

## Review of Arts and Health Activities in Wales

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## Final Report

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**Section 1**  
**Executive Summary and Recommendations**

- 1.1 In April 2005 Angela Tillcock, Arts Consultant, was commissioned by the Arts Council of Wales in partnership with the Arts in Health Group to undertake an audit of arts and health activities in Wales. The team that undertook the audit work included Rosie Edwards, Sarah Goodey and Frances Medley.

The programme of work undertaken included a questionnaire-based approach to gathering data for the audit, and a series of interviews with practitioners to examine the actual delivery and development of arts and health activities.

This report provides a snapshot of arts and health activity undertaken during the 18 months to August 2005, across Wales and delivered by both arts and health practitioners.

- 1.2 The following represents the headline statistics from the data gathered:

Three quarters of projects take place outside of a health care setting  
33% of the funding provided for projects came from Unitary Authorities  
55% of the projects are led by artists  
46% of participants had learning disabilities or a mental health background  
21% of the projects were aimed at Children under 16  
22% reported that the project had no focus on people with specific 'health' needs  
37% of projects had an open access policy for participants  
One in three projects took place in the Ceredigion & Mid Wales NHS Trust area  
23% of projects took place in Cardiff & Vale NHS Trust area  
Half of the projects reported took place in Powys (26%) and Cardiff (24%).  
22% of projects reported that sessions were less than 2 hours a week in length  
The length of projects reported varied from one off sessions to a 5-year artist in residence project. The majority of projects report that they are 'ongoing'  
46% of the projects used freelance staff  
62% of respondents said that they would like to be included in a directory of Arts and Health

- 1.3 Qualitative Outcomes: the project identified seven case study projects where best practice was illustrated.

Case Study
1. Conwy and Denbighshire NHS Trust
2. Celf o Gwmpas
3. Pontypridd and District NHS Trust
4. Arts Care Gofal Celf
5. HAUL
6. The Shooting Star Unit
7. The Ragamuffin Project

**1.4 Conclusions**

The review of activity across Wales and beyond demonstrates that there is a considerable body of work being undertaken in arts and health. The missing element in all aspects from activity based work to the procurement of capital projects is a coordinated approach that is enabled to take into account the benefits of investing in arts and health. There is a need for a strategic approach that crosses statutory service boundaries and is able to consider the links between improving the patient experience not only in healthcare settings but also in social and community settings. This is indeed a challenge whilst Unitary and Health Authorities are funded and managed separately; but the improvements in case management of patients who are being discharged from hospital into the community ie where the responsibility is transferred from health to social services demonstrates that this can be achieved.

**1.5 Recommendations**

The following seven recommendations focus on how the body of work reported through the review can be improved and made more effective, and how the benefits of arts and health can be recognised more widely.

**1.5.1 An All Wales Strategic Commitment to Arts and Health**

The big picture at a strategic all Wales level is weak and needs to be strengthened as a pre requisite to further policy, strategy and funding by the public sector. The nature of arts and health activity is that is no one public body or assembly department is solely responsible for this area. A partnership approach to arts and health under the umbrella of Health Challenge Wales is key to success in this field. Anything less than a commitment to the planning, funding and delivery of a strategic approach will not result in an improvement in both the outcomes and the return on the not inconsiderable investment that is currently being made across the public sector in Wales.

A commitment to arts and health at an all Wales Assembly level is needed; the government in Wales sets the strategic framework within which all public bodies involved in this field operate. Anything less than real joined up thinking in terms of planning, funding and delivery will not result in a significant improvement on the current ad hoc project based activity that is currently operating across Wales.

**Recommendation 1**

The findings of this report should be launched at the forthcoming Health Challenge Wales Conference planned for spring 2006. The support of Cabinet members responsible for arts and culture, health and education is needed to demonstrate that arts and health is taken seriously and that an agenda for action will be developed. One of the case study organisations could be used to exemplify what can be achieved in practical terms.

### 1.5.2 Strategy

A holistic approach to health and wellbeing acknowledging the contribution of arts and health as part of the treatment process should underpin strategic planning. Health Challenge Wales is a national focus to improve health and well-being and this focus should be used to strengthen the links between arts and health. Joint planning at the Assembly level would provide a framework for development at a Trust and Unitary Authority level. Policy, strategy and funding documents need to be based on a mutual respect for both artistic and health skills and expertise.

The audit undertaken as part of this study provides a snapshot of the activity being undertaken; it is not a complete picture of everything happening in Wales. Further work will be needed to identify work being undertaken in the parts of Wales where the response to the audit was limited. A commitment to keeping this data up to date will need to be made if it is to be of ongoing use as a basis for strategic planning.

#### **Recommendation 2**

The findings of this audit and review should be used to develop a strong evidential base of the activity being undertaken and that this work should be adequately resourced. The work should be led by a partnership formed from the key players in arts and culture, health and education. Both policy makers and practitioners should be included in the development and implementation of this area of work. There are statisticians and researchers working across all of these disciplines and they should form a partnership underpinned by an Assembly level commitment to this work.

### 1.5.3 Research and Evaluation

In collaboration with the Institute of Medical Humanities a consistent method of evaluation should be developed and integrated into the planning and delivery of arts and health projects. Funding for evaluation should be built into packages of support offered to these projects. The existing evaluation tools used elsewhere in the UK should be considered as a point of reference when developing this work. Approaching NESTA for support should be considered as part of the development of evaluation methods.

#### **Recommendation 3**

A strategic approach to arts and health should be developed with the element on evaluation being led by the Institute of Medical Humanities. Care should be taken to ensure that the strategy is person and practitioner focused. Investment in this field needs to demonstrate that it will result in a good use of public money in a way that is both understood and recognised by funders and the public.

#### 1.5.4 Advocacy and Co-ordination

An advocacy document should be developed as a collaboration between arts and health practitioners to demonstrate both what has been achieved and the potential for future development.

A Welsh adaptation of the 'Improving the Patient Experience' series of documents should be developed and made available free or at a small charge. The content of the documents should use Welsh examples and refer to relevant legislation and sources of support.

Access issues across the board from the physical environment, to the use of language, the need for interpreters; the timing of meetings and awareness training should be built into the documents as a clear indication of the importance of access for all. Further information and guidance can be found in the Arts Council of Wales Arts and Disability Strategy<sup>1</sup>.

The role of the Welsh Health Estates, as a body with considerable experience and expertise in this area, should be recognised and integrated into both the development of a strategy and of the aforementioned documents.

Welsh Health Estates are keen to take forward this area of work as long as adequate resources are made available to them to do so. The Director of Welsh Health Estates will be pursuing this separately with the Welsh Assembly Government.

#### **Recommendation 4**

A Welsh version of the 'Improving the Patient Experience' should be developed as an advocacy document that can be used by both arts and health practitioners. Welsh Health Estates should be a lead partner in the development of this document. Adequate resources should be made available to ensure that the document reflects the reality of what is happening on the ground in Wales - as well as the aspirations of people living and working here.

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<sup>1</sup> Arts and Disability, Arts Council of Wales, 2005.

**1.5.5 The Arts in Health Wales Group**

The following recommendation relates to the structure of the Arts In Health Wales group.

**Recommendation 5**

The Arts in Health Wales group should be formalised into a network funded to provide advice, information and advocacy for arts and health in Wales. This network is ideally placed to form the basis of the partnership needed to develop the strategic approach needed to take forward arts and health across Wales. A dedicated post or posts should be funded to develop the network ensuring that a consultation process is undertaken to identify the priority areas for development are identified in the strategic approach.

The network should be art and health practitioner led to ensure that a meaningful and useful set of services are provided. The network should seek to work with existing organisations and avoid duplicating activity that is currently being undertaken across Wales.

We also recommend that the Arts in Health Wales group review its remit to reflect a focus on health and well-being rather than sickness.

**1.5.6 Participatory Arts and Health Care Settings**

The following recommendation relates to participatory arts and health care settings.

**Recommendation 6**

An active and mutually supportive relationship should be fostered between the Arts Therapy services across Wales and artists/practitioners delivering arts and health projects. This should then feature in the advocacy document referred to above.

**1.5.7 Community Arts**

The following recommendation relates to community arts and health activities.

**Recommendation 7**

A project like the Creative Remedies one referred to in this report should be developed as a resource to work alongside the advocacy document. Working with established organisations like Arts Care in collaboration with the Arts in Health Wales group could be a useful starting point to consolidate existing experience and expertise.

## Section 2

### Introduction and Methodology

#### 2.1 Introduction

In April 2005 Angela Tillcock, Arts Consultant, was commissioned by the Arts Council of Wales in partnership with the Arts in Health Group to undertake an audit of arts and health activities in Wales. The team that undertook the audit work included Rosie Edwards, Sarah Goodey and Frances Medley. A copy of the brief can be found at Appendix 1.

The programme of work undertaken included a questionnaire-based approach to gathering data for the audit, and a series of interviews with practitioners to examine the actual delivery and development of arts and health activities.

The Arts Council of Wales' current Voluntary Cultural Sector Action Plan includes an action point on developing and increasing opportunities for Arts and Health projects and activities across Wales. An important element of this will be the creation of an all-Wales Strategy for arts and health that commands support of both Culture and Health Divisions of the Welsh Assembly Government. The Arts Council of Wales commissioned this study to inform the all-Wales Strategy.

The study was overseen by a Steering Group including representatives of the Arts Council of Wales (Diane Hebb and Bryn Jones), the Arts in Health Wales Group (Chris Jones) and the Welsh Assembly Government (Peter Harding). The steering group met three times during the course of the study. The steering group advised on the methodology and the development of the study report.

The team would like to offer thanks to those who took part in this study by generously making time to both speak to team members and complete the audit questionnaire.

#### 2.2 Methodology

The audit combined the use of quantitative and qualitative research methods. The quantitative methods focused on the data collection for the audit and the qualitative methods on the case studies and the best practice guidelines.

##### 2.2.1 Quantitative Research

Initial background research was undertaken into developing the questionnaire that formed the basis of the data collected for the audit. This included compiling an initial contacts list as a starting point for the study. Organisations involved in both arts and health activities were consulted through interviews and desk research into past activity as well as current projects.

Pre-publicity work was undertaken at this initial stage to alert those who may wish to respond to the audit through the circulation of a bi-lingual information paragraph. This was distributed via organisational intranets, websites, newsletters and magazines of the NHS Trusts, Local Health Boards, Community Health Boards, Arts Council of Wales, and Voluntary Arts

Wales. Publicity for the project was also generated in Arts Professional, one of the main arts industry trade magazines.

Members of the research team also attended the Communities First Health & Wellbeing Seminar (7 July), and a presentation on the project was made at a meeting of the National Network for Arts and Health in Wales on 26 July.

### 2.2.2 Questionnaire Development

A bi-lingual questionnaire was developed in consultation with the Arts Council of Wales and members of the Arts and Health Steering Group. It was initially piloted with 10 individuals and organisations representing a cross section of the sector. This exercise provided feedback that was used to refine the questionnaires and some of the practical issues relating to the ease of completion.

The questionnaire was posted and/or emailed to contacts in the week beginning 20 June 2005 with a return date of 31 July 2005. This gave respondents 6 weeks in which to complete the survey. An extension was agreed with some organisations to enable them to complete the survey.

In addition, the following organisations assisted by distributing questionnaires to their members through mailings, e-bulleting and newsletters:

- Communities First
- Cymorth
- Mental Health Action Wales
- National Association of Local Government Arts Officers
- Voluntary Arts Wales
- Welsh Association of Community Artists
- Wales Council for Voluntary Action
- Welsh Housing Federation
- Welsh Local Government Association

The questionnaire was sent to the Trusts with a covering letter from the Steering Group representative from one of the Trusts; this provided a contextual background to the audit and emphasised the importance of returning the data. A further letter was sent, with the questionnaire, to Estates departments of the Trusts outlining how the audit related directly to their area of activity. These additional letters were designed to emphasise the importance of the study and the potential benefits of taking part in the audit.

The detailed breakdown of the questionnaire returns can be found in Section 3 of this report.

### 2.2.3 Qualitative Research

Alongside the quantitative surveying, a series of face-to-face interviews were undertaken with projects and individuals across Wales in June and July 2005. The aim of this part of the research was to identify what might be the indicators for best practice in arts and health work in Wales. A further interview took place in September and completed this aspect of the initial

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qualitative research. Details of the people interviewed/consulted can be found at Appendices 4 and 5.

A meeting of invited experts from across arts and health was held on 15 September to discuss best practice guidelines that had been developed as part of the study. The information used to develop the best practice guidelines was gathered as part of the qualitative research discussed earlier. The conclusions of the meeting can be found in Section 5. A list of the people who attended the meeting is at Appendix 7.

### Section 3 The Audit and Findings

- 3.1 This section outlines the main findings of the audit undertaken as part of this study. This data is a snapshot of the activity being undertaken in Wales over the last eighteen months ie from March 2004 to August 2005.

A key issue during this research was identifying groups and organisations in Wales delivering arts and health activities, as this was the first time an organisation had attempted to audit the sector. Although a key number of organisations and a wide range of projects were identified during this research, it is not possible to say whether this audit provides a comprehensive or representative picture of the activity happening within the sector.

- 3.2 The self-completion questionnaire was sent out the week beginning 20 June 2005 with a return date of 31 July 2005 (6 week period); this was later extended to 31 August 2005.

In total 326 questionnaires were distributed directly to named contacts within organisations. The breakdown was as follows:

Organisations	No of Contacts
Unitary Authorities:	
Arts Development Officers	22
Social Services	22
Education Departments	22
Arts Council of Wales Revenue Clients	120
NHS Trusts	14
Local Health Boards	22
Community Health Boards	21
Other Voluntary and Specialist Health	27
Public Health	22
Welsh Health Estates and Estates Departments	14
Other (through pre-publicity)	20
Totals	326

In addition, the following organisations assisted by distributing questionnaires to their members through mailings, e-bulleting and newsletters:

- Communities First
- Cymorth<sup>2</sup>
- Mental Health Action Wales
- National Association of Local Government Arts Officers
- Voluntary Arts Wales

<sup>2</sup> Cymorth is the body representing supported housing providers

- Welsh Association of Community Artists
- Wales Council for Voluntary Action
- Welsh Housing Federation
- Welsh Local Government Association

### 3.3 Headlines

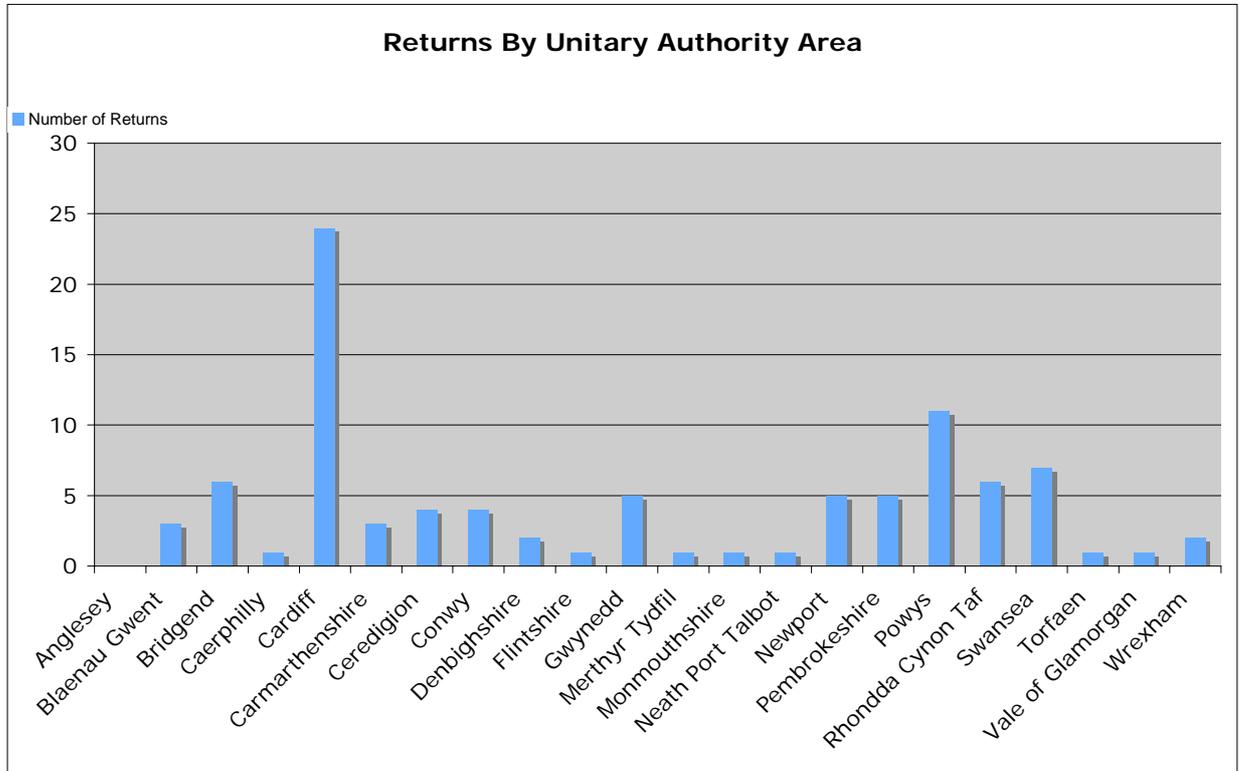
99 questionnaires were returned, representing a 30% response rate. The data represented a total of 823 projects.

The following represent overall statistics from the data:

- Three quarters of projects take place outside of a health care setting
- 33% of the funding provided for projects came from Unitary Authorities
- 55% of the projects are led by artists
- 46% of participants had learning disabilities or a mental health background
- 21% of the projects were aimed at Children under 16
- 22% reported that the project had no focus on people with specific 'health' needs
- 37% of projects had an open access policy for participants
- One in three projects took place in the Ceredigion & Mid Wales NHS Trust area
- 23% of projects took place in Cardiff & Vale NHS Trust area
- Half of the projects reported took place in Powys (26%) and Cardiff (24%).
- 22% of projects reported that sessions were less than 2 hours a week in length
- The length of projects reported varied from one off sessions to a 5-year artist in residence project. The majority of projects report that they are 'ongoing'.
- 46% of the projects used freelance staff
- 62% of respondents said that they would like to be included in a directory of Arts and Health

### 3.4 Returns

Graph 1 below reflects the number of the total questionnaires returned by each Unitary Authority Area.



