in response to their needs. It is clear that the projects would not have happened without the initiative of Creative Interventions. There have been problems, and in particular being too ambitious about what can be achieved in the length of the programme. It is unfortunate that the graphic novel has not yet been completed, and this should be a priority to achieve, or the good work of the group will be lost. There is

clearly an area for development in setting up the programmes, and it would be important for Creative Interventions to insist that sufficient planning meetings are held with all the interested parties before a programme commences. It is an important aspect of the quality standards which are core values for the Project.

The workshops were very client centred in their methodology, although the artists did put a structure in place for learning. The focus was on individual expression and development and the wide variety of artwork coming from the groups supports this premise. In that sense they were both 'participant' and 'artist' led. There was little evidence of actual needs assessment by Creative Interventions with potential participants, other than discussions with service provider representatives, although there had been a period of research when assembling the bid to the SAC. Perhaps more needs assessment would be an area for development to ensure the workshops are appropriately targeted.

The artists were all highly motivated to work with the groups and seemed to feel they benefited in their own professional development in being involved. They felt supported by their contact with Creative Interventions and with having support workers in the groups. It was clear they did not see themselves in a therapeutic role, but as teachers of art, and thus it was important to have support workers to deal with any issues that came up in the groups of a personal nature. The Creative Interventions artists were not art therapists and the service delivered was not art therapy.

There did not seem to be much evidence of them feeling forced into a counselling role. It would seem to be a useful idea to explore the possibility of a peer support network for the artists, as this would allow cross-fertilisation of ideas and help ensure all artists were operating to the same quality standards. It would be important that the network involved the John Wheatley College artists as well, and this would have to be built into their timetables.

Relationship between Art, Health and Well-being

Health and well being have many meanings and is influenced by many factors. A useful and widely used model is proposed by Labonte⁷. It lists seven broad categories of people's experiences of health and well-being:

- Feeling vital, full of energy
- Having a sense of purpose in life
- Experiencing a connectedness to community
- Being able to do the things one enjoys
- Having good social relationships
- Experiencing a sense of control over one's life and one's living conditions.

These are seen as overlapping categories with a sense of well-being achieved if they are all fulfilled. As such they can also be viewed as determinants of health and well-being. Labonte also describes a model for the determinants of health in which the category of psycho-social risk factors are listed, along with risk conditions and physiological risk factors and behavioural risks. The psycho-social factors are:

⁷ Labonte R. 1998 A community Development Approach to Health Promotion. HEBS (now Health Scotland) and the Research Unit in Health and Behaviour Change

- Isolation
- Lack of social support
- Poor social networks
- Low self esteem
- High self blame
- Low perceived power
- Loss of meaning or purpose

When reviewing the evidence in this study in the light of this model, it is apparent that the work of Creative Interventions is impacting on the health of the participants, both directly and indirectly.

There are clear examples of individuals who have gained a sense of meaning and purpose in life through starting, or returning, to making artwork. It is apparent that they are able to do something that they enjoy and which facilitates an increase in self-confidence and self-esteem. The improved levels of concentration and engagement in the participants support this and contribute to gaining of meaning and purpose in life. The groups provided good social experiences and for some the making of new friend, thus extending their social networks and combating isolation. The RAPA group in particular, with its emphasis on the young people developing awareness of their surroundings and exhibiting their work in their local community is a good example of increasing connectedness with their community, although the graphic novel also has this potential.

The process of encouraging participants to develop their own creativity in their own way gave people a strong sense of achievement which was a strong element in the data. Experiencing a sense of achievement in this way is linked to a sense of autonomy and empowerment. It was clear that the participants did feel empowered to take risks and create good artwork. This is also evidenced by their increase in aspirations about what they could achieve.

There were some examples that indicated Creative Interventions had influenced the life chances of some participants. A few mentioned moving on to other activities, and being able to do so because of their increase in confidence. Selling paintings and photographs did give people the chance of some money, and it is interesting that most re-invested it in materials or equipment to enable them to carry on with their art work.

