An evaluation of sorts:
Learning from Common Knowledge

An essay based on a research project to evaluate Common Knowledge - a three-year Tyne & Wear Health Action Zone initiative to improve health through more creative working between arts and health sectors

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Abstract

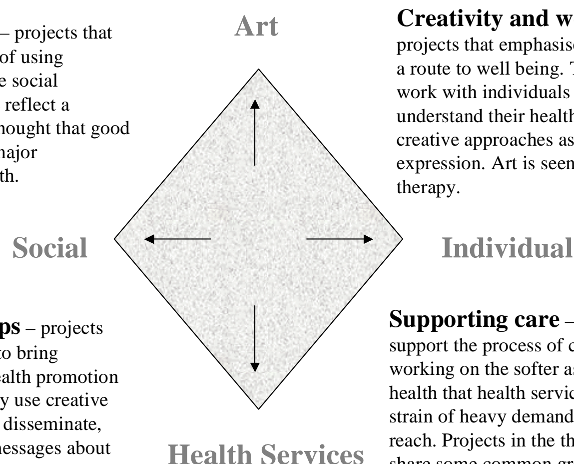
This essay draws on a three-year research project following Common Knowledge to explore the use of creative arts in promoting and enhancing health (understood in its broadest sense). Substantive findings from the evaluation of CK as a programme were set in an earlier report[1]; the intention of this essay is to provide a more concise overview of what has been learned from the experience, particularly implications for what we know about the impact of arts/health activities and how understanding of this might develop. It is entitled '*an evaluation of sorts*' for two reasons: because this work blurred the boundaries between evaluation and research, and because its key contribution is the presentation of a typology of arts/health approaches, each with different implications for the improvement of health.

We found subtle but important differences within the field. Approaches toward the top of the diamond presented below have a creative emphasis; those at the bottom are more focused on health issues. On the left, the focus of health is social and on the right, more individual. The term arts/health relates to efforts to broaden and deepen conceptions of health and ways it is improved.

Key dimensions of arts/health

Unity is health – projects that start from the point of using creativity to enhance social relationships. These reflect a growing school of thought that good relationships are a major determinant on health.

Creativity and well being – projects that emphasise creativity as a route to well being. These aim to work with individuals to better understand their health, using creative approaches as a means to expression. Art is seen as a potential therapy.



Engaging groups – projects that engage groups to bring communities and health promotion closer together. They use creative methods to explore, disseminate, and communicate messages about health.

Supporting care – projects that support the process of care by working on the softer aspects of ill-health that health services, under the strain of heavy demand, cannot reach. Projects in the third group share some common ground, but aim to communicate with communities as a whole.

The mining of insights from this field has so far been limited by the bluntness of evaluation instruments to scope social and cultural aims as well as a lack of clarity within projects about what they aim to do. In this project, a more grounded approach to exploring health impact has been developed. Project participants documented the experience of projects through diaries, stories, poems, pictures and video – in ways they felt comfortable. Analysis has explored the materials, paying particular attention to implicit aims within and across projects, indications of impact and the evidence to support claims.

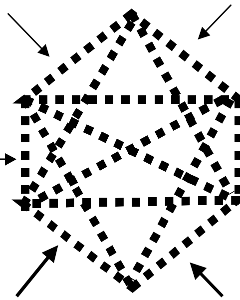
[1] The report (July 2001) assessed CK against its stated aims. Copies are available from CAHHM

Following this analysis, the diamond figure has been further developed. There are different clusters of activity and many dimensions on the diamond. Impact varies across each of six approaches we have identified.

Different approaches and their impact

6. Social arts
Improving self-assessed health status, strengthening relationships, producing positive social experiences

1. Creative expression is intrinsically healthy
Aiding expression (seen as central to health), developing individuals sense of their own health



5. Community arts
Influencing health behaviour, through raising awareness /exploring health issues in communities through creative activity

2. Art is therapeutic
Enhancing individual well being, reducing stress. Individual health improvement

4. Creative learning
The development of more engaging information about health (arts as a perspective, messenger and research tool) for communities and health services

3. Supporting and Improving healthcare
Easing burden on staff, improving recuperative environment

Better understanding of these different dimensions will: (a) help make more sense of a diverse field, (b) shows more clearly the potential contributions of the arts to health and (c) inform future research on health impact.

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Acknowledgements

I have a critical nature and throughout this study have asked trying questions of people's motivations. What is arts/health activity trying to achieve? Explain it without mystic speak of magic and miracles. If the aim is merely to bring people together to have a 'positive shared experience' then why not pay for people to have a night out or a day together playing golf? What interactions do arts afford that others do not? What exactly do projects add to health, however defined? Why should the guardians of public resources support this activity over any other?