Graph 1

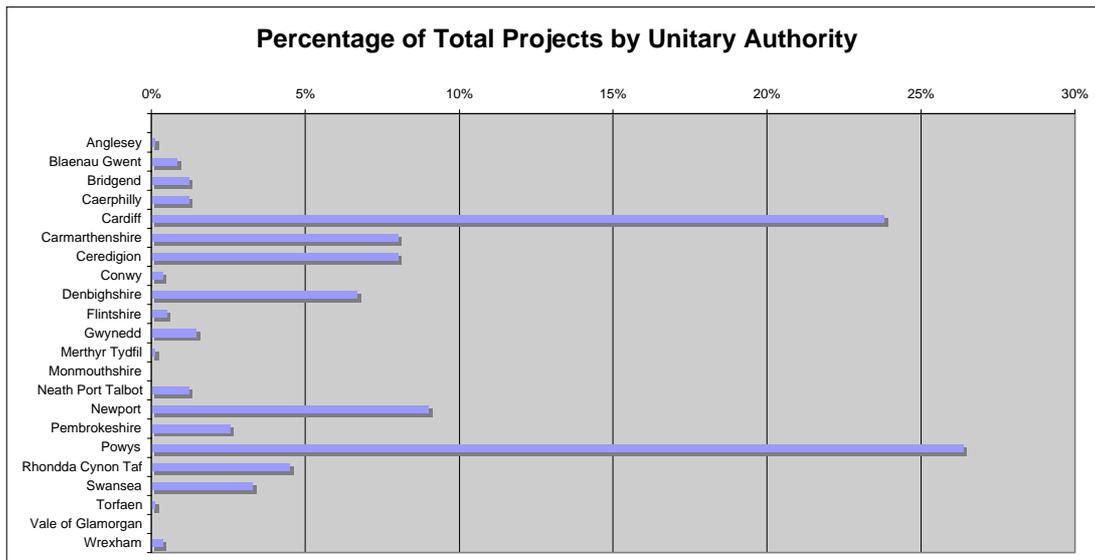
Graph 1 reflects the administrative base of the questionnaire respondents not where the projects actually took place.

Although no questionnaires were received from an organisation based in Anglesey there were projects taking place there. For example, the remit of some projects covered an entire NHS Trust area.

### 3.5 Numbers and Distribution of Projects

823 projects were reported. The definition of a project was interpreted in a number of ways, with some organisations giving examples of individual projects under a single programme of activity.

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*Graph 2*

As can be seen in Graph 2 over a quarter (26%) of projects reported activities taking place in Powys. Projects in Powys and Cardiff represented 50% of the projects reported. Table 1 presents the distribution of the number of reported projects by unitary authority area.

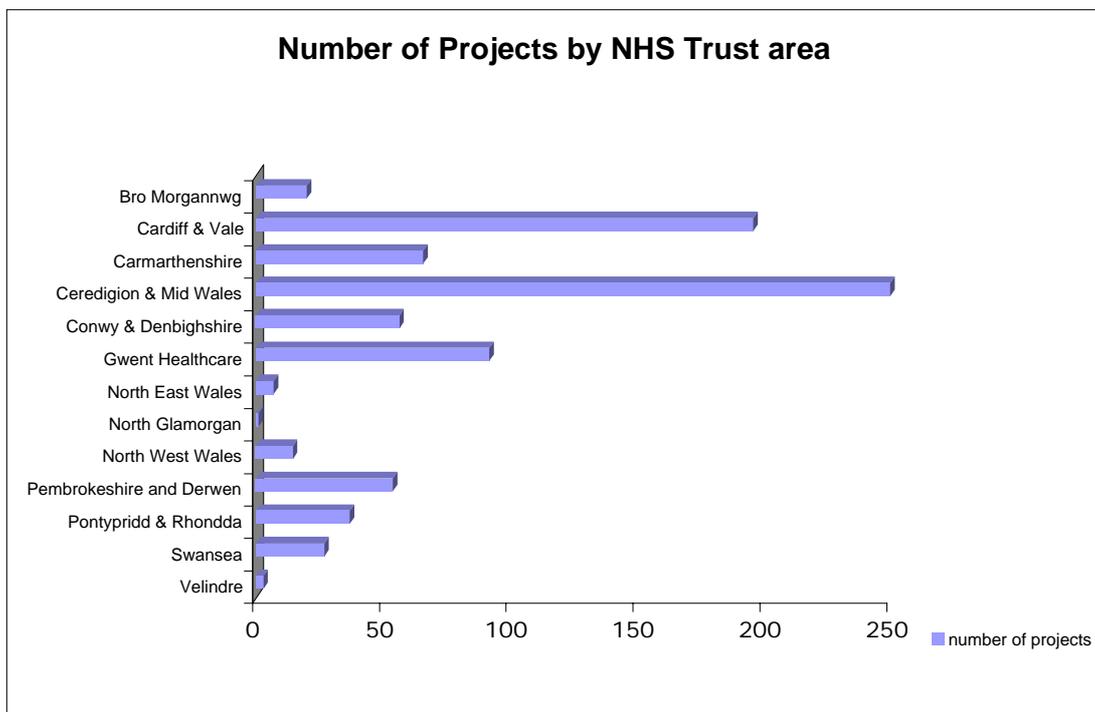
Unitary Authority Areas	Number of Projects
All Wales	2
Anglesey	1
Blaenau Gwent	7
Bridgend	10
Caerphilly	10
Cardiff	196
Carmarthenshire	66
Ceredigion	66
Conwy	3
Denbighshire	55
Flintshire	4
Gwynedd	12
Merthyr Tydfil	1
Monmouthshire	0
Neath Port Talbot	10
Newport	74
Pembrokeshire	21
Powys	217
Rhondda Cynon Taf	37
Swansea	27
Torfaen	1
Vale of Glamorgan	0
Wrexham	3
<b>TOTAL</b>	<b>823</b>

*Table 1*

The high rate of activity in Powys reflects the large number of arts organisations operating in the area and delivering this type of work. Table 1 illustrates that Powys had 217 projects running over the last 18 months; 201 of these projects were administered and delivered by one organisation.

The spread of projects by county does not give an indication of projects that benefit more than one area, e.g. a project that may operate within a trust area that brings benefits to people from a wider geographical and cross county area. Graphs 3 and 4 provide a better indication of this.

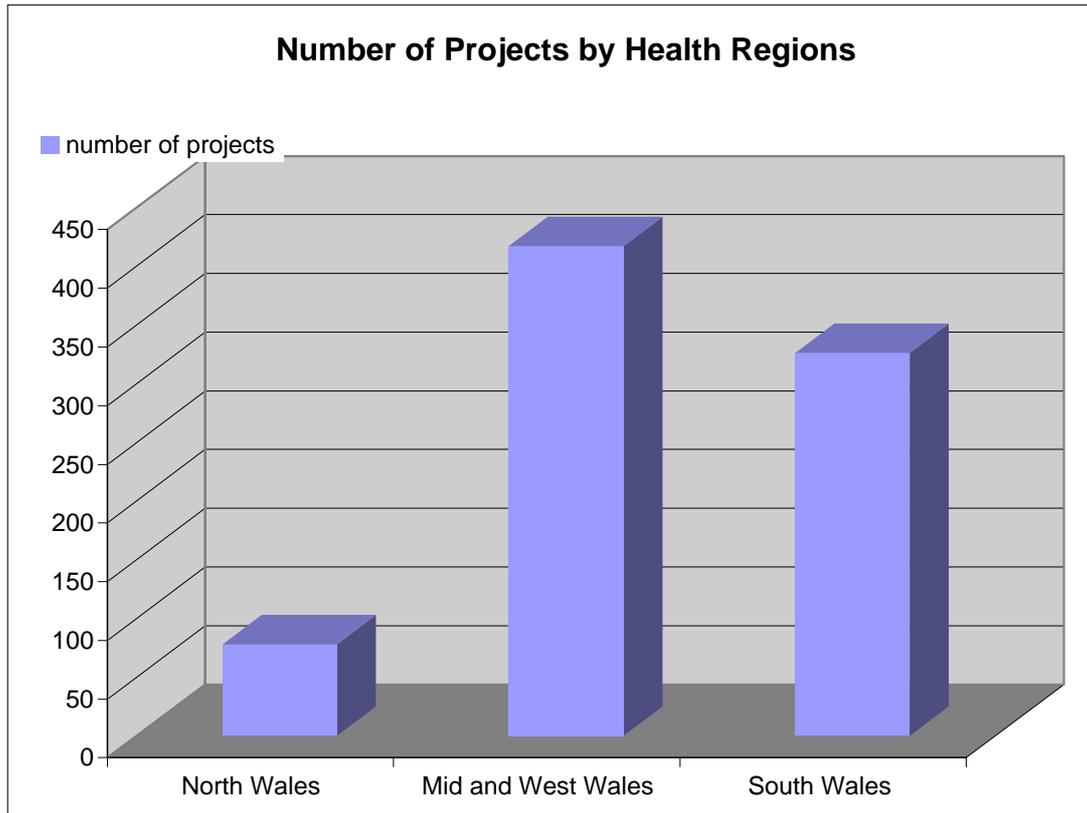
### Number of Projects by NHS Trust Areas



Graph 3

The highest number of projects reported took place in the Ceredigion & Mid Wales NHS Trust area; these represented nearly a third (30%) of all reported projects. This was followed by 23% of projects taking place in Cardiff & Vale NHS Trust area.

The North East Wales NHS Trust area showed a small amount of reported activity; this reflects the way the respondent categorised the projects. In fact the North East Wales NHS Trust has one of the most active and integrated programmes of arts and health activities operating within a Trust area in Wales.



Graph 4

Graph 4 illustrates the number of projects reported by Health Regions within Wales. The anomaly in the definitions of what constitutes a project and subsequent reporting of these as discussed above explains the low number of projects in the North Wales Region, along with the higher number of projects in the Mid and West Wales Region.

### 3.6 Gaps in Provision

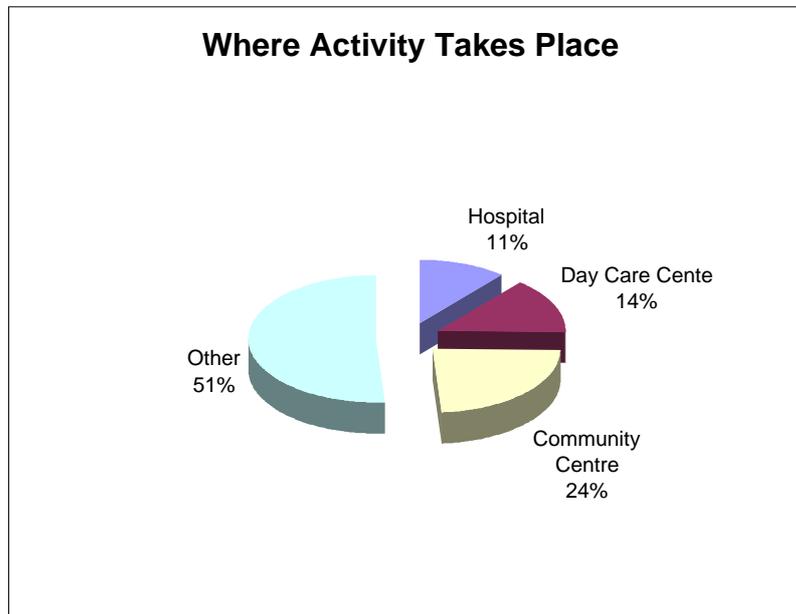
Taking into account the questionnaire return rate it is recommended that a further targeted exercise be undertaken in areas where the response rate was low prior to determining the gaps in provision across Wales. Low levels of activity were reported in North West Wales, the South Wales Valleys and Monmouthshire and further investigation into activity in these areas should be considered.

What is clear from the audit findings is that there is a large amount of small scale activity being undertaken across Wales; rather than geographical gaps in activity the gap in provision is one of strategic co-ordination. There are gaps in funding for example with one project having to apply to more than one department in the same Unitary Authority.

### 3.7 Detailed Breakdown of the Responses to Specific Questions

#### Question 1

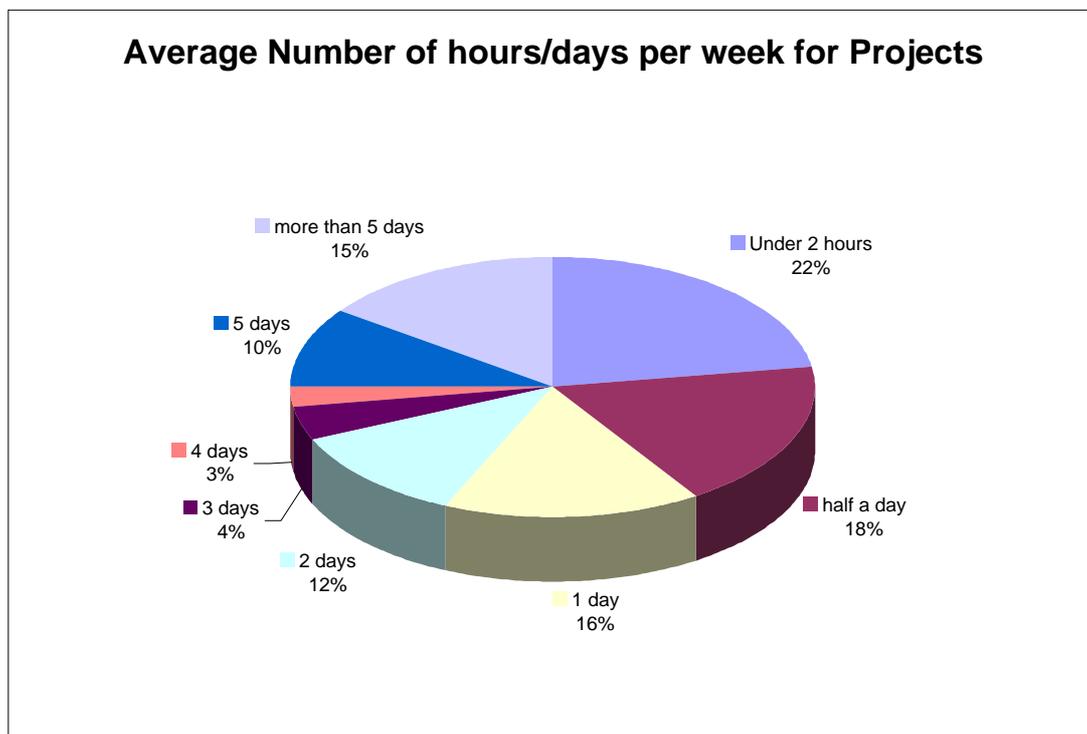
(iii) Where do/did the project(s) take place?



Graph 5

Over 50% of projects took place in other locations including schools, theatres, art centres, healthy living centres, homeless hostels and drop in centres.

(iv) What is/was the average number of hours/days per week for the project?



Graph 6

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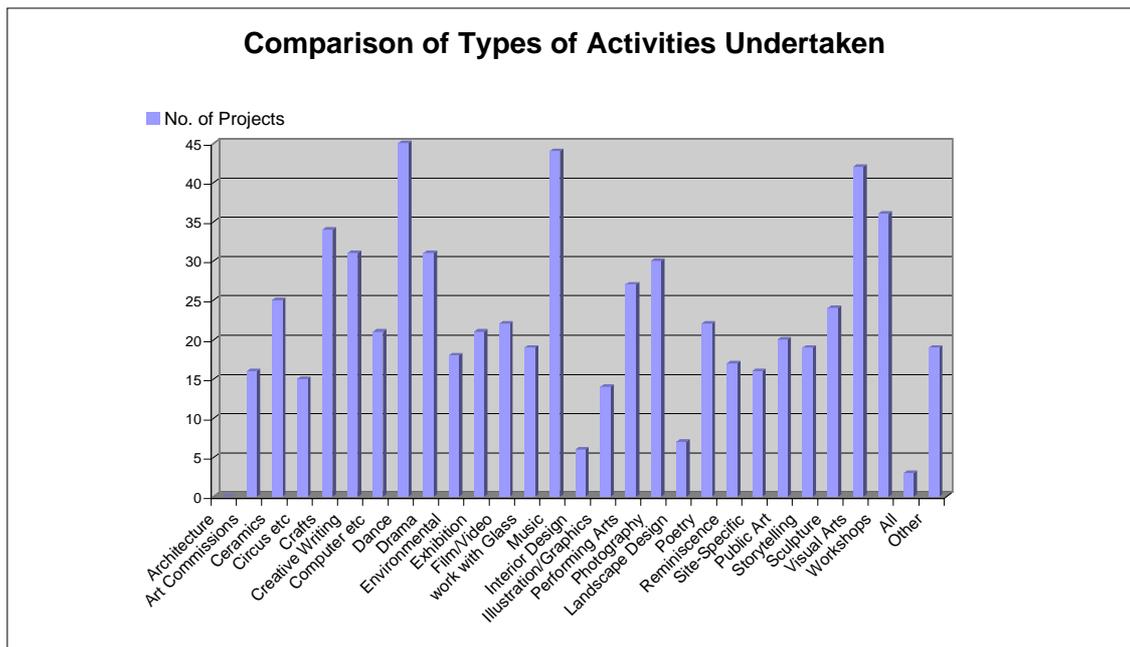
22% of the projects reported were under 2 hours; this represented the highest number of reported types of activity.

### (v) What is / was the overall length of the project?

The length of projects varied considerably from one off hour or day sessions to artist in residence projects that could be up to 5 years in length. The majority of projects reported that they were 'ongoing', with many running throughout academic (36 week) terms.