It is interesting to explore the process through which participation in artistic practice improved health and well-being. The findings demonstrate that self-esteem and self confidence grew out of a sense of achievement and artistic development and individuals transferred the confidence in their art work to confidence in themselves. The issue of quality is significant here. Creative Interventions insists on the best possible quality of service delivery in the belief that this has a direct impact on health and well-being and enables health improvement. This was a shared perception in most Steering Group members and the Project Manager. It is apparent that the focus on artistic development and creativity enables the participants to achieve high standards. If this was less so, then they might benefit from the social aspect of the groups, but they would not experience the same sense of achievement and pride in their work, and thus not improve their self-confidence and self-esteem to the same degree, and might not

improve their life chances in the same way by feeling confident enough to try other things.

Creative Interventions set out to test the impact on health of the creative process and participating in arts activity. The original project proposal stated:

“The purpose of the pilot projects was for Creative Interventions to “test and demonstrate effective approaches to involving local individuals and groups in art activity that can contribute positively to positive health and enable them to move on and re-engage in the life of their community”⁸.

The process by which health and well-being is improved is participating in art activity per se. It is not dependent upon being art therapy, which would be quite different, in that art therapy enables people to work directly on their issues through arts and drama. The pilot projects have demonstrated that is the participation in high quality art education which is the determinant, and there is a substantial body of evidence to support it in this study. This must substantiate the view that Creative Interventions is pushing at boundaries in health and health promotion.

Strategic and Policy Context: Social Inclusion and Tackling Inequalities

Creative Interventions is making an important contribution towards the strategic objectives of challenging health inequalities and promotion social inclusion which are corporate objectives for key partners: Greater Glasgow and Clyde NHS, Glasgow City Council, John Wheatley College and for Community Planning Partnerships. It is enabling access to the arts and high quality art education for vulnerable and hard to reach groups who are not traditionally involved in the arts and enabling health improvement, particularly in the field of mental health and well-being.

Social models of health, such as that described by Labonte⁹ offer an explanation for ways in which people experiencing high risk life circumstances and social exclusion suffer poorer health in terms of both increased illness and shorter lives. Creative Interventions is impacting on the psycho-social factors which contribute towards promoting social inclusion through empowering individuals to take action to improve their lives. This may be in the form of small changes, such as finding an art class, pursuing an activity to give meaning and purpose, accessing other forms of education, but these first steps can be significant in terms of individuals overcoming what psychologists term ‘learned helplessness’, taking more control over their lives and participating in the community. Since it is targeting hard to reach groups and socially excluded groups, such as mental health service users and people recovering from drug and alcohol addictions, Creative Interventions is using innovative methods for promoting social inclusion.

The aims arts and mental health and well-being strategy, artful¹⁰, can be summarised as promoting participation in quality artistic practice for those at increased risk of

⁸ Original Project Proposal submitted to Arts Council

⁹ Labonte R. 1998 A community Development Approach to Health Promotion. HEBS (now Health Scotland) and the Research Unit in Health and Behaviour Change

¹⁰ artfull – Arts, Mental Health and Well-being Strategy. 2006-2008 Scottish Arts Council 2006

experiencing mental health problems, developing mainstream and interagency partnership working in the field of arts and health and developing an evidence base that help demonstrate the links. Creative Interventions, in developing its pilot programme, is fully aligned with these aims and is making a valuable contribution in providing learning to increase the potential benefits in the field of arts and health.

Project Processes and Partnership Working

Creative Interventions grew as a project from the secure foundation of Art in Hospital. In the 20 months it has been operating there is clear evidence that it has achieved an identity of its own and is developing new models of working with the Arts to improve health and well-being in particular target groups, thus promoting social inclusion and tackling inequality. The project is a partnership between the NHS, the Arts Council, Art in Hospital, the City Council, the Healthy Living Centre and the local FE College. This partnership has been both a facilitative factor and a challenge. The Steering Group formed from the partnership has provided a good level operational and strategic management and acted as a peer support group to the Project Manager. The embedding of the project within a Health Service environment which is supportive of the arts, and the existence of a Strategic Co-ordinator for Arts and Health have been hugely beneficial for the Creative Interventions. Likewise, the extensive body of experience of Art in Hospital has provided an underpinning ideology and model of work practice for Creative Interventions to extend arts and health work in health service and community settings. It has also provided a recruiting ground for artists who have the qualifications and experience Creative Interventions needs. The partners and Project Manager all have high levels of commitment and have worked extremely hard with integrity and a belief in the artistic process.