### (vi) What kind of activities does/did your art project include?

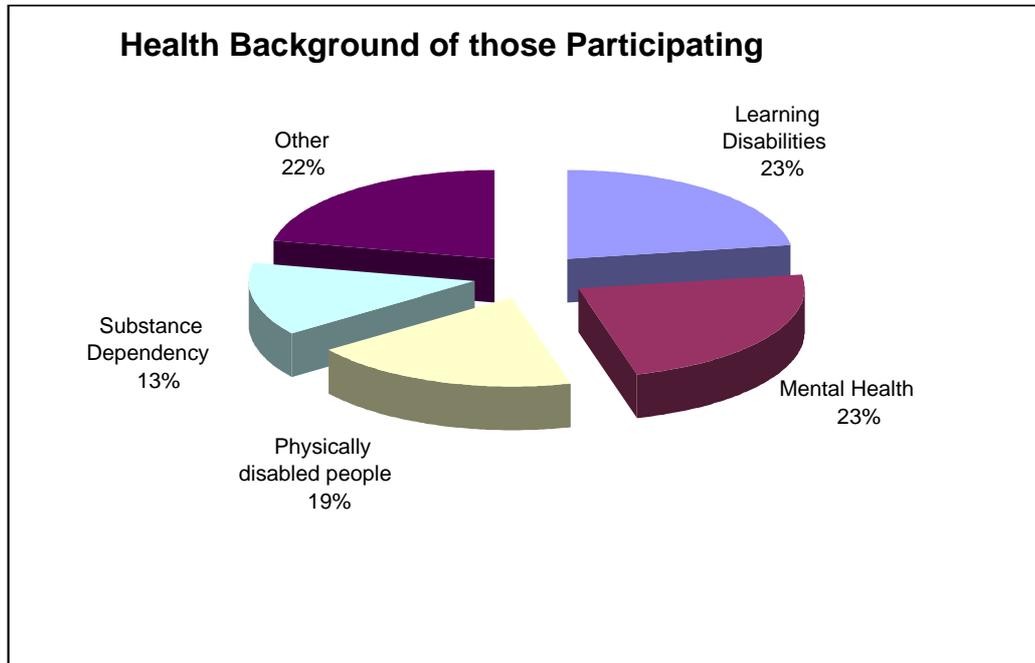
Dance, Music and Sculpture were the most popular activities; taken together they represented 18% of projects. No respondents reported Architecture as an area of project activity.



Graph 7

(vii) Please tell us about the people who usually attend and benefit from the project/activities that you provide.

a) Health Background

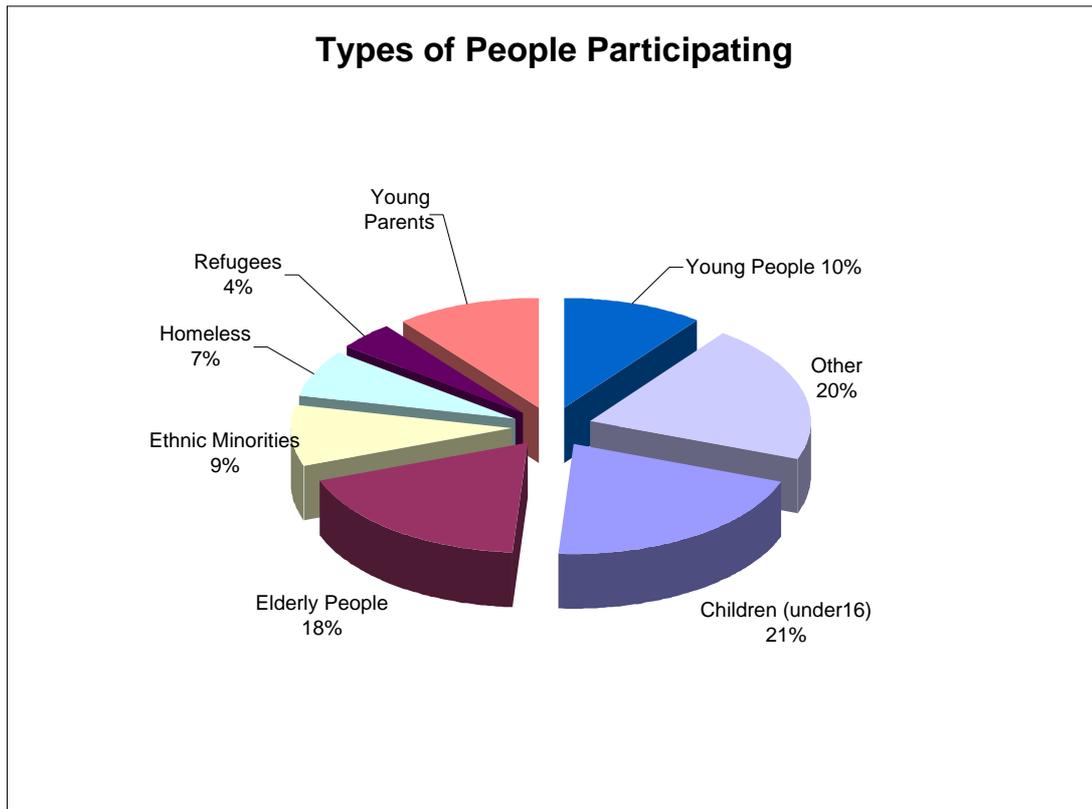


Graph 8

23% of the projects were either aimed at people with Learning Disabilities or people with a Mental Health background.

22% of respondents reported 'Other' for the project participants: the categories included the general public, or members of the community who had no specific or identified health problems.

b)Category



Graph 9

21% of the projects were/are aimed at Children under 16. These projects were primarily funded by the Welsh Assembly Government's Special Grant to Children and Young People.

20% of respondents who reported 'Other' classed their participants as all adults, and people in the community.

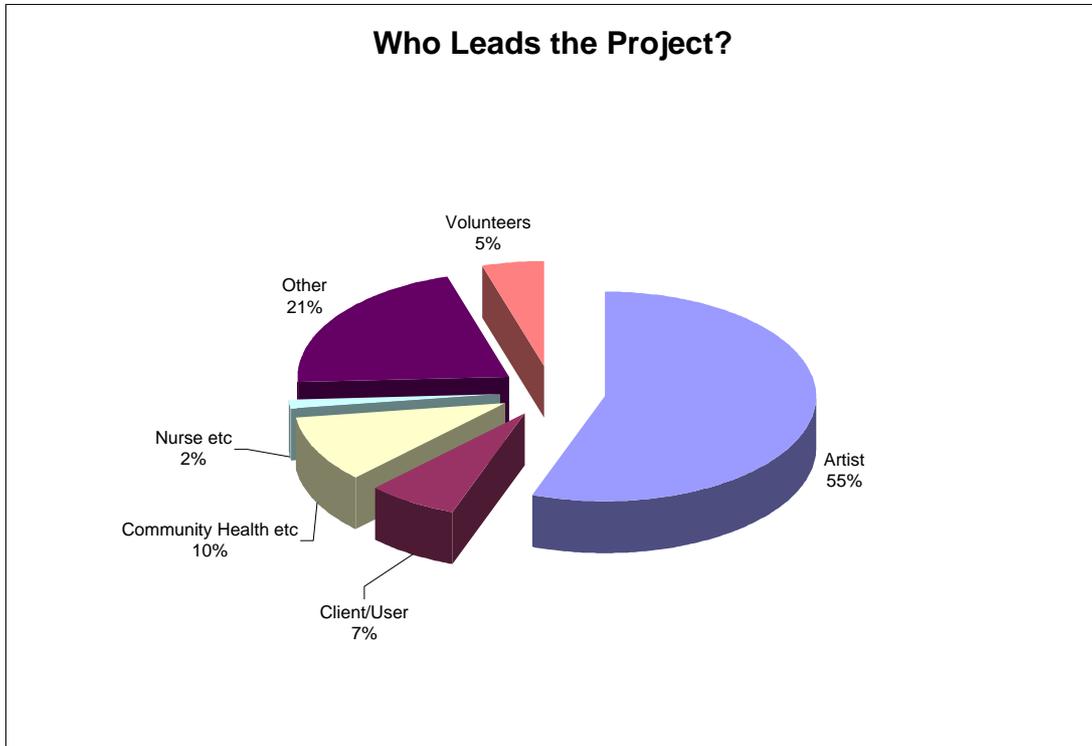
**(viii) Target Age Range**

Only 34% of people reported that they targeted specific age ranges, these reflect the projects that are designed specifically for school children, the elderly and young people.

**(ix) Average Number of Participants**

From the figures collected the average number of participants in a session was 27. This reflects the reporting of a few individual one off projects that included large (100) numbers of participants. The average number falls to 11 if these large projects are excluded.

(x) Who leads the project activity?



Graph 10

55% of the projects were led by an artist. The 'other' category included a number of steering groups, arts development officers, and patient/ user partnerships.

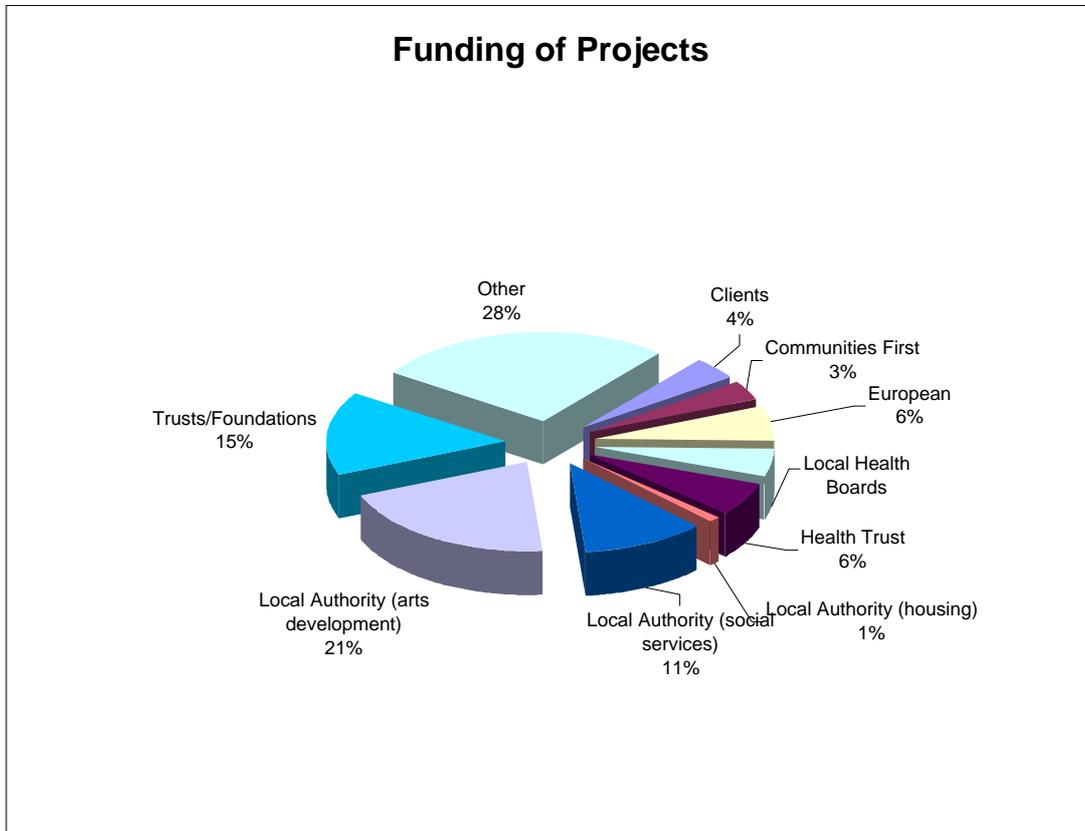
(xi) Who provides funding for the Project Activity?

33% of funding came from various departments within the unitary authority.

27% of projects highlighted 'other' funders:

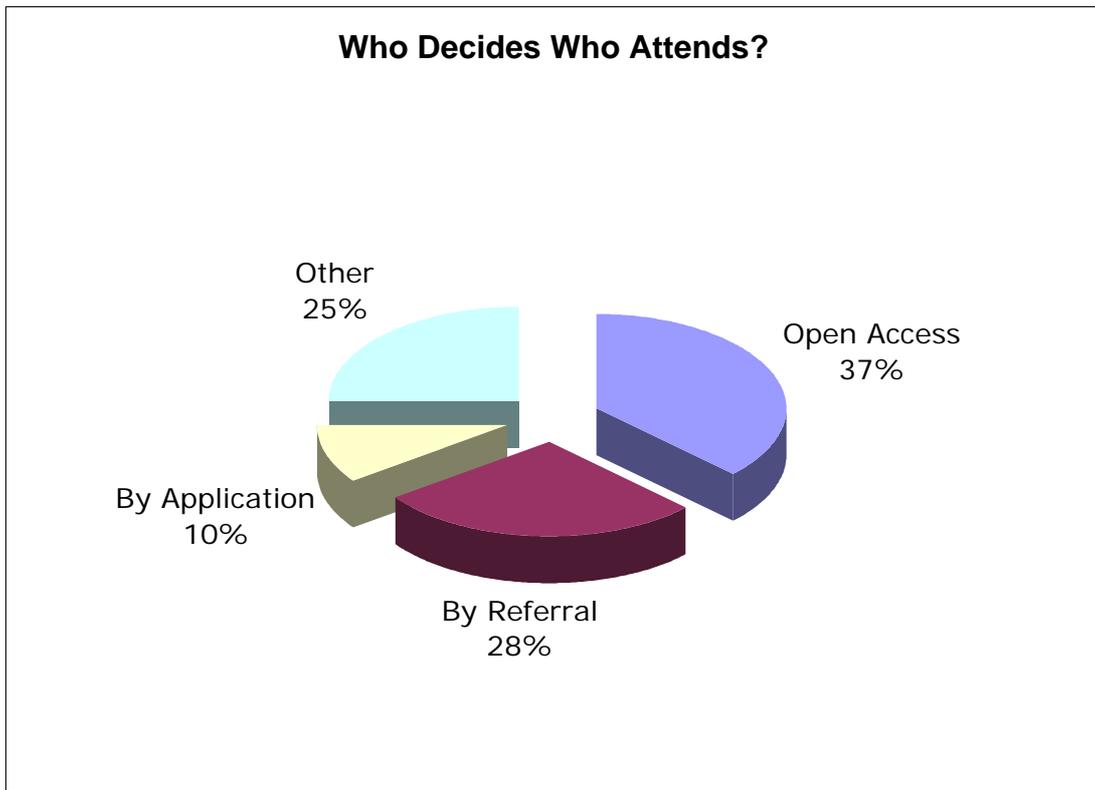
- Academi
- Arts Council of Wales
- Big Lottery Fund
- Cywaith Cymru
- ELWa
- Endowment funds
- Local Business sponsorship
- Schools
- University
- Wales Council for Voluntary Action
- Welsh Assembly Government
- Workers Education Association

There were two Welsh Assembly Government grants highlighted: the Special Grant to Children and Young People and the Inequalities in Health Fund Programme (Heart of the Community Grant Scheme).



Graph 11

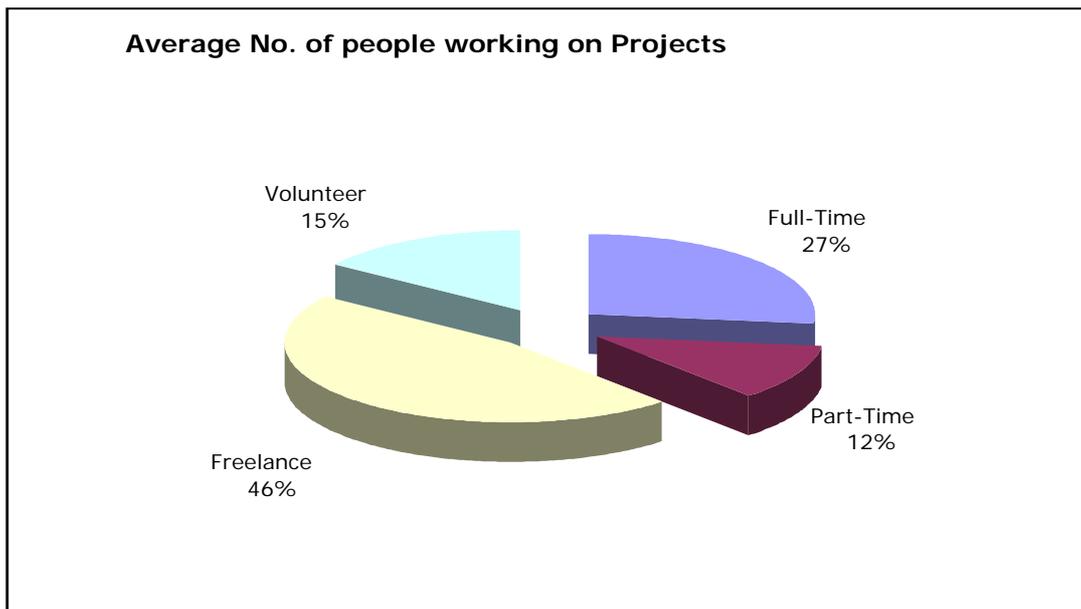
(xii) Who decides who can attend the project?



Graph 12

37% of projects reported that there was an open access policy for people participating in projects. In a number of cases this open access policy was within an already referred or self-selecting group.

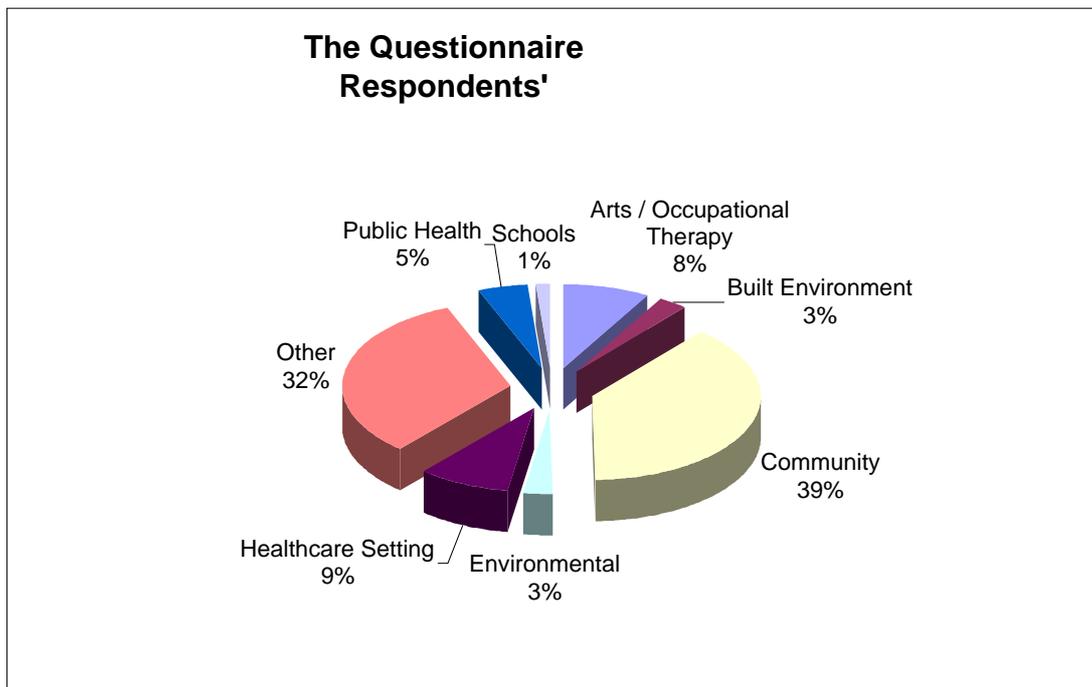
(xiii) How Many People are Working on Projects?



Graph 13

46% of the projects used freelance staff.

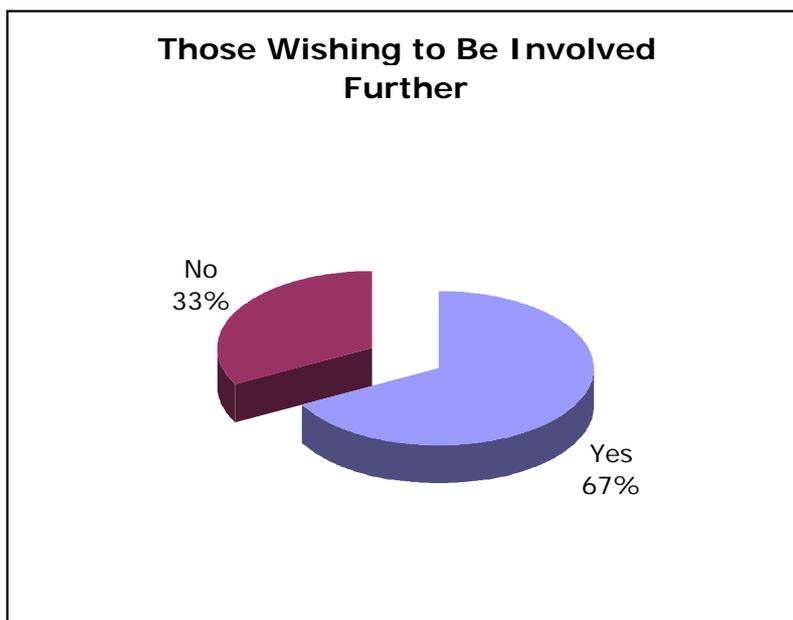
(xiv) Main sector/area of activity?



Graph 14

The questionnaire respondents were asked to categorise their main area of activity or the sector they worked in. 39% categorised themselves as working in the Community but 'Other' was also high with people reporting themselves as arts organisations, artists and local authorities.

(3a) Want to be involved further?



Graph 15a



*Graph 15b*

The questionnaire asked specifically if respondents would object to being contacted further about the audit; 67% said that they were happy to assist further.

Where respondents did not specify whether they wished to be contacted a negative response was assumed. Most of the people talked to and who responded were keen to help and support the research.

62% of respondents consented to their details being included in an Arts and Health Directory. This reflects those who did not specify whether they wanted to be included and a nil reply has been taken as a negative response.

## Section 4 Case Studies and Good Practice

- 4.1 This section seeks to develop on the findings of the audit to give both case study examples of good practice in Wales and provide some guidance on how to develop good quality arts and health projects. The team identified ways that worked and resulted in successful project outcomes; some of these are contained in this Section.
- 4.2 The NHS Estates department, England published a series of documents entitled 'Improving the Patient Experience' <sup>3</sup> and two in particular are relevant in this context. 'The art of good health: A practical handbook' and 'The art of good health: Using visual arts in healthcare'. These documents provide advice on how to develop and manage both capital and activity based arts in healthcare projects. While the documents originate from England they could be used as a useful basis for guidance in Wales.
- 4.3 As part of considering best practice in Wales a meeting of individuals working in arts and health was convened to share experience and consider what was needed. Appendix 7 provides a list of the people who attended the meeting. A series of best practice proposals were presented to the group for discussion. There is a huge enthusiasm for professionals from different disciplines and approaches to work together to improve the experience of patients across Wales. The meeting concluded that the best practice proposals presented were also covered in the NHS Estates documents although only one or two of the people present at the meeting had seen them before. Wales is a distinct country with its own needs and desires for arts and healthcare but there is an existing body of best practice that can be built upon without 'reinventing the wheel'.
- 4.4 Best practice guidance works most effectively where the reader can directly relate to the information being conveyed. Wales has a history of feeling the poor relation of England and whilst this has historically been true, seeking to develop on what has been well funded and achieved over the border makes pragmatic sense. The guidance that needs to be developed for Wales must contain case study examples from Wales as well as appropriate sources of advice and information. This task could be taken forward by the Arts in Health Wales group that has been established here over the last few years to ensure that what is produced meets the needs and requirements of Wales. Sharing best practice and being able to develop on what has been achieved over the border makes pragmatic sense.
- 4.5 The following provides summary details of the activities being undertaken by the seven case studies:
- Case Study 1 Conwy and Denbighshire NHS Trust
  - Case Study 2 Celf o Gwmpas - Arts Round About
  - Case Study 3 Pontypridd and District NHS Trust
  - Case Study 4 Arts Care
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<sup>3</sup> NHS Estates 2002

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Contact details for the case studies are in Appendix 6. The case studies are examples of best practice across Wales; there are many other projects that also constitute best practice.

## Case Study 1: Conwy and Denbighshire NHS Trust

### The Project

The Conwy and Denbighshire NHS Trust has published an arts strategy and established a strategy steering group to oversee the implementation of the strategy and projects developed under its auspice.

### Arts Strategy

#### Aims and Objectives

'The main aims of the strategy are to:

Use the arts to improve the environment and ambience of the Trust for the benefit of patients, staff and visitors.

Promote quality environments and good design.

Celebrate the history of the Conwy and Denbighshire NHS Trust and its antecedents and the present ethos of total health care in the Trust

Develop an awareness of and involvement in the arts in all forms by patients, staff, visitors and members of the public.

Support, encourage and promote the work of artists and makers in our buildings and assist them to explore new roles and contexts.

Involve health and social care partners, schools, colleges and support groups in individual projects.

The associated objectives are to:

1. Establish appropriate, collaborative management arrangements for a programme of work.
2. To secure the approval of Trust Board for these arrangements
3. To develop a high quality arts programme with a diverse range of projects.
4. To secure the necessary financial and other resources from sources which are distinct from those that support patient care.
5. To develop innovative methods of evaluation, which will take into account the range of settings in which the programmes are delivered, will provide the information required by key stakeholders and inform the direction of the strategy.
6. To investigate and learn from best practice in other health and social care organisations.'

The following constitution and terms of reference have been approved by the Trust Board for the strategy steering group to:

Set the strategic direction with Board approval

Review the strategic direction annually and report to the Board

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Develop partnership working amongst the agencies concerned and enhance mutual understanding between the contributory cultures (i.e. healthcare and the arts).  
Initiate and set the management arrangements and operational guidelines for a range of projects in line with the agreed strategic direction  
Secure resources to support for the overall strategy and the agreed projects  
Receive reports from all associated projects and ensure that appropriate evaluation work takes place and leads to action.

Project Management: Each project set up under the strategy is managed by a project group, led by a designated manager. The project group has administrative support and is responsible for day-to-day operations and adherence to the financial and other guidance provided by the strategy steering group. Evaluation is built into each project to ensure that the effectiveness of the project and the associated investment can be measured.

### Key Elements of Best Practice

Leadership: The Chair of the Trust Board takes a personal interest in the work of the arts strategy steering group and was responsible for the establishment of the strategy and steering group. The Chair is supported by the Senior Management team in particular the Head of Estates who are as committed to and enthusiastic about the value of arts and health.

Partnership: The Trust, in partnership with Cywaith Cymru, funds the employment of two artists in residence who work across two of the main regional hospital and 3 other community hospitals. The work of the artists in residence compliments the other investment made in arts and health for example capital projects. The use of the artist in residence to improve the signage across Ysbyty Glan Clwyd makes a real difference to the finding your way around the hospital.

Funding from the National Lottery and the Ron Smith Appeal with sponsor Slater (local garage) and Cywaith Cymru amounted to £225,000 and involved the commission of major capital artworks and Artists in Residence (12 months). The inclusion of the Artist in Residence is a condition of Denbighshire County Council who manage the project through a service level agreement.

Artistic Advice and Input: With the artist advice of Denbighshire County Council works of art have been selected from the Arts Council of England Collection or in the case of the North Wales Cancer Treatment Centre, purchased; these works are displayed around the hospital and in particular improve the hospital stairwells and link corridors. The artistic input has enable work of a suitable scale as well as subject to be selected for the exhibition sites.

## Case Study 2            Celf o Gwmpas - Arts Round About

### The Project

Celf o Gwmpas is a community arts organisation working with people with learning disabilities in Powys. The organisation aims to:

To increase artistic opportunities for disabled people in Powys  
To provide inclusive opportunities for creative expression

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The objectives of Celf o Gwmpas are:

- To run arts workshops
- To enable visits by people with disabilities to artistic venues and performances
- To provide a show case for artistic work and develop creativity
- To develop self expression and self advocacy through art
- To promote the links between the arts community and people with disabilities

Celf o Gwmpas facilitates workshops and activities for people with Learning Disabilities, through which self-advocacy is promoted. Locally, they provide an opportunity for self-advocacy for those without political ambition (as the latter group would be more likely to be involved with Powys Peoples First).

People diagnosed with Learning Disabilities are susceptible to a number of health conditions due to prolonged periods of immobility and other environmental factors. People are transported from venue to venue, and often spend the majority of their time sitting down, having activities and equipment brought to them.

During workshops that required participants to walk around town, it was noticed how unused to walking any distance many people were, and that there was a definite need to increase health and mobility amongst the user group.

Elements of workshops and specific activities were devised to encourage movement and mobility, in small and large increments. For example, encouraging participants to collect and return their own equipment within an arts session not only increases mobility, but also promotes independence and self-advocacy.

Activities such as forest craft days, photography workshops, circle dancing, and drumming, which all involve a physical element of participation.

Workshop leaders are encouraged to design the sessions around the needs of the users, who are encouraged and enabled to feedback after each session.

### Key Elements of Best Practice

**Self Advocacy:** The project promotes and enables self advocacy amongst participants facilitating the expression of individual choice that their diagnosis may previously have discouraged and not actively not allowed.

**Dual Outcomes:** The project combined arts activity that enabled creativity to be explored and developed whilst encouraging physical activity that improved the health of the participants.

### **Case Study 3 Pontypridd and District NHS Trust**

The Pontypridd and District NHS Trust funded an artist in residence programme in the Royal Glamorgan Hospital and one of the project outcomes was the development and installation of a silk screen hanging in a stairwell. The residency was supported by Cywaith Cymru who provided some of the funding via the Arts Council of Wales Artist in Residency programme that they administer. Cywaith Cymru provided advice about how to develop and manage the residency.

The project was led by the artists in residence and involved consultation with staff working in the hospital about what was needed. A number of spaces in the hospital

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were identified as needing enhancement through the installation of art works. Through a steering group of people from the trust management and Board the outcomes of the consultation were considered and the stairwell was chosen as the first site for an arts project.

The development of the silk screen hanging involved staff from across the hospital who dedicated time - primarily during lunch hours and other breaks in the working day - to learning the techniques involved in silk painting and created a series of panels that were incorporated into the final installation.

The project took a year from inception to installation.

### Key Elements of Best Practice

**Artist in Residency Programme:** Cywaith Cymru is funded by the Arts Council of Wales and can advise and assist with the development and management of an artist in residence. A successful artist in residence requires a clear remit that is supported at Board and Executive level as well as practical things like a place to work and access to resources within the placement.

**Steering Group:** A steering group was established with representation from the Board, the Executive including the Estates department and representation from the staff side (Union support). The role of the Estates department is key, as access is needed to both facilities and resources. Installations of this kind need to be compliant with health and safety legislation and the artist may need advice on how to make work that can be both installed and maintained in the long term. This project led to a strong relationship between the artist and the estates department that has facilitated other projects. A relationship of understanding and mutual respect was developed over the course of the year.

**Expectations:** The commissioner needs to be realistic about what can be produced during the project and sufficient time (and money) needs to be allowed for the outcome (activity or physical outcome) to be achieved. For a project to be successful and support clear channels of communication need to be established within the existing mechanisms that operate within the institution.

## Case Study 4 Arts Care Gofal Celf

### The Project

Arts Care Gofal Celf has been in existence since 1987, initially as a specific project for West Wales Arts, it now facilitates projects with disadvantaged people encompassing all aspects of visual arts/craft, performing arts, writing, multimedia, circus skills, etc. Arts Care ran approximately 160 projects (980 workshops) in 2004/05. The projects are run in partnership and collaboration with other providers. They also hold a directory of artists, across art forms that can be used to match the needs of specific projects.

Arts Care has an annual mental health programme that has been running for around 18 years and is funded by the Local Health Boards (LHBs) and Social Services delivering projects within some 30 mental health venues across West Wales.

Arts Care has on-going programmes with Probation Services for offenders with drug misuse problems across 4 counties, and with clients with drug and alcohol problems through 2 social service departments. In partnership with Carmarthenshire Community Safety Partnership Arts Care has worked for the last 3 years with 10-16 year olds currently, or at risk from, substance misuse problems in the Llanelli area.

Over the last 18 months Arts Care has been working on an Interreg (Wales/Ireland European programme) funded project with Waterford Regional Hospital (Ireland) and Withybush Hospital (Haverfordwest) with artists working in paediatric departments (an exhibition is planned for September 2005).

For the last 2 years Arts Care has run a project with Age Concern in Ceredigion, delivering varied arts projects in 4-day centres for the elderly.

Other projects in the last 18 months have included partnerships with Cefn Coed psychiatric hospital in Swansea, Youth Offending Teams in Carmarthenshire, Young Carers, Communities First Trust funded projects with young parents in Aberystwyth and a community garden in Tregaron. In addition Arts Care has run workshops for people with sensory disabilities in Ceredigion, children in care in Pembrokeshire, Barnardos, a number of special needs play schemes and the Stroke Association.

Arts Care's overall objectives are:

To address the health and social needs of disadvantaged people and communities through the provision of cultural services and facilities.

To improve the organisation's ability to engage with all sectors of the community

To offer opportunities to gain knowledge and develop new skills.

To provide opportunities for disadvantaged individuals and communities to participate in high quality arts activities.

To create opportunities for professional artists to work within the health, social care and community sectors.

To promote and represent the needs and aspirations of disadvantaged people within the professional arts sector.

To continue to deliver high quality, diverse and innovative programmes in partnership with the voluntary and statutory sectors

### Key Elements of Best Practice

**Partnership & Funding:** Arts Care Gofal Celf receives annual funding from the Arts Council of Wales (ACW) and have specific funding and delivery partnerships with a range of other public and non-governmental organisations (NGOs). Although there are a number of organisations involved such as the LHBs, & Social Services the project specific funding is provided on an annual basis.

**Co-ordination:** Arts Care Gofal Celf acts as a co-ordinator and advocate both within the health care sector and with locally based artists. Arts Care match artists with appropriate skills with particular projects and activities; all of these artists are part of a central register. Those on the register receive training including awareness of risk assessment, public liability and are CRB tested (this is done by Arts Care through Carmarthenshire County Council at no cost). Although this all works successfully they would benefit from an increase in core funding as they only have one full time and two part time workers to plan, develop and run projects. Arts Care has recently taken on the role of co-ordinating the Arts in Health Wales Network with no additional support.

**Evaluation:** This is undertaken from the artists, support staff and participants point of view where possible. The current resource constraints mean that it is difficult to visit projects enough times to ensure consistency. Arts Care employs a range of evaluation methods, including video diaries, as paper based forms are inappropriate for many of the project participants.

### **Case Study 5 HAUL**

#### The Project

HAUL was set up ten years ago to promote arts and health in Ceredigion. The initial project involved working on the new wing of Bronglais Hospital in Aberystwyth and included both work on the Chapel and the hoardings that covered the building site that ran down Penglais Hill. HAUL worked with primary schools and health practitioners from the hospital to generate a series of drawings and then paintings that appeared on the hoardings. The health practitioners visited local primary schools to talk about their work in the hospital and the children drew pictures based on what they had learnt.

Work in Bronglais Hospital also includes a poetry project where two poets in residence (one working in English and one in Welsh) wrote work that has been stenciled on the walls around the hospital and a gallery space in the hospital restaurant. The gallery space is accessed via an application process and is programmed - the space is now considered as an established gallery space within Aberystwyth. The hospital gallery exhibitions are mounted by the estates department as in kind support to HAUL. A Wandering Minstrel programme is also an integral part of the arts and health work in the hospital.

The Children's Ward in the hospital has its own funds and is able to fund all the ideas generated. HAUL has also produced a mural for the wall in the children's area of accident and emergency.

HAUL place articles in the in house magazine to ask for ideas and most projects are generated through this consultation mechanism. Over time HAUL has generated a

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level of activity that means that the volunteer run organisation could work full time on arts and health projects.

The Paintings in Hospitals collection for Wales is held in Bronglais Hospital.

In addition to the general hospital at Bronglais (Aberystwyth) there are 3 Cottage Hospitals and associated clinics in Ceredigion.

As well as working with Bronglais Hospital HAUL works with support groups around Ceredigion including those for people with Multiple Sclerosis, Cerebral Palsy and Diabetes. Overcoming rural isolation is a real issue for people in Ceredigion.

Membership of HAUL includes Arts Care, representatives from across the Trust and hospital, the museum, local artists and the Centre for Performance Research. HAUL meets four times a year to consider ideas. The Trust Chair and Chief Executive are very supportive but there are still people within the hospital who are not aware of the work of HAUL. The overall aim is to improve the environment in the hospital not only for patients but also as a workplace for staff. HAUL fund raise for all the projects individually and have relied on very small amounts of funding to date.

The role of the artist is key in all projects to ensure that the outcome is validated and is of a high quality. The artist can provide enthusiasm and provide on going support for participants. In all projects the artistic outcome and the participatory process are equally important and these both produce results that are transformational.

In a recent partnership with the Centre for Performance Research a performance group from Ireland visited the hospital.