Challenges have come mostly in the form of partnership working, and some organisational issues. The latter have been overcome by working through problems, but some of the issues of partnership working remain unresolved even though there have been attempts to do so. The data from the partners indicates that the vision for Creative Interventions is not completely shared and there are some key differences in approach between one partner and the others. John Wheatley College made a commitment of staffing resources as an 'in kind' contribution and these have not been fully utilised. It appears the contribution has not come to fruition due to the lack of a shared model of working, which is compatible with the framework in which Further Education operates and the model Creative Interventions is developing. Some partners have challenged the College as being inflexible and expecting Creative Interventions to fit in with their form of education. However, although this has not been overcome, all partners, including the College remain deeply committed to Creative Interventions and are determined to resolve their differences. Some of the learning the project has gained, in the view of one Steering Group member is to listen more to each other as partners.

In terms of opening the debate between Arts and Health, Creative Interventions has started well. In running three very successful pilots in NHS settings, the service providers have seen at first hand the benefits for their patients. This evaluation study will also provide a means for pursuing that debate further. An area for development suggested by the evidence presented earlier is for Creative Interventions to work hard on raising its profile to create awareness within the NHS and partner organisations. Some groups have resulted from recognition of the work of CI being promoted in

publications or by workers seeing what was being done with other groups. The Arts and Health Strategic Co-ordinator has also a vital role to play in this task, with senior officials within NHS GGC. However, it is fair to say that raising awareness and a profile for Creative Interventions is probably more appropriate at this stage when it has completed some successful pilot projects.

The pilots would suggest that there is some benefit for the way service users interact with their organisations, particularly in RAPA, Geeza Break and also the mental health services. The suggestion that participating in a Creative Interventions programme contributed to the discharge of one, possibly two individuals from the mental health services must be important evidence of the potential of this model of working with arts activity to impact on the therapeutic process.

The project has obviously made great strides in pursuing a 'learning journey'. It has developed new ways of working with groups not traditionally accessing art education. It has taken on board the practical difficulties in some groups and overcome them. The partnership group, although still challenged in some ways, has achieved a level of maturity in working together to develop and support innovative ways of working.

Sustainability

The Steering Group are united in their conviction and determination to ensure Creative Interventions develops, increasing the volume of work it delivers and ensuring a sustainable future, principally through mainstreaming it within Health and Further Education. The way forwards lacks clarity at present and it is an important task for the Steering Group to address this as the project comes to the end of its initial funding period. There were a number of suggestions within the data from the Steering Group members and these can be summarised in the following list of options:

- Seek longer term funding (5-10 years) to consolidate and develop the work in the East End, including the establishment of a permanent base, which provides a venue for participants who wish to continue developing their art work to access creative space, materials, tuition and exhibition space to sell their work
- Continue to provide a programme of taster sessions and longer term programmes with local service provider organisations focussing on health improvement with hard to reach groups.
- Use health Board funding as seed funding to attract other sources of finance
- Encourage Acute Health Services and CHCPs to commission Creative Interventions to deliver arts and health groups, in the East End, but extending to a city wide approach, including the production of high quality art work for hanging in health service settings.
- Link hard to reach groups, such as health service users, into mainstream Further Education outreach programmes
- Build capacity in partner organisations to run arts and health courses to the standard set by Creative Interventions, using high quality art tuition.
- The goals listed above could be achieved through promoting the work of Creative Interventions to Heads of Service as a means of achieving corporate objectives such as tackling health inequalities and facilitating social inclusion

A bid is being submitted to the Big Lottery for the Bothy project at the Healthy Living Centre, and this is a useful way of cementing that partnership. Creative Interventions is

also pursuing a longer term base in Parkhead, which will bring much needed opportunities for follow on work with committed participants and an exhibition space in the heart of the East End. This is an area for improvement that was raised strongly in the data, by all groups of informants. Participants are disappointed by completing one programme of workshops and then stopping. This is in accordance with the national strategy, artfull¹¹, which is committed to supporting the development of “*creative spaces that deliver the conditions for the promotion of mental health*”.