The most recent project has involved working with Cywaith Cymru to develop a strategy for Ceredigion. The project was funded by the Trust and HAUL are now applying for funding for a worker to take forward the work identified as needed in the strategy. It is anticipated that a worker will be able to consolidate and develop the work that HAUL has started on a voluntary basis.

### Key Elements of Best Practice

**Leadership:** HAUL is Chaired by a local community artist with vision, ambition and drive. The work of this individual facilitates the involvement of other people from across the Trust, the Hospital and the communities across Ceredigion. The Chair's enthusiasm has enabled the project to get to a stage where a strategy could be considered, developed and implemented.

**Partnership:** the HAUL management group involves people from not only the Trust and hospital but also the community and other arts organisations. A collective understanding and mutual respect for both the demands placed on the arts and the health practitioners has been developed through this group.

**Strategy:** Working with Cywaith Cymru and external perspective has been introduced into the strategy development process. A strategic framework will enable funding support to be attracted to deliver a coherent programme of activity across the county enabling existing and new resources to be coordinated to maximum benefit.

Consultation: Establishing a consultation mechanism within the hospital enables the staff and patients to both feel involved in and take ownership of the projects that are undertaken.

### Case Study 6 The Shooting Star Unit

#### The Project

The Shooting Star Unit is the new Cancer day centre and Women's Unit at the Wrexham Maelor Hospital and was funded through non-statutory sources. Funding came from the National Lottery money and the Shooting Star Appeal and the whole scheme cost £150,000 including an Artist in School funded by Wrexham Borough Council.

The art work in the Unit includes four commissions:

- the Ruabon Brick Wall
- the Tree of Life sculpture in a central garden
- Feature window by Café area created by an artist who worked in the community with glass design students at the North East Wales Institute
- Three textile works based on the three phases (over time) of the Gwenfo River

Denbighshire County Council commissioned the work through a Public Art Commissioning process as part of the service level agreement. The artists commissioned were David Mackie, Craig and Mary Matthews, Tristan Kessell and Michelle O'Connor and Gabriella Falk.

The art works were built in at the outset and the project involved working with architects at an early stage. The major pieces of art were designed into the fabric of the building. All works have a description next to them explaining what the work is about and who created it (and how).

Also commissioned was a wrought iron balustrade that has been created and installed but is currently not able to be used because it does not comply with the 100mm rule (size of child's head). The brief was drawn up on the basis that the rule did not apply. Adaptation work - plastic/glass screening is being considered to enable to area to be used.

There are also pieces of work in some of the consulting rooms. These were created with an arts in schools programme.

Themes for the commissions are based on local interest as part of the service level agreement with Denbighshire based on talking to people in the place where the work is to be sited. A strict and tight brief is always the basis of the commission to ensure there is a consistency and coherence to work (or works) in a particular place.

#### Key Elements for Best Practice

Partnership: the service level agreement between Denbighshire County Council ensures that the quality and artistic appropriateness of the art work is coherent and works within the overall environment. The partnership respects the relative skills of both the artist and the commissioner and provides a vision that both parties can sign up to.

Planning and Timing: the early involvement of the artist planning in the build programme enables the maximum benefit to be accrued as the architects plans can be developed to accommodate the art works in places where they work best. Introduction of art works later on in a capital build programme means that the choice and sometimes the quality of work is compromised. Additional costs can be incurred where art work is introduced later on in the building programme for example the cost of redrawing plans, of reinforcing ceilings and or walls where large scale works are proposed.

### Case Study 7 The Ragamuffin Project

#### The Project

#### The Ragamuffin Project Mission Statement

The Ragamuffin Project is committed to the relief of emotional pain and psychological damage in children and adults. We work together with those who bring such relief to people who suffer in the UK and overseas by:

- Providing a safe context in which they can address both the symptoms and the causes of their distress.
- Expanding our work in the areas of: Creative Arts Therapy, Performance and Visual Arts, Education and Training, through designing and delivering participative programmes promoting change, renewal and self-achievement.
- Continuing to identify needs and develop effective programmes through a process of consultation, research and evaluation.
- Actively developing reciprocal relationships with compatible organisations and communities within the UK and overseas.
- Raising awareness and promoting the arts therapies by demonstrating their application and effectiveness.

The Ragamuffin Project is a non-profit making organisation established in 1999 and based in Swansea, South Wales. It is the only organisation in Wales that specifically provides Creative Arts Therapy for children and adults suffering from emotional distress and psychological damage. Ragamuffin works directly with such individuals and groups as well as providing training and supervision for Arts Therapists and staff working with vulnerable individuals affected by abuse, family breakdown, war and trauma. Ragamuffin's aim is to begin to un-do the damage caused, to enable individuals to integrate fully into the community, and live full and productive lives.

Ragamuffin was created by Kit Loring and Carrie Herbert following two successful pilot projects. Work was initially actively promoted through networking and publicity whilst all new projects are now developed through word of mouth as a result of Ragamuffin's proven track record. The project has now developed long term partnerships across Wales and internationally including Cambodia and Russia.

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The Ragamuffin Project's income is currently derived from project specific grants from trusts and other funders, and contractual agreements with statutory bodies on a case by case basis.

For example, Ragamuffin works with the Flexible Learning Programme, for two days a week, in Neath Port Talbot with children who have behavioural problems or who have been excluded from mainstream education. This programme is funded on an annually renewed contract with a further three years to go from the European Social Fund (ESF).

Other funding partners include: Local Health Board, Social Services, Arts Council of Wales, Mencap Challenge Fund, Social Risk Fund, Arts for Us Swansea City Council, Network for Social Change.

The Ragamuffin Project works alongside with Local Authorities and Social Services departments, voluntary agencies and Youth Offender Teams. These organisations refer vulnerable individuals to the Ragamuffin Project when specialist support and help is needed.

Ragamuffin currently works with a range of client groups (children, young people and adults) including offenders, children with behavioural problems, people with mental health problems, those living with disability and asylum seekers. The case study focuses on the project working with asylum seekers in Swansea.

### *'Incredible Journeys'*

**Arts psychotherapy/community Arts provision for multi-ethnic asylum seekers and support staff in Swansea, South Wales.**

It was in their work responding creatively to the needs of marginalised groups in Swansea, that Arts for Us Community Arts Team and The Ragamuffin Project met. Both organisations identified a need to work with asylum seekers and refugees, and a partnership emerged between them enabling the project to go ahead. Each organisation provided a specialism and complementary skills; Arts for Us gave funding and community artists, and Ragamuffin provided Arts Therapists, trainers and external supervision. Together, the project was developed in consultation with the organisations that serve and support asylum seekers and refugees.

In this consultation with organisations and mental health professionals it was identified that there was a gap in provision for culturally appropriate and accessible therapeutic/mental health services in Swansea. A series of meetings were held with a range of agencies working with asylum seekers in Swansea to establish referral routes and get local support for the project proposals. Asylum seekers are very socially isolated and initially the project staff visited people in their own homes to conduct assessments and build a bridge for people to access the project.

Incredible Journey's provides weekly group and individual sessions. Music, drama, movement, story telling and the visual arts are used in the project to enable expression of thoughts, feelings and events. Providing a safe way to contain feelings which may otherwise be overwhelming or unimaginable. The creative arts are innate and universal - they translate across cultures and are accessible regardless of skills or language.

The sessions enable asylum seekers to:

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- Express thoughts, feelings and experiences
- Develop confidence and self-esteem
- Build relationships with each other and the wider community
- Have a safe creative space to tell their story
- Develop skills in the creative arts and English language
- Find some relief from symptoms of emotional and psychological distress and trauma.

As the project has developed a steering group has been established with membership including people who have used the project services. The steering group aims to develop ownership of the project by asylum seekers.

The project has short term funding from the Arts Council of Wales and has just come to the end of Social Risk Funding. Long term funding is currently being sought to secure the future of the project and ensure its sustainability.

Working along side the Incredible Journey project is 'Who Care's' a provision of therapeutic support training. The aim is to support and develop the capacity of staff teams and volunteers who work with asylum seekers in Swansea by:

- providing an opportunity for personal and group reflection designed to relieve, refresh and sustain participants.
- exploring the conscious and unconscious issues impacting on their work that either enhance, or undermine their competence and affect the sustainability of their work.
- introducing techniques and creative approaches to self and peer reflection.
- providing transferable skills in creative processes
- increasing understanding and awareness of incredible journeys' provision thus enabling organisations to make appropriate referrals

Who Care's works with the Asylum Seeker Health Assessment Team, Asylum Seeker And Refugee Team (ASART), The Welsh Refugee Council, Swansea Bay Asylum Seekers Support Group (SBASSG), Displaced People In Action (DPIA), Swansea Bay Racial Equality Council (SBREC) and the Ethnic Minority Language and Achievement (EMLA) Service.

### Key Elements of Best Practice

Steering Group: Ownership of the project activities is being developed through a steering group established to oversee the services being provided. The membership of the steering group includes people who have previously taken part in the activities of the project.

Professional Support: the 'Who Cares?' project runs alongside the Incredible Journey project and provides therapeutic support to case workers from referring agencies working with asylum seekers. This additional level of support enables the professionals to get some individual advice and information to help identify and manage the stress they face as part of their day-to-day work.

Partnership: the Incredible Journey's project has partnerships in place at the funding, delivery and management levels. At a funding level the Arts Council, Social Risk Fund, Swansea Local Authority and the National Lottery have been involved; at the delivery stage Ragamuffin have developed a unique collaborative partnership with Arts for Us community Arts alongside and the wider community of

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voluntary and statutory services who work with Asylum seekers; and the management includes asylum seekers working through the steering group

Incredible journey's models best practice and is continuing to:

- provide relief from the symptoms of trauma and distress for asylum seekers seeking sanctuary in Swansea through the therapeutic application of the arts,
- foster a multi-agency approach to ensure asylum seekers were successfully referred into appropriate service provision and integrated into their communities
- provide therapeutic support training for individuals and staff teams working with Asylum seekers in Swansea
- further develop a model of Community Arts and Arts Therapy collaboration that could be used elsewhere in the UK in working with marginalised groups

## Section 5 Towards A Strategy: Conclusions and Recommendations

- 5.1 In 1948 the World Health Organisation defined health as 'a state of complete physical, mental, and social wellbeing not merely the absence of disease'. Health is the domain of physical and mental functioning and depends on the degree to which these functions are in equilibrium with the physical, biological and social environment<sup>4</sup>. The arts play a pivotal role in achieving this equilibrium<sup>5</sup>. This is a useful reference point to start the discussion about definitions; a context to all of the work undertaken and recommended in this study.

What is arts and health? Is it different to arts in health or arts in healthcare? Should we consider adopting the term arts for health as proposed by one participant in the best practice meeting? How important is it that Wales uses the same terminology as the rest of the UK? The study has come across a debate about definitions and the use of terminology which whilst it is important should not be allowed to get in the way of strategic planning for the sector in Wales. The most useful solution to this debate may be a series of definitions that will be used in the development of a strategy for arts and health in Wales. As long as there is a shared understanding of the terms being used then the Strategy can be easily implemented by arts and health practitioners alike.

Overall the consensus of the people consulted as part of the study and the documents reviewed is that the focus should be on health and wellbeing in a holistic sense and not on illness. Where does this leave health practitioners employed to treat illness and symptoms? The later discussion on medical humanities provides evidence that a focus on health and wellbeing coupled with care planned and provided on a human basis, i.e. where the whole person is considered, provides not only better outcomes for the patient but also a more rewarding job for the practitioner.

The aim of the Arts in Health Wales group is stated as 'the advancement of culture, arts and heritage in order to relieve sickness and preserve and protect physical, mental and emotional health.'<sup>6</sup> The study recommends that the remit is reviewed to reflect an overall focus on wellbeing rather than sickness.

This section reviews the findings from this study and what happens elsewhere and uses the conclusions drawn from both of these to make recommendations for future work.

### 5.2 Study Findings

Section 3 provides the details of the audit of arts and health activity being undertaken across Wales; the definition of what constituted arts and health was left up to the respondents but a review of the data indicates that the interpretation was largely consistent. Many respondents deliver arts activities in health settings and the focus of the activity is participation rather than the health need of the participants. Formal definitions and a sound theoretical (and academic) base to arts and health work could be

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<sup>4</sup> Staricott (2005) quoting Lock 2001

<sup>5</sup> Staricott (2005) quoting Jamison 1994

<sup>6</sup> Mailout

derived from the activity being delivered but in most cases is not built in as part of the project. The bridge between the artist delivering the activity and this theoretical and academic base may be key as part of the evaluation process but the softer people centre outcomes of improved self esteem, confidence building and a general improvement in the participants sense of well being should not be overlooked although it may be harder to measure. The area of evaluation is one that the new Institute of Medical Humanities at the University of Swansea is keen to develop.

The audit findings reflect that the majority of arts and health activity delivered in Wales is of a participatory nature; led primarily by artists and community arts practitioners. This section looks at ways that this largely one off project based activity could be planned in a more strategic and coherent way. The key benefit of long term funding and planning is a continuity of activity; this proposed long term commitment will enable on going relationships between arts and health practitioners to be developed and maintained. This commitment could facilitate integration into mainstream health and well being services provided across Wales.

### 5.2.1 Participatory Arts and Healthcare Settings

The findings of the audit demonstrate that participatory arts in healthcare settings are usually led by artists in residence who are able to form a bridge between patients and healthcare. Artists in residence provide a degree of independence as they are not part of the therapeutic process although their work can and does have a therapeutic outcome. Closer relationships need to be forged between the arts therapy departments and the artist in residency programmes. This is an area where information and education can facilitate this working relationship. One of the outcomes of the Best Practice meeting held as part of this project is a proposal for an arts therapist to work with an artist who has experience of residency work.

**Arts Therapy:** Overcoming the historical boundaries of professional disciplines is key to improving participatory arts in healthcare settings. The integration of the arts therapy services into the planning of arts and health projects will lead to a more successful outcome for patients. There are areas where the arts therapy service can offer support and guidance to artists working with patients/participants who display challenging behaviours. The Wales representative of the British Association of Arts Therapists attended the best practice meeting and is keen to explore ways to develop a mutually supporting mechanism for work in Wales. This access to the expertise of the arts therapy service is something that could be brokered through the proposed strengthening of the Arts in Healthcare Wales group mentioned elsewhere in this report.

As Fatima Uygun <sup>7</sup> comments 'it is the intentional use of art for therapeutic purposes that is the hallmark of Arts Therapy practice, whereas the participatory use of art with therapeutic results is the hallmark of Arts-in Health practice.

If the process of creativity not only transforms, but also can be said to give new meaning to life, we have a foundation for assessing the benefits of

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<sup>7</sup> Mailout

creative expression/artistic activity for human mental health and wellbeing.'

**Artists in Residency:** Leadership and vision is key to the success of any scheme or project whether arts are involved or not. The role of a carefully selected artist in residence can provide this vision. Working in partnership with Cywaith Cymru, who manage the artist in residence programme for the Arts Council of Wales, can ensure that the right artist is placed in the community or hospital setting. The ultimate success of the artist in residence programme is down to the level of preparation within the environment that the artist will be placed. The support of the Board and Senior Management Team can make all the difference to validating the project ensuring that healthcare staff are enabled to take part in the activities delivered by the artist.

Consultation mechanisms need to be put in place to ensure that the right projects are selected and are appropriate to the placement. Case Study 2: Pontypridd NHS Trust illustrates how a well managed artist in residence project can transform a stairwell used by both patients and staff. This project involved the staff in the creation of a silk screen based installation. The estates department is key to ensuring that the project is installed with health and safety requirements and maintained once the project is over and the artist in residence has moved on.

### 5.2.2 Community Arts and Health

Arts in health in Wales has been led by community arts practice, a recognised strength in Wales, and this is reflected in the findings of the audit. The overall picture of arts and health in Wales is one dominated by a large number of small scale one off projects; many run by community based arts practitioners some in partnership with health organisations. The measures of success in community arts have relatively recently been recognised through the work of people like Francois Matarasso<sup>8</sup> in 'Use or Ornament'; one of a number of books exploring the subject of evaluation.

Given the preponderance of community arts led arts and health activity in Wales it is not unsurprising that the fundamental issue - in Wales as in the rest of the UK - is one of insecure funding. In the early 1990s the ACW funded community arts activities primarily through lottery funds before allocating grant in aid funding later in the decade thereby symbolically formalising the importance of the sector. Projects recorded in the audit are largely developed in an ad hoc way and lack a universal strategic acceptance of their importance.

As the Arts Council of Wales noted in the article 'The Arts and Health in Wales'<sup>9</sup> 'the culture of one-off project funding cannot be sustained in the longer term, and as the sector's needs grow, so must the funders' commitment. Mainstreaming into existing budgets and planning would make a huge impact.' This definitive statement of commitment to making a real change to the basis on which arts and health projects are funded provides a concrete starting point to the development of an arts and health strategy for Wales.

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<sup>8</sup> Francois Matassuro 'Art or Ornament'

<sup>9</sup> Mailout

### 5.2.3 The Built and Physical Environment

There is a considerable body of information and guidance provided to health procurement in terms of integrating arts and health into the capital build programme. The documents 'Improving the Patient Experience'<sup>10</sup>, albeit based on English examples, are a useful starting point and as mentioned elsewhere Welsh versions of this series of documents should be considered.

The scope of a strategy will cover all forms of art delivered through projects that may be either self contained art-specific or part (usually a very small part) of a larger capital project. The distinction is important and should be reflected in the strategy. The reason for this is that art projects forming part of a larger capital project almost inevitably are visual and tangible and should be integrated into the procurement process of the larger project. The procurement process is fairly well defined and is referred to in the 'Improving the Patient Experience'<sup>11</sup> documents. The Welsh Assembly Government has recently revised the business case process previously based on the Capital Investment Manual and this provides further instruction on how projects are to be procured.

As Welsh Health Estates note many of the projects covered by the audit are ones that are delivered during the life of a building, usually as self-contained projects that would not necessarily fit into the Capital Investment Manual<sup>12</sup> process. Their nature may well go beyond the visual arts and the procurement process would vary accordingly.

A more strategic approach has been applied via the work undertaken by the Denbighshire County Council Arts Development team on a contract basis with the three health trusts across North Wales. These programmes integrate capital and activity based programmes within a publicly stated commitment to arts and health. Each Trust is required to amend their mission statement and or aims and objectives to include a commitment to arts and health activity often through the integration of this activity into the other services provided by the Trust. See Case Study 1 for more details. This public commitment reinforces and maintains an on going commitment to arts and health activities. This is not to say that investment is always available to take forward every arts and health project put forward but it has led to a more rigorous approach being taken to environmental improvements and seeking opportunities to use the arts to address site specific problems.

For example, a small scale photographic project costing a few thousand pounds has led to a significant improvement to the entrance of the Royal Alexandria Hospital in Rhyl. Local school children worked with a photographer to produce large scale works of local land and seascapes and these are now displayed on the walls of a previously depressing entrance area.

The benefits to this small project were three fold:

Local school children engaged with the hospital - some for the first time;

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<sup>10</sup> Improving the Patient Experience' NHS Estates 2002

<sup>11</sup> 'Improving the Patient Experience' NHS Estates 2002

<sup>12</sup> Welsh Assembly Government

The entrance was improved for patients who often have to wait there to be picked up;

The staff working in the hospital had their working environment improved.

All of this benefit was for a small investment and bought time whilst the Trust plans a large scale refurbishment of a Victorian Hospital.

Each Trust has a Design Champion, the principles of which are set out in WHC (2003)108<sup>13</sup>. This addition to the skill mix will facilitate the active review of design in all areas of the Trust's activity and should result in an improvement in the facilities developed across Wales.

Coupled with the introduction of Design Champions the principle of Design Reviews to be carried out by the Design Commission for Wales for schemes over £25million has been implemented. The intention is that these reviews will consider, amongst other things, design quality, including the integration of art. Trusts are encouraged to hold regular workshops to evaluate capital project designs, using the Achieving Excellence Design Evaluation Toolkit (AEDET)<sup>14</sup>. The toolkit includes the following statements/questions:

'Use of art to enhance the healing environment:

- Is art integrated into the design?
- Does the design make provision for changing art displays? '

Overall the principles of improving design in healthcare settings are in place; the test will be whether they are comprehensively implemented in practice. This again links back to the need to demonstrate the benefits of investing in arts and health. The Case Study of the Shooting Star Unit at Wrexham Maelor Hospital demonstrates how arts and health can work effectively together when the two disciplines work closely together. A commitment to the project at Trust Board level is the key to producing a good quality outcome that is not only an improved environment for the patient but a better workplace for staff.

**Access:** Access is not just the realm of the physical environment although this is obviously essential not only for disabled people but also for parents with children and people recovering from surgery. Disability Arts Cymru is keen to emphasise the need to plan activity and consultation with participants in a real and meaningful way. Participants need to be enabled to engage in consultation; this could mean physical access to buildings, the timing of consultation and planning meetings (also an issue for staff working on the planned activity) or access to signers/interpreters. The best practice meeting discussed and strongly endorsed the inclusion of awareness training as a prerequisite to planning and delivering arts and health activity. Many of the problems the Study encountered could be summarised as a misunderstanding; an artist in residence who is not familiar with the way a hospital works will find the hierarchical structure impenetrable. The same can be said of estates personnel who have never worked with an artist before and simply do not know what the project will

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<sup>13</sup> Welsh Health Circular (2003) 108

<sup>14</sup> Achieving Excellence Design Evaluation Toolkit

involve. The most successful projects involve joint planning at an early stage - see case studies 3 and 6 as examples of how this can work in practice.

### 5.2.4 Medical Humanities

The University of Wales Swansea established the first MA in Medical Humanities in 1997 and Professor Anne Borsay and her colleagues are keen to look at the evaluation of arts and health projects in Wales. The University are currently in the process of establishing an Institute for Medical Humanities for Wales; the initial set up costs of this initiative will (hopefully) be funded through the Nuffield Foundation. The Institute will seek to develop collaborative research projects as well as looking at a more strategic approach to arts and health within medical humanities in Wales.

A key piece of work has been the development of a free standing module in arts and health at Swansea that is aimed at health practitioners training at the University. This module will be taught in partnership with arts and health practitioners ensuring that the quality of the course is artistically robust as well as academically rigorous. The benefits of this type of module are supported by Staricott <sup>15</sup> as discussed below. This is an area that could be included in a joint strategy between the ACW and the Health Service more widely in terms of collaborations between artists and health educators.

These benefits clearly contribute towards the well-being of patients in terms of a more person centred approach to healthcare. There are opportunities for the Institute of Medical Humanities at Swansea to work with the University's own Arts Centre Taliesin to develop a programme of arts and health activities that could be accessed across Wales. The opportunity to both improve patient care and provide employment opportunities for artists should also be considered. Staricott cites the example of the King's College Hospital who initiated a visual arts course for medical students in 1999, aiming to visualise the body by establishing the link between the arts and science <sup>16</sup>. The identification of potential partnerships between the arts and health could be facilitated by ACW through the annually revenue funded client portfolio.

### 5.2.5 Evaluating the Impact

The study did not find any examples of comprehensive studies evaluating the benefits of the arts in health in Wales although individual artist in residence projects routinely involve the artist producing a report at the end of the residency. It is unclear however that these reports are used to inform the future planning of similar activities. As discussed elsewhere evaluation needs to be integrated into the planning of a project/activity from the outset if it is to be meaningful and useful in terms of informing future practice. The proposed Institute of Medical Humanities at the University of Wales Swansea includes evaluation in its remit and will be key as part of developing an evidential base of the benefits of arts and health in Wales.

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<sup>15</sup> Staricott 2005

<sup>16</sup> Staricott 2005 quoting Weller 2002

### 5.2.6 Policy, Strategy and Funding

The challenge of providing regular funding for arts and health projects is not unique to Wales and other contributors to the Mailout<sup>17</sup> issue dedicated to this subject from across the UK cite this as a significant issue for them too. Even where there is a continuity of activity for example the Gwent Health Care Trust where an artist in residence programme was in place for over ten years the funding was internally allocated on an annual basis. This annuality of funding does not facilitate planning of activity, or allow for a progression within programmes of activity, rather it leads to a series of disjointed one off projects. This dislocation cannot be considered to represent value for money in terms of public investment. As discussed elsewhere in the Section a strategic approach to the planning and delivery of arts projects within a health context is needed to maximise the overall benefits of the investment and achieve real long term benefits.

Clarity of how arts and health activities are funded will provide a picture where in fact monies spent on these activities are not the same monies that are available for health services. Funding for the Shooting Star Unit (Case Study 6) for example was raised from non statutory sources; without the contributions of the lottery, sponsorship and trusts this project would not have happened. 'Improving the Patient Experience The art of good health: a practical handbook'<sup>18</sup> includes a section on fundraising and focuses on the engagement of fundraisers to exploit potential sources of support from the Arts Council of England to trusts and foundations. The case studies in the associated document 'The art of good health: Using visual arts in healthcare'<sup>19</sup> provide useful examples of how projects can attract funding from a range of community funding programmes as well as private sponsorship.

The conclusion of the audit findings in terms of funding is that arts and health activities are funded from a wide range of sources from the Welsh Assembly Government to trusts and foundations. The concern is that current funding patterns have led to a fragmented and unsustainable programme of activity where success relies (often) on the drive and ambition of individual people leading the activity. To overcome this fragmented and potentially precarious position funding and support for arts and health needs to be formalised and institutionalised through a national strategy for Wales. A strategy could usefully include a more integrated approach to attracting funding by analysing the needs of projects across Wales and seeking to put together funding packages that more coherently meet the needs of the services the projects are operating within.

In addition to the funding of arts and health projects the sector needs to be formally validated to receive the institutional recognition that will allow strategic planning and coherent development across Wales. Although the Assembly's health strategy 'Designed for Life'<sup>20</sup> does not mention the word arts there are plenty of opportunities for interpretation and using the arts to deliver the targets for health improvement across Wales. It would be helpful if in future re writes of the document mention could be made of arts and health projects and the benefits that they can and are currently

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<sup>17</sup> Mailout

<sup>18</sup> NHS Estates 2002

<sup>19</sup> NHS Estates 2002

<sup>20</sup> Designed for Life, Welsh Assembly Government

delivering across Trusts in Wales. The recent issue of 'The Arts Work'<sup>21</sup> includes a specific section on arts and health for the first time and this further emphasises the Arts Council's interest in and commitment to this area. As both arts and health are devolved responsibilities there are opportunities to create an agenda for action in this field at a national level that will support (and facilitate) implementation at a Trust level.

The Culture department at the Welsh Assembly are currently writing a new culture strategy based on cross cutting themes including arts and health. Whilst this is a positive step it is important that arts and health is not sidelined in a non statutory less well funded (arts) service when compared to that of the health sector. Health Challenge Wales provides the national focus to improve health and well-being and is an opportunity for the Arts Council of Wales and the NHS and its partners to deliver on an arts and health agenda. Strong links need to be made with the Arts Council Strategy and it is essential that this is embedded into any future Welsh Assembly Government policy and strategy documents.

### 5.3 Conclusion

Wales has a wide range of arts and health activity being developed and delivered across the country; the expertise is largely embodied in the individuals leading the specific projects. To maximise the benefits of this activity a strategy and co-ordinated approach that is validated by the Arts Council of Wales, the NHS and Trusts and the Welsh Assembly Government is needed. Publicly endorsing and celebrating the success achieved across Wales to date would be a good basis on which to develop a strategy and garner the support of both arts and health practitioners. The instrumentalisation of the arts has been a sticky issue for decades and there has been a growing trend to fund the arts under the auspice of social inclusion and education as two examples. Arts and health is an area where there are real benefits to both the arts and health arenas; perhaps now is time to accept this and consolidate the work that has been undertaken to date.

Sharing experience and good practice is an excellent way to develop practice; the next part of this section looks at what is happening elsewhere and identifies examples of things Wales could learn from.

#### 5.3.1 Participatory Arts and Healthcare Settings and Community Arts

An collaboration between the of the Arts Therapies, Creativity and Mental Health Initiative (ACMI) (a Mental Health Foundation Action Research Project) the Scottish Arts Therapies Forum (SATF) and the Centre for Arts and Humanities in Health and Medicine (CAHHM) at Durham University will explores the relationship between art therapy and broader arts in health opportunities in community settings. Beginning with 4 pilot sites in Scotland it aims to disseminate its findings and inform practice across the UK.<sup>22</sup> This links back to the earlier paragraph about arts therapy in Wales and the proposal to develop a closer working relationship with artists working in community and health care settings.

A practical example that Wales could consider is that of Creative Remedies ([www.creative-remedies.org.uk](http://www.creative-remedies.org.uk)) is the West Midlands' very own arts and

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<sup>21</sup> The Arts Work, Arts Council of Wales, 2005

<sup>22</sup> Mailout

health website, dedicated to raising the profile of the role of creativity in healthcare. It currently provides examples of arts and health projects, showcases good practice and offers advice and networking opportunities for artists, health professionals and others developing arts and health work. It is a joint project, led by Arts Council England (ACE), West Midlands and Staffordshire Arts and Museums Service, in partnership with North and South Staffordshire Primary Care Trusts, Stoke-on-Trent City Council, Cannock Chase District Council and Barclays Bank. The site was relaunched May 2004 following ACE award.<sup>23</sup> This simple relatively small scale intervention is one that could be considered in Wales in partnership with one of the existing arts and health organisations, for example Arts Care, who may have a body of information that could form the basis of the development.

### 5.3.2 The Built and Physical Environment

Controversy continues to surround arts and health with the recent pebble installation at the University College Hospital London being the latest related news item to hit the national headlines. The £70,000 spent on the sculpture was the focus of the debate although as Guy Noble, Art Curator at the University Hospital, commented on Front Row<sup>24</sup> the funding for arts projects is raised specifically and could not be spent on healthcare. The interesting aspect of the article on Front Row was the observation that patients visiting the hospital have taken to stroking the sculpture and referring to it as the 'healing stone'. The power of the mind to generate a sense of well-being should not be overlooked and the dividends paid on investment are not always financial. One of the challenges referred to elsewhere in this Section is how to evaluate, measure and capture these intangible benefits. Other specific examples of more tangible but equally controversial in terms of demonstrating a direct benefit between the arts and health outcomes are cited below.

'The perception of pain and stress decreased in subjects who had blood taken in a room with visual arts compared to those in a room with no visual arts<sup>25</sup>.

Live music in the waiting area of an antenatal high-risk clinic reduced the levels of blood pressure of pregnant women waiting for their appointments<sup>26</sup>.

A study of the transformation of a hydrotherapy room by the incorporation of visual arts, and of the effect of colour and design on patients and staff, showed that it induced positive psychological and clinical outcomes<sup>27</sup>.

These examples are part of an increasing body of evidence being built up across the world as the need to justify the investment into arts and health becomes vital in a context of competing pressures on limited primarily public resources.

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<sup>23</sup> News from ACE, West Midlands. Issue no12 / 04/04

<sup>24</sup> Radio 4 12 September 2005

<sup>25</sup> Staricott 2005 quoting Palmer 1999

<sup>26</sup> Staricott 2003

<sup>27</sup> Staricott 2005 quoting Duncan 2003

The distinction between capital and activity based work made above is also important from a funding point of view. As Welsh Health Estates note, whilst Trusts will need to locate funding sources for on-going art project as part of the Trusts art policy, there should be a commitment from the Trusts to include visual arts in every capital build project and, therefore, to include monies for art within the project budget. Ideally this would be underpinned by a Welsh Assembly Government policy for Trusts to include a percentage for art as has been adopted in by the Northern Ireland Department of Health (NI DOH) where a percent for art policy for all new building has been adopted, with the primary objective of enhancing the patient experience and achieving better patient outcomes<sup>28</sup>. These ring-fenced monies would ensure that art could be integrated into the procurement process from inception to completion and, more to the point, would be preserved during likely cost reduction exercises.

### 5.3.3 Medical Humanities

There is evidence that this approach improves the working environment for staff as well as the patient experience. The provision of the best working conditions for staff is related to the provision of good quality care.<sup>29</sup> The design of the healthcare service, the introduction of works of art and nature features have also been recognised as having an impact on staff satisfaction, and possibly contributing to reduced staff turnover.<sup>30</sup> The importance of ward design has been emphasised in recent studies, especially in facilities for the elderly and for mental healthcare.<sup>31</sup> A focus on wellbeing rather than ill health enables the design of buildings and facilities to be considered in a more holistic way.<sup>32</sup>

'Personnel issues are high on the agenda of all hospitals and the Royal Hospitals are committed to providing a healthy and stimulating workplace for all staff. A high quality, creative working environment can help reduce stress, improving staff morale and staff retention. Workshops and an annual art exhibition in the hospital encourage staff involvement in art - in its eighth year, the exhibition is a chance for staff to show their creative side, and is a key event in our calendar.' Hilary Cromie, The Royal Belfast Hospitals.<sup>33</sup>

The dual benefits of improving the workplace and the patient experience reinforces the need to consider the contribution to well being that the built environment can make. A recent article<sup>34</sup> confirmed the positive effect on patients and family of introducing rotating art exhibitions in the waiting room of a cancer centre.

In conclusion Staricott's<sup>35</sup> report offers strong evidence of the influence of the arts and humanities in achieving effective approaches to patient management and to the education and training of health practitioners. It identifies the relative contribution of different artforms to the final aim of creating a therapeutic healthcare environment.

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<sup>28</sup> Mailout

<sup>29</sup> Staricott 2005 quoting Lovgren, 2002

<sup>30</sup> Staricott 2005 quoting Ullrich, 1992.

<sup>31</sup> Staricott 2005 quoting Lawson, 2000 and Tyson 2002

<sup>32</sup> Staricott 2005

<sup>33</sup> Mailout

<sup>34</sup> Staricott 2005 quoting Homicki 2004

<sup>35</sup> Staricott 2005

Staricott highlights the crucial importance of the arts and humanities in:

- inducing positive physiological and psychological changes in clinical outcomes
- reducing drug consumption
- shortening length of stay in hospital
- increasing job satisfaction
- promoting better doctor-patient relationships
- improving mental healthcare
- developing health practitioners' empathy across gender and cultural diversity

There is a need to consider investment in the round and further research needs to be undertaken into the cost savings associated with reduced staff turnover and changes in the treatment and medical intervention that can result from improving the built environment.

Staricott also notes the following,

'The evaluation of the results of introducing nursing students to the fine arts, showing that the arts increase awareness in dealing with illness and bereavement, as well as strengthening students' confidence in their own practice.'

The introduction of the arts and humanities into nursing and medical education led to an increased capacity in students for critical analysis and understanding of illness and suffering. This prompted health practitioners to respond in a more humane and thoughtful manner to medical, ethical and social needs.'

#### 5.3.4 Evaluating the Impact

Reading around the subject all the key advocates and leading exponents of arts and health sooner or later come around to the challenge of how to demonstrate the benefits of investing in this field. When finances are limited and controversy about investing in arts and health instead of healthcare services remains a live debate this is the natural conclusion.

Evaluation of arts and health activities is an area of work that has been under invested in the past and is now an area of interest across the UK. Mike White of the Institute for arts and humanities at Durham University has recently received a fellowship from NESTA<sup>36</sup> to develop an evaluation framework which will be capable of wide application.

'There are still many areas to explore, such as the relationship between the introduction of arts and humanities into the healthcare environment and the recruitment and retention of staff. There is a widespread interest in evaluating the effects of the arts and humanities on the education and training of nursing and medical staff, looking particularly at the effect on performance and interactions with the patient. There is also a growing

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<sup>36</sup> Fellowship Awards, NESTA website

interest in understanding the contribution of different artforms to creating a supportive therapeutic environment in mental healthcare.<sup>37</sup>

#### 5.3.5 Policy, Strategy and Funding

In the other devolved administrations there are examples of policy and strategy that Wales could learn from. In Scotland 'the contribution of arts to physical and mental health and wellbeing is recognised within the arts sector. Now, the politicians are on board. The First Minister's St Andrew's Day speech in 2003 set out the 'cross-cutting agenda' for Scotland, where arts are integral to all policy areas within the Scottish Executive. Following this, the Scottish Arts Council formed a partnership with the Scottish Executive's National Programme for Mental Health and Wellbeing, recently appointing an Arts and Mental Health Officer. 'With National Programme funding, we will promote work in this sector at a strategic level - particularly advocating for the arts' role in recovery. And in evidence-based medicine, the efficacy of arts is being accepted, with a wealth of research material providing the requisite evidence.'<sup>38</sup>

Joint strategic planning across departments and ministerial portfolios within the Assembly including the arts and culture, health care, estates and social care would provide a framework within which arts and health could be delivered in a more integrated way. When resources are scarce there is understandably a tendency to focus on the short term investment rather than looking to the medium and longer term; a hospital building will outlive many government administrations and small scale investment in arts and health can and will improve the services available to people living and working in Wales. Given the scale of the investment required (compared to that needed for hospital facilities and surgical equipment for example) the Study considers that this is a real choice that Wales could make.