Strategic development to mainstream the project activities was discussed at length in the validation workshop with the debate focussing on the merits of local and city wide approaches. It was suggested that the new structure of the NHS in Glasgow mitigates against city wide developments, since the decentralisation of community health services into CHCPs, which link into the Community Planning structures. Development might need to be undertaken with each of the CHCPs individually. This debate also needs to be continued in order to develop an action plan for the future. The absence of a dedicated post in NHSGGC with a board wide remit for arts and health to support the strategic development of Creative Interventions across the City could represent a possible threat to the sustainability of this approach and should be rectified in an appropriate way that does not place any additional pressure on the workload of the Strategic Arts and Health Coordinator or that of CI Project Manager. At the moment, despite pressures, the Strategic Coordinator is continuing to work on facilitating city wide learning which involves the CI Project Manager making presentations to interested CHCP's who are keen to develop new strategies for forming their own CI programmes. The finance and capacity for on going provision of advice and support to these CHCP's in terms of artistic practice and commissioning of artists needs to be discussed.

Achievement of the Objectives set out in the Project Proposal

In terms of the three strands described in the original proposal, it has undoubtedly achieved well on the first – establishing a programme of pilot projects in different health and community settings. In relation to the second strand, partnership working between existing local service providers from the arts, health and education, great strides have been made, but there is still further to go. The original idea of focussing on the East End Healthy Living Centre as a hub for arts and health activity did not come to fruition as intended, but the Bothy project is a way forward in this arena.

The third strand, evaluation and wider dissemination of learning coupled with wider strategic development, has been embarked upon in commissioning this evaluation and starting to consider how strategic development is a way forward for the future.

In conclusion, Creative Interventions has developed as an innovative project in bringing together arts and health, with demonstrable evidence that it is impacting on improving health and well-being. It has made substantial development in establishing a successful programme of pilot projects and created a firm base from which to develop further and move into the arena of strategic development, through which arts and health improvement can become sustainable, and provide an effective mechanism for tackling inequalities and promoting social inclusion. It is fully aligned with the national and local policy context in this area.

¹¹ artfull – Arts, Mental Health and Well-being Strategy. 2006-2008 Scottish Arts Council 2006

CONCLUSIONS

Artistic Development

1. Creative Interventions has developed a high quality standard in its delivery of art tuition which has resulted in participants developing their creativity and producing a good standard of art work.
2. The artistic development demonstrated by participants consisted of increase in skills, confidence to experiment and take risks and develop individual expression and production of art works of a high standard, some of which have been sold.
3. Creative Interventions has increased access to arts activity in terms of a high standard of art tuition and the arts in general for vulnerable groups who would not normally be in contact with arts education.
4. The establishment of the pilot projects has been very successful in the range of groups worked with in health service and community settings and the innovative work that has been developed.
5. The workshops have been a mixture of participant led, in being very client centred, but also artist led, in that they provided a structure for creative development
6. The artists felt supported by Creative Interventions and the support workers being present in the groups, which meant that there was not a strong pressure for artists to assume a counselling role.
7. The artists tended to be isolated from other groups within Creative Interventions and lacked knowledge of the broader picture. This was exacerbated by there usually being only a small number of projects running concurrently and the short term nature of the projects allowing little time for collaboration.