#### 5.4 Conclusions

The review of activity across Wales and beyond demonstrates that there is a considerable body of work being undertaken in arts and health. The missing element in all aspects from activity based work to the procurement of capital projects is a coordinated approach that is enabled to take into account the benefits of investing in arts and health. There is a need for a strategic approach that crosses statutory service boundaries and is able to consider the links between improving the patient experience not only in healthcare settings but also in social and community settings. This is indeed a challenge whilst Unitary and Health Authorities are funded and managed separately; but the improvements in case management of patients who are being discharged from hospital into the community i.e. where the responsibility is transferred from health to social services demonstrates that this can be achieved.

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<sup>37</sup> Arts in health: a review of medical literature Dr Rosalia Lelchuk Staricoff ACE Research report 36, 2005.

<sup>38</sup> Maggie Maxwell, Scottish Arts Council, Mailout.

## 5.5 Recommendations

The following 7 recommendations focus on how the body of work reported through the audit and considered as part of the review can be improved, made more effective and the benefits of arts and health recognised more widely.

### 5.5.1 An All Wales Strategic Commitment to Arts and Health

The big picture at a strategic all Wales level is weak and needs to be strengthened as a pre requisite to further policy, strategy and funding by the public sector. The nature of arts and health activity is that is no one public body or assembly department is solely responsible for this area. A partnership approach to arts and health under the umbrella of Health Challenge Wales is key to success in this field. Anything less than a commitment to the planning, funding and delivery of a strategic approach will not result in an improvement in both the outcomes and the return on the not inconsiderable investment that is currently being made across the public sector in Wales.

A commitment to arts and health at an all Wales Assembly level is needed; the government in Wales sets the strategic framework within which all public bodies involved in this field operate. Anything less than real joined up thinking in terms of planning, funding and delivery will not result in a significant improvement on the current ad hoc project based activity that is currently operating across Wales.

#### **Recommendation 1**

The findings of this report should be launched at the forthcoming Health Challenge Wales Conference planned for spring 2006. The support of Cabinet members responsible for arts and culture, health and education is needed to demonstrate that arts and health is taken seriously and that an agenda for action will be developed. One of the case study organisations could be used to exemplify what can be achieved in practical terms.

### 5.5.2 Strategy

A holistic approach to health and wellbeing acknowledging the contribution of arts and health as part of the treatment process should underpin strategic planning. Joint planning at the Assembly level would provide a framework for development at a Trust and Unitary Authority level. Policy, strategy and funding documents need to be based on a mutual respect for both artistic and health skills and expertise.

The audit undertaken as part of this study provides a snapshot of the activity being undertaken; it is not a complete picture of everything

happening in Wales. Further work will be needed to identify work being undertaken in the parts of Wales where the response to the audit was limited. A commitment to keeping this data up to date will need to be made if it is to be of ongoing use as a basis for strategic planning.

**Recommendation 2**

The findings of this audit and review should be used to develop a strong evidential base of the activity being undertaken and that this work should be adequately resourced. The work should be led by a partnership formed from the key players in arts and culture, health and education. Both policy makers and practitioners should be included in the development and implementation of this area of work. There are statisticians and researchers working across all of these disciplines and they should form a partnership underpinned by an Assembly level commitment to this work.

**5.5.3 Research and Evaluation**

In collaboration with the Institute of Medical Humanities a consistent method of evaluation should be developed and integrated into the planning and delivery of arts and health projects. Funding for evaluation should be built into packages of support offered to these projects. The existing evaluation tools used elsewhere in the UK should be considered as a point of reference when developing this work. Approaching NESTA for support should be considered as part of the development of evaluation methods.

**Recommendation 3**

A strategic approach to arts and health should be developed with the element on evaluation being led by the Institute of Medical Humanities. Care should be taken to ensure that the strategy is person and practitioner focused. Investment in this field needs to demonstrate that it will result in a good use of public money in a way that is both understood and recognised by funders and the public.

**5.5.4 Advocacy and Co-ordination**

An advocacy document should be developed as a collaboration between arts and health practitioners to demonstrate both what has been achieved and the potential for future development.

A Welsh adaptation of the 'Improving the Patient Experience' series of documents should be developed and made available free or at a small charge. The content of the documents should use Welsh examples and refer to relevant legislation and sources of support.

Access issues across the board from the physical environment, to the use of language, the need for interpreters, the timing of meetings and awareness training should be built into the documents as a clear indication of the

importance of access for all. Further information and guidance can be found in the Arts Council of Wales Arts and Disability Strategy<sup>39</sup>.

The role of the Welsh Health Estates, as a body with considerable experience and expertise in this area, should be recognised and integrated into both the development of a strategy and of the aforementioned documents.

Welsh Health Estates are keen to take forward this area of work as long as adequate resources are made available to them to do so. The Director of Welsh Health Estates will be pursuing this separately with the Welsh Assembly Government.

**Recommendation 4**

A Welsh version of the 'Improving the Patient Experience should be developed as an advocacy document that can be used by both arts and health practitioners. Welsh Health Estates should be a lead partner in the development of this document. Adequate resources should be made available to ensure that the document reflects the reality of what is happening on the ground in Wales - as well as the aspirations of people living and working here.

**5.5.5 The Arts in Health Wales Group**

The following recommendation relates to the structure of the Arts In Health Wales group.

**Recommendation 5**

The Arts in Health Wales group should be formalised into a network funded to provide advice, information and advocacy for arts and health in Wales. This network is ideally placed to form the basis of the partnership needed to develop the strategic approach needed to take forward arts and health across Wales. A dedicated post or posts should be funded to develop the network ensuring that a consultation process is undertaken to identify the priority areas for development are identified in the strategic approach.

The network should be art and health practitioner led to ensure that a meaningful and useful set of services are provided. The network should seek to work with existing organisations and avoid duplicating activity that is currently being undertaken across Wales.

We also recommend that the Arts in Health Wales group review its remit to reflect a focus on health and well-being rather than sickness.

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<sup>39</sup> Arts and Disability, Arts Council of Wales, 2005.

**5.5.6 Participatory Arts and Health Care Settings**

The following recommendation relates to participatory arts and health care settings.

**Recommendation 6**

An active and mutually supportive relationship should be fostered between the Arts Therapy services across Wales and artists/practitioners delivering arts and health projects. This should then feature in the advocacy document referred to above.

**5.5.7 Community Arts**

The following recommendation relates to community arts and health activities.

**Recommendation 7**

A project like the Creative Remedies one referred to above should be developed as a resource to work alongside the advocacy document. Working with established organisations like Arts Care in collaboration with the Arts in Health Wales group could be a useful starting point to consolidate existing experience and expertise.

**List of Appendices**

- 1 ACW Brief
- 2 Questionnaire
- 3 Bibliography
- 4 Respondents to the Audit
- 5 Other people consulted as part of the review
- 6 Contact Details for the Case Studies
- 7 Best Practice Meeting Attendees

## Appendix 1: Brief

### The Arts Council of Wales

#### Audit of Arts and Health activities across Wales

##### Background

The Arts Council of Wales' current Voluntary Cultural Sector Action Plan includes an action point on developing and increasing opportunities for Arts and Health projects and activities across Wales. An important element of this will be the creation of an all-Wales Strategy for arts and health that commands support of both Culture and Health Divisions of the Welsh Assembly Government.

The Arts Council of Wales now intends to undertake a full audit of Arts and Health activity at local and regional level in order to inform the all-Wales Strategy.

##### Aim

The aim of the audit will be to:

- Build a comprehensive picture of current arts and health activity across Wales including Arts and Healthcare Settings, Community Arts and Health, Medical Humanities and Art Therapy.
- Produce a geographical analysis of strengths and weaknesses of that provision.
- Examine current links with Local and Government Strategies in Wales and beyond.
- Identify funding patterns and partners (including Local Authority, Welsh Assembly Government, Local Health Boards and ACW support).
- Identify current documentation and evaluation of Arts and Health provision in Wales.
- Examine the impact of current provision already being undertaken across the sector.
- Examine the link between Arts and Health in Wales with National/UK Associations *and with ACW's revenue funded organisations*.
- Identify gaps in provision and recommend ways forward for the sector in Wales.

##### Definition of Arts and Health:

There is no universally agreed definition within Wales for arts and health. For the purposes of this audit it will include participatory arts in healthcare settings,

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community arts and health, medical humanities, arts therapy and the use of arts in the built environment in respect of healthcare.

### Outputs

The final audit should include a map of activity across Wales together with a written report and a comprehensive database. In addition, the audit report should also draw upon ways forward for the sector in Wales.

### Methodology

The audit should involve direct consultation with professional and voluntary run projects and activity within the sector that includes a broad spectrum of arts organisations and artists in Wales. It should also include consultation with professional, statutory and amateur organisations or agencies that facilitate such activities. To this end, the audit should address the need to develop a database of arts and health activity across Wales.

### Information required from applicants

The following information must be supplied by the applicant/s:

- Professional qualifications and background of all personnel involved in the project
- Details of specific experience related to Arts in Health.
- Equal Opportunities Policy
- Proposed Methodology
- Time-table of work to be undertaken and key project milestones
- Outputs
- Detailed costings (including daily rate for each consultant)
- Names of two professional references

### Timetable

Proposals for the audit will need to be submitted to ACW by the **18 April 2005 at 12pm**. Submissions should be clearly marked - *Private and confidential Arts and Health audit proposal*.

The proposals will then be considered by ACW officers and following this process the successful applicants will be interviewed on **26 April 2005**. The ACW expect the audit to be completed and presented to them by **9<sup>th</sup> September 2005**.

### Reporting Requirements

The Head of the Inclusion, Participation and Equalities Unit will have overall responsibility of the audit with the assistance of the Inclusion and Participation Officer as lead officer. A timetable for progress reporting will be agreed with the ACW lead officer and the successful applicant.

The audit report will be presented at the National Conference on Arts and Health held by ACW in October 2005 at a venue to be confirmed.

## Final Report

### The final report

The consultant will produce a written report (also available electronically) to ACW's Head of the Inclusion, Participation and Equalities Unit and the Inclusion and Participation Officer. The report should include a publishable Executive Summary in both English and Welsh.

### Contacts

Tender submissions and any further enquiries should be marked *Private and Confidential - Audit of Arts and Health Wales - proposal* and addressed to: Janine Reynolds, Assistant Officer, Inclusion, Participation and Equalities Unit, Arts Council of Wales, 9 Museum Place, Cardiff, CF10 3NX. [Email- janine.reynolds@artswales.org.uk](mailto:janine.reynolds@artswales.org.uk)

## Appendix 2: Questionnaire

Audit of Arts & Health Activities in Wales  
Angela Tillcock, Consultant  
Unit 2, Sbectrwm  
Bwlch Road  
Fairwater  
Cardiff, CF5 3EF

Tele: 029 2056 1600 or 029 2030 3314  
Email: [artsandhealthwales@yahoo.co.uk](mailto:artsandhealthwales@yahoo.co.uk)

12 October 2006

Dear Colleague

### **AUDIT OF ARTS AND HEALTH ACTIVITIES IN WALES, ON BEHALF OF THE ARTS COUNCIL OF WALES**

The Arts Council of Wales (ACW) is devising a strategy for Arts and Health in Wales and the first stage in its planning process is to undertake an audit of activity in this sector.

Our team has been appointed to undertake this work between now and September 2005. Our first task is to identify organisations and individuals working in this field, and to gather key facts and figures about current projects, and those completed in the last 18 months.

Please help us by completing the attached short questionnaire by 10/08/05, and email it or post it to the above address.

This information is being gathered to inform the ACW Arts and Health Strategy, and to influence Welsh Assembly Government policies. It is hoped that this study will raise awareness of Arts and Health activity within Wales and provide further opportunity for development within the sector. All those taking part in the audit will also have the opportunity to comment on a draft of The Arts and Health Strategy for Wales later this year before it is finalised.

A list of responding organisations will be available to the sector (adhering to The Data Protection Act), which can enable networking opportunities and greater sectoral cohesion.

If you have any questions about this questionnaire please phone Rosie Edwards on 07941815912 or leave a message on 029 2030 30314 and I will phone you back.

Thanking you in advance for your time.

Yours sincerely

Rosie Edwards  
Consultant

**AUDIT OF ARTS AND HEALTH ACTIVITIES IN WALES**

**1. PROJECTS & ACTIVITIES**

Please tell us about projects and activities you have undertaken in Wales over the last 18 months.

If you have been delivering more than one type of project or activity please tell us about all of these using the additional pages, one for each project, at the end of the questionnaire.

If all of your projects are the same but happen in different locations, or are repeated on a rolling basis then please just state how many (e.g. if you run residency projects or weekly workshops with different groups)

(i) Title of Project(s): (Number of projects? \_\_\_\_\_)

(ii) Brief Description of the project activities.

(iii) Where do/did the project(s) take place?

Hospital  Day Care Centre   
Community Centre  Other (please state):

Can you give us the full postal address of where the project took/will take place?

Venue

Address

Postcode

(iv) What is/was the average number of hours/days per week for the project?  
(Please tick)

Under 2 hours  half a day   
1 day  2 days  3 days   
4 days  5 days  more than 5 days

(v) What is/was the overall length of the project? (E.g. 13 weeks at 2 hours per week)

(vi) What kind of activities does/did your art project include? Please tick all the types of activity that you or your organisation is/has been involved in:

Architecture  Art Commissions  Ceramics   
Circus/Carnival/ Celebration  Crafts  Creative Writing   
Computer/Multimedia/ CD-  Dance  Drama

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ROM	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Environmental	<input type="checkbox"/>	Exhibition		Film/Video	<input type="checkbox"/>
Music	<input type="checkbox"/>	Interior Design		Illustration/ Graphics	<input type="checkbox"/>
Performing Arts	<input type="checkbox"/>	Photography		Landscape Design	<input type="checkbox"/>
Poetry	<input type="checkbox"/>	Reminiscence		Site-Specific	<input type="checkbox"/>
Public Art	<input type="checkbox"/>	Storytelling		Sculpture	<input type="checkbox"/>
Visual Arts	<input type="checkbox"/>	Workshops		work with Glass	<input type="checkbox"/>
All	<input type="checkbox"/>				<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>				<input type="checkbox"/>

(vii) Please tell us about the people who usually attend and benefit from the project/activities that you provide

a) What is their health background?

Learning Disabilities	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Physical Disabled people	<input type="checkbox"/>
Substance Dependency (drug/alcohol)	<input type="checkbox"/>	Other (please state)			

b) What category of person are they?

Children (under16)	<input type="checkbox"/>	Elderly People	<input type="checkbox"/>	Ethnic Minorities	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	Refugees	<input type="checkbox"/>	Young Parents	<input type="checkbox"/>
Young People (16 -25)	<input type="checkbox"/>	Other (please state)			

(viii) Is there a target age range for the participants of your project / activity?  
 Yes  No

If Yes what is it?

(ix) What is the average number of participants per session? (This may include carers / support workers who also attend):

(x) Who leads the project activity? (Please tick one)

Client /user (e.g. patient)	<input type="checkbox"/>	Nurse/ Clinical practitioner in hospital/ clinic	<input type="checkbox"/>
Community health/social practitioner	<input type="checkbox"/>	Artist	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	Other (please state)	

(xi) Who provides the funding for the Project/activity? Please tick all the sources of funding that you receive.

Clients pay to	<input type="checkbox"/>	Communities	<input type="checkbox"/>	European Funding	<input type="checkbox"/>
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attend	<input type="checkbox"/>	First	<input type="checkbox"/>		<input type="checkbox"/>
Health Authority	<input type="checkbox"/>	Health Trust	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	(housing)	<input type="checkbox"/>
Local Authority	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>	Trusts/	<input type="checkbox"/>
(social services)	<input type="checkbox"/>	(arts	<input type="checkbox"/>	Foundations	<input type="checkbox"/>
	<input type="checkbox"/>	development)	<input type="checkbox"/>		<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

(xii) How do you decide who can attend the Project? Please tick as appropriate.

Open Access	<input type="checkbox"/>
By referral (hospital/clinical practitioner or	<input type="checkbox"/>
community practitioner)	<input type="checkbox"/>
By application to the project	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

2. ABOUT YOU / YOUR ORGANISATION

(i) What are you /your organisation’s main aims / objectives? (Please feel free to include your mission statement / constitution.)

(ii) Please tell us how many people are employed by your organisation?

Full-Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Freelance	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>				<input type="checkbox"/>

(iii) Which is your organisation’s main sector or area of activity?

Arts Therapy / Occupational Therapy	<input type="checkbox"/>
Built Environment	<input type="checkbox"/>
In the Community	<input type="checkbox"/>
Environmental	<input type="checkbox"/>
In a Healthcare Setting	<input type="checkbox"/>
Medical Humanities	<input type="checkbox"/>
Public Health	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

3. CONTACT DETAILS

Name	Initial	Surname
Job Title		
Organisation		
Address		

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City	Postcode	
Telephone	Fax	Mobile
E-mail	Website	

Where can we find further information about you and your projects? If you have an annual report, leaflet, or newsletter, please send us a copy or tell us where we can pick one up.

We will be following up some of the returned questionnaires and would like your permission to contact you if we need to. *Please delete as appropriate:*

I do / do not wish to be involved further with this audit.  
I do / do not want my details to be included in a Directory of Arts and Health Provision in Wales.

Please return your completed questionnaire to:  
Arts and Health Audit in Wales,  
Angela Tillcock, Consultant,  
Unit 2, Sbectrwm,  
Bwlch Road,  
Fairwater,  
Cardiff CF5 3EF

..... Continued next page

or email it to [artsandhealthwales@yahoo.co.uk](mailto:artsandhealthwales@yahoo.co.uk).

Any questions or queries please contact Rosie Edwards on 029 2030 3314.