Relationship between Art, Health and Well-being

8. It is clear that the evidence presented here supports the premise that Creative Interventions is impacting on the health and well-being of participants through their involvement in making art work and the creative process, as opposed to a specific therapeutic intervention.
9. This takes the form of:
 - i. increased self-confidence and self-esteem
 - ii. being able to do something they enjoy
 - iii. improved levels of concentration and focus
 - iv. gaining of meaning and purpose in life
 - v. extending social networks, enjoying a social experience and reduced isolation
 - vi. increased connectedness with the community

- vii. possible increased life chances through participating in other activities and educational opportunities
- 10. High quality is important in facilitating a sense of pride and achievement which underpins the above list of factors

Sustainability and Project Processes

- 11. Creative Interventions has developed from the secure foundation of Art in Hospital, which provided an ideology, quality standards and a source recruitment of artists. It has developed its own identity and a model of good practice for arts and health improvement, thus promoting social inclusion and tackling inequality.
- 12. The Partnership has provided good support to the project in terms of a Steering Group which has been effective in providing strategic and operational management and peer support to the Project Manager. There have also been some challenges in the working of the Partnership.
- 13. Other facilitative factors have been the extensive experience of Art in Hospital, being embedded in an NHS environment which is supportive of the arts and the existence of the post of Strategic Co-ordinator for Arts and Health.
- 14. Partners and Project Manager all demonstrate high levels of commitment, integrity and hard work.
- 15. The challenge in partnership working is in relation to a lack of shared vision for Creative Interventions and lack of a shared model of good practice. The Partners are committed to resolving these issues.
- 16. Creative Interventions has started the process of opening a dialogue between arts and health in the East End of Glasgow, through the establishment of its programme of pilot workshops, but it needs to work on raising its profile and creating awareness of its work
- 17. The project has undertaken considerable learning in the first 20 months in terms of developing innovative and good practice and maturing in partnership working.
- 18. The Steering Group considers sustainability of Creative Interventions the most important issue for the future. There is agreement on the need to achieve this through mainstream services, and a number of options have been suggested which require further debate.
- 19. Ongoing monitoring and evaluation, building in reflective practice, and longitudinal case studies, will assist Creative Interventions in its learning journey.

RECOMMENDATIONS

Continue and consolidate:

1. Creative Interventions should continue to be funded to provide arts opportunities for vulnerable and hard to reach groups in the East End of Glasgow.
2. Quality of artistic practice should be maintained as this is fundamental to health improvement and social inclusion and all facilitators in the project should work to the same standards of delivery.
3. Consolidate the programme of pilot workshops by continuing to work with the service providers, providing taster sessions and longer courses of at least 10 workshops as part of a sustainable programme for hard to reach groups. Ensure service providers appreciate that taster sessions cannot achieve the same level of health improvement
4. Continue to work to establish permanent creative space for a Creative Interventions base to ensure opportunities for progression for participants who wish to carry on with their art work, accessing materials, quality tuition and exhibition space in the East End. To this end, continue to pursue partnership with Township Heritage Lottery and the local neighbourhood planners for a shared studio/office space in the Parkhead shopping area.
5. Continue to pursue the Bothy project with the Healthy Living Centre for sculpture and environmental art.

Improve or Develop:

6. Improve signposting to other learning, creative and health opportunities
7. Establish a peer support network / forum for Creative Interventions artists to share experiences, discuss issues and professional development, ensuring participation of artists is funded.
8. Raise profile of Creative Interventions work through dissemination of evaluation and art work and raise awareness of the project with service providers locally.
9. Clarify purpose and function of Creative Interventions with partner organisations involved in service delivery
10. Highlight the impact of Creative Interventions on health improvement for Heads of Service in the partner organisations as a mechanism for achieving corporate objectives for tackling inequalities and promoting social inclusion.
11. Establish a method of ongoing evaluation involving artists, John Wheatley College tutors, participants and service provider representatives. Build reflective practice sessions into programmes, and carry out longitudinal case studies on participants. Use this information for learning and consultation with participants and partners. Build an archive of the material.

Partnership working:

12. Consider separating the functions of strategic management and peer support in the Steering Group, but retaining an operational focus in the Steering Group.
13. Work with partners to achieve a shared vision and a resolution of the differences in the Steering Group.
14. Clarify the steps to be taken in the future to achieve sustainability through strategic development and mainstreaming within Health Services, using the options proposed in this study as a starting point for debate.
15. NHSGGC should review its capacity for supporting the strategic development of health improvement arts programmes within the CHCPs, particularly in the light of changes to the remit of the Strategic Arts and Health Co-ordinator.
16. East CHCP and the Steering group should work with the CI Project Manager to define the parameters for the post holder developing a more strategic role.

Appendix

Research Questions (developed by the evaluation steering group)

Artistic Practice and Quality

- What is the quality of the artistic practice? The quality of project concepts, ideas, planning; calibre and commitment of artists and FE lecturers; standard of delivery and resources; group and individual critique and evaluation....How has any variation in quality affected the outcome...how important is the quality of artistic practice for achievement?
- Has the project changed perceptions of what “art” is....are participants more demanding of art quality, do they have increased expectations of art and their own participation and self expression?
- Has the project broken down preconceptions and challenged stereotypes? How are participants viewed? Have they achieved beyond expectations? (their own and others). How do participants view arts? Do participants access the arts more readily than they did before/ has the project increased accessibility and acceptability of the arts to participants?
- What sort of art forms and processes were chosen and why?
- What would improve practice?
- In what ways does it demonstrate (or not) the viability of a relationship between Arts and Health?
- Is the project achieving positive representation of the people involved...is this how they want to be represented? Is it “participant led” or “artist led”?
- What is the motivation of the artist to be involved? Does the artist feel bored/challenged/stimulated artistically and /or socially and to what extent and how does this impact upon the success of the project? How is the artist responding to challenges such as a feeling of isolation or a demand for a counselling role?
- What skills do artists bring to the work e.g. empathy, intuition, organisation, enabling, leading, flexibility, collaborative practice, inspiring, encouraging risk taking etc.
- What support mechanisms benefit the artists?
- What Support mechanisms benefit participants?
- What are the motivations of the participant to be involved? Have the skills of participants improved? (technical, artistic, critical, group, communication)
- Has Creative Interventions increased access to the Arts?
- Is this Project pushing at any boundaries in art or education?

Health and wellbeing

- How many participants have been involved? How long for? How often?
- What are the positive and negative individual experiences?
- How has involvement influenced health – e.g. improvements in self-esteem, confidence, anything else?

- Has there been an improvement in the health and well-being and self esteem of participants (in terms of focus, calmness, motivation, engagement)?
- Are indicators of positive mental health apparent? Are participants happier?
- What impact has CI had on the social environment (connectedness/relationships,) of participants?
- To what extent did participants develop autonomy and empowerment?
- Has the project had any knock on effect on social or family networks?
- Were there increased levels of maturity for participants and artists? (in terms of confidence, experience, tenacity, initiative, reflexivity)
- Has the project increased the life chances of participants'...are they striking out in new directions, considering career opportunities in the arts, other courses, self realisation (these options may be educational, (e.g. taking advantage of learning opportunities), economic, relationships, activities at home, life style e.g. walking to the workshop, smoking less etc.)?
- Has participation in this programme contributed to development of capability with other life skills? Participants, Artists and partners.
- Do participants have higher aspirations?
- Where do participants go on to? Do they take risks?
- Do participants feel confident enough to take risks?

Sustainability and Project Process

- What was the process by which Creative Interventions developed as a project...its process and history...what were the facilitators and barriers and how were these used/overcome?
- How sustainable is the project...how much time does it take to establish, how much time does it take to realise the benefits.
- How well has Creative Interventions opened debates and dialogue between the "mindsets" of Arts and Health (e.g. in terms of philosophy, language, vocabulary)? What is the process by which they work together?
- How does CI impact on other services? Is it enhancing service delivery? Is there a symbiotic relationship?
- Does it make a difference to the way people engage with other services?
- Does it impact on the therapeutic process, communication, and channels of communication for the participant
- Is there evidence of a "Learning Journey, "
- Is this project pushing at any boundaries in health?
- What is the value of this approach to health promotion, healthcare and healing?