**INFORMATION ABOUT OTHER PROJECTS YOU ARE RUNNING OR HAVE RUN OVER THE LAST 18 MONTHS.**

(Please complete one for each project)

(i) Title of Project(s): (Number of projects? \_\_\_\_\_)

(ii) Brief Description of the project activities.

(iv) Where do/did the project(s) take place?

Hospital	<input type="checkbox"/>	Day Care Centre	<input type="checkbox"/>
Community Centre	<input type="checkbox"/>	Other (please state):	

Can you give us the full postal address of where the project took/will take place?

Venue

Address

Postcode

(iv) What is/was the average number of hours/days per week for the project?  
(Please tick)



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(x) Who leads the project activity? (Please tick one)

Client /user (e.g. patient)	<input type="checkbox"/>	Nurse/ Clinical practitioner in hospital/ clinic	<input type="checkbox"/>
Community health/social practitioner	<input type="checkbox"/>	Artist	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

(xi) Who provides the funding for the Project/activity? Please tick all the sources of funding that you receive.

Clients pay to attend	<input type="checkbox"/>	Communities First	<input type="checkbox"/>	European Funding	<input type="checkbox"/>
Trusts/Foundations	<input type="checkbox"/>	Health Trust	<input type="checkbox"/>	Local Authority (housing)	<input type="checkbox"/>
Local Authority (social services)	<input type="checkbox"/>	Local Authority (arts development)	<input type="checkbox"/>		<input type="checkbox"/>
Other (please state)					<input type="checkbox"/>

(xii) How do you decide who can attend the Project? Please tick as appropriate.

Open Access	<input type="checkbox"/>
By referral (hospital/clinical practitioner or community practitioner)	<input type="checkbox"/>
By application to the project	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

Thank you for your cooperation.

## Appendix 3: Bibliography

### Research and references

#### References

1, 39

Moving Beyond An Arts and Disability Strategy for Wales  
Arts Council of Wales 2004

3, 10, 11,18,19

Improving the patient experience NHS Estates 2002  
The art of good health: Using visual arts in healthcare  
The art of good health: A practical handbook

4, 5, 15, 16, 25, 26, 27, 29, 30, 31, 32, 34, 35, 37

Arts in health: a review of the medical literature  
Dr Rosalia Lelchuk Staricott  
Arts Council England Research Report 36 2004

6, 7, 9, 17, 22, 28, 33, 38

Arts in Health Mailout April/May 2005

<sup>8</sup>. Art or Ornament Francois Matassuro

<sup>12</sup>. Capital Investment Manual. Welsh Assembly Government

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4119896&chk=ZZZYaj](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4119896&chk=ZZZYaj)[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4119896&chk=ZZZYaj](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4119896&chk=ZZZYaj)

<sup>13</sup>. Welsh Health Circular (2003) 108

<sup>14</sup>. Achieving Excellence Design Toolkit

<sup>20</sup>. Designed for Life:  
Creating World class Health and Social Care for Wales in the 21<sup>st</sup> Century  
Welsh Assembly Government May 2005

<sup>21</sup>. The Arts Work  
Arts Council of Wales 2005

<sup>23</sup>. Focus on Health  
News Issue no 12 April 2004  
Arts Council England West Midlands

<sup>24</sup>. Front Row  
BBC Radio 4 12 September 2005

<sup>36</sup>. Fellowship Awards  
NESTA website

## Research

'Animated', Summer 2004 (Foundation for Community Dance)

The impact of the arts: some research evidence  
Arts Council England May 2004

Arts, Health and Well-Being: A Strategy for Partnership  
Arts Council England North West 2005

Arts and mental health pages 8-9  
Arts Professional Issue 99 6 June 2005

Getting the message across page 7  
Arts Professional 18 July 2005

Arts and Humanities in Medicine  
A Review of Current Practice in Wales

The Practice of Arts In Healthcare  
Arts Research Digest Spring 2004

BE4 Study: 'Equity, Empowerment, Effectiveness and Efficiency - Improving the quality of access to information and appropriate treatment in mental health and social care to Black and Minority Ethnic people in Cardiff.'

Peer Supervision for Artists in Arts in Health  
Mary Robson  
Centre for Arts and Humanities in Health and Medicine Durham University

Community dance: The Wellbeing Issue

Cywaith Cymru Artworks - Spring 2005 Newsletter, featuring a short article on:  
Artist in Residence Projects at Royal Glamorgan Hospital, Llantrisant

Changing Spaces  
Building Social Capital in Wales through Cross-Sector Creativity  
University of Glamorgan 2004

Report submitted to the Health Policy Services & Development Division of the Welsh Assembly Government and the Awetu All Black and Minority Ethnic Mental Health Group. Extended Summary. Prepared by The Research Unit, School of Care Sciences, University of Glamorgan. March 2005.

Cultural Medicine  
Investment in Cultural Capital for Health  
Department of Health 2004

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Juice Issue 82 June 2005  
Health - Dance in Health pages 32-33  
The Arts in Healthcare: Learning from Experience  
Edited by Duncan Haldane and Susan Loppert  
The Kings Fund 1999

Report for National Public Health Service for Wales  
Annual Review 2004-05  
National Public Health Service for Wales 2005

Network Wales Issue 302 18 July 2005  
Self-help books on prescription page 3  
Telling stories, being heard page 5

Planning for the future  
The Wellcome Trust 2000-2005  
The Wellcome Trust 2000

### Web References

Architects for Health [www.architectsforhealth.com](http://www.architectsforhealth.com)

Helix Arts - [www.helixarts.com](http://www.helixarts.com)  
Helix Arts, (formerly Artists Agency), is an organisation developing long-term projects that involve artists in environmental, health and community settings. It works with non-arts agencies, including the probation service and environmental agencies, in using the arts to explore public issues.

The King's Fund is an independent charitable foundation whose goal is to improve health, especially in London  
[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

LIME - [www.limeart.org](http://www.limeart.org) Manchester based consortium including children's hospitals. Integrated arts and health project. Includes proposals for Healthcare in Partnership Arts Programme (HIPAP) proposals for the new hospital building developments in Central Manchester 2003 - 2007 which includes an integrated arts programme. Excellent links to local and national projects.

The North West Arts and Health Project Audit. This audit is designed to capture arts and health projects across the North West of England, and to provide an openly accessible database of projects and contacts.  
[www.nwph.net/arts/pages/user\\_index\\_new.aspx](http://www.nwph.net/arts/pages/user_index_new.aspx)

The Wellcome Trust is an independent charity funding research to improve human and animal health. Established in 1936 and with an endowment of around £10 billion, it is the UK's largest non-governmental source of funds for biomedical research. [www.wellcome.ac.uk](http://www.wellcome.ac.uk)

National Patient Safety Agency - Safer by design initiative  
[www.npsa.nhs.uk](http://www.npsa.nhs.uk)

### Art Hospital links

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<http://www.swindon-marlborough.nhs.uk/fundraising/art/artatthehospital.htm>  
ART and THE GREAT WESTERN HOSPITAL

<http://www.scottisharts.org.uk/1/artsinscotland/artsandcommunities/artsandhealth.aspx>

<http://www.scottisharts.org.uk/1/artsinscotland/artsandcommunities/artsandhealth/features/artinhospital.aspx>  
Art in Hospital - Scottish Arts Council

<http://www.artinhospital.org/frameset.html>

<http://www.project-ability.co.uk/>  
Project Ability

<http://www.homerton.nhs.uk/news/1060251646.html>  
Art in the Hospital

<http://www.uclh.org/newhosp/art/index.shtml>  
The Slade Art Project for the new University College Hospital

[http://www.addenbrookes.org.uk/serv/nonclin/art/what\\_commissioned.html](http://www.addenbrookes.org.uk/serv/nonclin/art/what_commissioned.html)  
What art has Addenbrooke's Art commissioned? Cambridge University Hospital

[http://www.stmarkshospital.org.uk/general\\_main.html](http://www.stmarkshospital.org.uk/general_main.html)  
St Marks Artwork Committee

<http://www.imi.org.uk/>  
Institute of Medical Illustrators

[http://www.nhscareers.nhs.uk/nhs-knowledge\\_base/data/4866.html](http://www.nhscareers.nhs.uk/nhs-knowledge_base/data/4866.html)  
WHAT DOES A MEDICAL ILLUSTRATOR DO?

<http://medhist.ac.uk/text/browse/mesh/D008488.html>  
Medical history

<http://www.umma.umich.edu/view/ONLINE/seeingishealing/>  
X

<http://seeing.nypl.org/MAIN.html>

Other hospital entrances:

[www.U LH.nhs.uk](http://www.U LH.nhs.uk)

<http://www.whittington.nhs.uk>

[www.geh.dircon.co.uk/Main%20Entrance.jpg](http://www.geh.dircon.co.uk/Main%20Entrance.jpg)

[http://www.chox.org.uk/news/images/6\\_Main\\_Entrance\\_Childrens\\_small.jpg](http://www.chox.org.uk/news/images/6_Main_Entrance_Childrens_small.jpg)

[www.active-fire.co.uk/images/greatwestern4.jpg](http://www.active-fire.co.uk/images/greatwestern4.jpg)

[http://news.bbc.co.uk/nol/shared/spl/hi/pop\\_ups/03/health\\_hospital\\_designs/img/6.jpg](http://news.bbc.co.uk/nol/shared/spl/hi/pop_ups/03/health_hospital_designs/img/6.jpg)

<http://news.bbc.co.uk/1/hi/health/3314231.stm>  
NHS Stories: How art is helping to heal

[http://www.bbc.co.uk/suffolk/content/articles/2004/11/30/four\\_dancers\\_sculptures\\_feature.shtml](http://www.bbc.co.uk/suffolk/content/articles/2004/11/30/four_dancers_sculptures_feature.shtml)

New sculptures at Ipswich Hospital

The Figure in Motion

[http://www.bbc.co.uk/wiltshire/going\\_out/arts/figure\\_in\\_motion.shtml](http://www.bbc.co.uk/wiltshire/going_out/arts/figure_in_motion.shtml)

<http://www.bbc.co.uk/wiltshire/features/gwh.shtml>

Healthy start for Great Western Hospital

<http://news.bbc.co.uk/1/hi/health/4235829.stm>

'My art helped me cope with illness'

<http://news.bbc.co.uk/1/hi/england/hampshire/4098643.stm>

Elderly helped by music and art

Mad for Arts

<http://news.bbc.co.uk/1/hi/health/4006409.stm>

Dance therapy for mental patients

<http://news.bbc.co.uk/1/hi/health/3551063.stm>

<http://news.bbc.co.uk/1/hi/health/4024905.stm>

'Art helped me cope with breast cancer'

<http://news.bbc.co.uk/1/hi/health/3919599.stm>

How art can ease a troubled mind

<http://news.bbc.co.uk/1/hi/health/2709827.stm>

Aiding recovery with art therapy

<http://www.bbc.co.uk/coventry/culture/stories/2002/05/hospital-commission-announcement.shtml>

Artist appointed to improve Nuneaton hospital

Designing Better Hospitals

[http://www.bbc.co.uk/radio4/today/reports/arts/hospitals\\_20031124.shtml](http://www.bbc.co.uk/radio4/today/reports/arts/hospitals_20031124.shtml)

The British Association for Drama Therapists

web: <http://www.badth.org.uk/index.html>

THE IADMS 15<sup>th</sup> International Dance Medicine Conference 3-6 November 2005  
Stockholm

Delegates from 30 countries - dance, medicine and research fields with professions ranging from surgeons, artistic directors to doctors and practitioners.

[www.iadams2005.com](http://www.iadams2005.com)

No Borders: 2005 Society for the Arts in Healthcare Conference

Arts and Healthcare in Canada

[www.thesah.org/annual](http://www.thesah.org/annual)

## Appendix 4: Respondents to Research

Yr Academi  
Adamsdown Community Project  
Artes Mundi  
Arts Care Gofal Celf  
Arts Connection  
Arts for Us  
Arts Implementation and Management  
AXIS  
Barefoot Health Workers Project  
Barnardos  
Blaenau Gwent County Borough Council  
Brecon & District Contact Association  
Bridgend County Borough Council, Culture and Arts Department  
Bridgend Public Health Team  
Bro-Morgannwg NHS Trust  
Caer Las Cymru  
Caerphilly County Borough Council  
CAIS Drug & Alcohol Agency  
Cardiff Arts Marketing (CAM)  
CARAD  
Cardiff & Vale NHS Trust  
Carmarthenshire County Council, Leisure Department  
Cardiff Action for Single Homeless (CASH)  
Celf o Gwmpas - Arts Round About  
Ceredigion Local Health Board  
Clwyd Theatr Cymru  
Communities First  
Community Dance Wales  
Conwy and Denbighshire NHS Trust  
Cywaith Cymru - Artworks Wales  
Denbighshire County Council  
ECCO Trust  
Foothold - Health and Wellbeing Project  
Gap Studios  
Gwent NHS Trust  
Hafal  
Hijinx Theatre  
Live Music Now Wales  
Llanover Hall Arts Centre  
Llanrumney Healthy Living Centre  
Cardiff Local Health Board  
Merthyr Tydfil County Borough Council - ACT Depart  
Mind Cymru  
MOMA  
Monmouthshire County Council  
Music Theatre Wales

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National Public Health Service  
NCH  
NCH Cymru  
Neath Port Talbot Cultural Services  
Newport Collective  
North Wales International Music Festival  
North West Glamorgan NHS Trust  
North West Wales NHS Trust  
Paintings in Hospitals Wales  
Pembrokeshire Local Health Board  
Pembrokeshire County Council  
Pontypridd & Rhondda NHS Trust  
Powys Local Health Board  
Powys Mental Health Alliance  
Presteigne Festival  
Rhondda Cynon Taf County Borough Council  
Rhondda Cynon Taff Community Arts  
Risca Health Centre  
Rubicon Dance  
Section Arts Centre  
Sherman Theatre  
Simply Solar  
SOLAS  
Spectacle Theatre  
St David's Hall  
Swansea NHS Trust  
Talygarn Hospital  
TAN Dance Ltd  
The Ragamuffin Project  
The Salvation Army  
Theatr Fforwm Cymru  
Theatr Gwynedd  
Theatr Powys  
Torfaen County Borough Council  
Trac  
Ty Newydd Writers' Centre  
University of Glamorgan  
Valleys Kids  
Velindre NHS Trust  
Volcano Theatre Company  
West Glamorgan Housing Consortium  
Wrexham Arts Centre  
Wyeside Arts Centre  
Ystradgynlais Volunteer Centre

And the following individual practitioners:

Anna Campbell  
Alison Scott

## Appendix 5: Other People Consulted As Part of this Study

The following people were interviewed as part of gathering information about arts and health activity in Wales:

Professor Hamish Fyfe  
University of Glamorgan

Carol Hiles  
University of Glamorgan  
Former Artist in Residence in a number of hospitals

Maggie Hampton  
Disability Arts Cymru

Paul Clarke  
Mind in the Vale and the Spectrum Project  
Vale of Glamorgan

Pod Clare  
Chair, HAUL  
Artist in Residence (Ceredigion/Powys)

Anne Borsay and David Greaves  
Institute of Medical Humanities  
University of Wales Swansea

Steve Brake  
County Arts Officer  
Denbighshire County Council  
Director of AIMS

Penny Hallas  
Arts Therapist  
Cardiff and the Vale NHS Trust

Simon Blackburn  
Gofal Housing Trust

Hilary Stephens  
Chairman  
North East Wales NHS Trust

John Walker  
Head of Estates  
North East Wales NHS Trust

Sian Hughes  
Artist in Residence  
Glan Clwyd Hospital

Felicity Singleton  
Celf o Gwmpas

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The Arts and Health Wales Group

Lara Dose  
National Network for Arts and Health

## Appendix 6: Contact Details for Case Studies

### Case Study 1 Conwy and Denbighshire NHS Trust

Steve Brake  
County Arts Manager  
Denbighshire County Council

Telephone: 01824 708205  
Fax: 01824 708202  
Email: [steve.brake@denbighshire.gov.uk](mailto:steve.brake@denbighshire.gov.uk)

Heather Hughes  
Email: [heather.hughes3@btinternet.com](mailto:heather.hughes3@btinternet.com)

### Case Study 2 Celf o Gwmpas

Felicity Singleton  
Celf o Gwmpas  
Beaufort Buildings  
Temple Street  
Llandrindod Wells  
Powys  
LD15HG.

Telephone: 01597 822777

### Case Study 3 Pontypridd and District NHS Trust

Heather Parnell, Artist in Residence Royal Glamorgan Hospital  
Royal Glamorgan Hospital  
Ynys Maerdy  
Llantrisant  
CF72 8XR.

Tel: 01443 443443 extn 4598  
Email: [heather.parnell@ntlworld.com](mailto:heather.parnell@ntlworld.com)

Carol Hiles, Senior Lecturer  
University of Glamorgan  
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#### Case Study 6 The Shooting Star Unit

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#### Case Study 7 The Ragamuffin Project

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## Appendix 7: Best Practice Meeting Attendees

The following people attended the best practice meeting held at CARAD Rhayader on Thursday 15 September 2005. The purpose of the meeting was to discuss the draft best practice guidelines and consider what should be included in the Arts and Health Strategy that the Arts Council of Wales will be writing.

	Name	Organisation
1	Frances Medley	Project Consultant
2	Rosie Edwards	Project Consultant
3	Sarah Goodey	Project Consultant
4	Steve Brake	Denbighshire County Council and AIMS
5	Pod Clare	HAUL
6	Peter Cox	CARAD
7	Bryn Jones	Arts Council of Wales
8	Penny Hallas	Arts Therapist Bro Morgannwg
9	Carol Hiles	University of Glamorgan
10	Sian Hughes	Artist in Residence (Conwy and Denbighshire NHS Trust)
11	Tamara Krikorian	Cywaith Cymru Artworks Wales
12	Judith Moss	Arts Therapist
13	Dinah Pye	
14	Chris Ryan	Arts Care
15	Alison Scott	Independent Consultant
16	Peter Wiles	Welsh Health Estates

## Final Report

Angela Tillcock is an independent Arts Consultant & Trainer based in Cardiff working for arts and voluntary organisations across the UK.

### Services Include:

- Marketing audits, strategies and plans
- Market research - project management and implementation
- Development of business plans
- Business start-up advice and support
- Training in marketing and business planning
- Feasibility studies

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