Many people have indulged my sometimes-irreverent questions and engaged in regular and ongoing discussions about the complicated issues involved in demystifying arts/health activity. I would like to thank all participants in Common Knowledge for their willingness to raise and openly discuss difficult questions to do with evaluation and their help in recording and gathering data in different ways. These contributions are the foundations of this work.

I am especially grateful to the people who helped me understand different views within the arts on how to improve health, the politics involved, and ways arts and health strategies might more effectively relate to one another. I would particularly like to thank: the doctors Anand, Chris Bostock, Dr. Christina Cock, Tonia Colloty Claire Gee, Graham Ellis, Margaret Frayne, Chris Hollis, Sheila Graber, Pauline Moger, Wendy Smith, Germaine Stanger, Pete Thompson and Tabitha Tuckett.

Very special thanks are due to Mary Robson, Mike White and Dawn Williams, the core team that drove Common Knowledge forward before a 'Governance Group' was established (consisting of members of a network that had been developed). Despite (or maybe because) the step after the next never being clear, they have each supported (and worked hard to ensure) an open and critical exchange of ideas from the outset; their determination, passion and efforts to aid learning in the cause of arts/health are beyond reproach.

This essay is critical of the kind of evaluation of arts/health to date. While it is common to blame practitioners for being resistant - an accusation not without foundation - researchers themselves must face the limits of the methods they bring with them and reflect on how efforts can be shaped differently. Community-based arts/health is an emerging field that is without a clear knowledge base. Without pioneering work from people like John Angus and Francois Matarasso setting out parameters of inquiry and encouraging sober thought on evaluation, it would not be possible to develop thinking any further.

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1. Introduction

This essay draws on research to evaluate Common Knowledge, an arts/health initiative supported by Tyne & Wear Health Action Zone. A lot of the detail from projects – extracts from journals, interview quotations, pieces of writing and so on - and the aims of the programme of Common Knowledge are available in a report, published by CAHHM in 2001[2]. The aim here is to outline key learning points from the experience of Common Knowledge in respect of evaluative research, and ways to explore the impact arts/health projects have on health. It raises a number of issues of interest to the arts/health community more widely.

This introduction sets the scene for the remainder of the report in which we discuss the complexity of evaluation in this field, and present and discuss findings. We begin by outlining ways in which mainstream conceptions of health have come to be challenged and in this context discuss the emergence of a field of arts/health activities. We explain something about how and why Common Knowledge came to be and why this study is 'an evaluation of sorts'.

1.1 A developing critique of mainstream conceptions of health

There has been a shift in understanding of the determinants of health over the last 25 years. A controversial proposition in the 1970's, that health services make a relatively small impact on overall health status (McKeown 1976) has now become mainstream thinking. At most, estimates of the contribution of health services to overall health are placed at 20% (Wanless 2001). This leaves a lot health impact unexplained.

In the 1970's a different perspective on health began to emerge. 'Factors which make for health are concerned with a sense of personal and social identity, human worth, communication, participation in the making of political decisions, celebration and responsibility. The language of science alone is insufficient to describe health' (Wilson 1975).

Over recent years, empirical work suggests that previous preoccupation on longevity and clinical indicators of health may present an unbalanced view (Campbell, Wood et al. 1999). The sociologist Ray Pahl argues,

> 'Sources of social stress, poor social networks, low self esteem, high rates of depression, anxiety, insecurity, the loss of a sense of control, all have such a fundamental impact on our experience of life that it is reasonable to wonder whether the effects on the quality of life are not more important than the effects on the length of life' (Pahl 1999).

[2] The report can be downloaded from www.dur.ac.uk/cahhm

Particular attention has been paid to the social relationships underpinning health, drawing attention to health benefits arising from a more cohesive society (Wilkinson 1996). There is a debate within the field on the nature of the influence social factors have on health. Richard Wilkinson argues the quality of the social life of a society is one of the most powerful determinants of health and that this is related to the degree of income inequality. Pahl would agree, but points out that income inequality is not necessarily the whole story.

> 'It is not simply a question of low income preventing the purchase of life's necessities. Rather, it is people's feeling of self-esteem or self-worth and of being valued, coupled with close personal relations and wider social networks, which bear so heavily on their health' (Pahl 1999).

1.2 What is arts/health?

In this report the phrase 'arts/health' is preferred to others and used throughout. Behind phrases such as 'arts for health', 'arts and health', 'arts into health' and 'arts in health' lie different approaches and assumptions about the roots of ill health and the ways art can improve it.

Figure 1 What causes ill-health and how do arts improve it?

Bad health results from?	Art improves health because…
Poor social environment/exclusion	Art enables groups to engage collectively with important issues and can forge connections between people
Lack of means of creative expression	Art enables necessary expression, exploration and understanding
Partial understanding of determinants of health	Arts/health is a holistic approach(in an individual and social sense) Art can be therapeutic
Lack of knowledge/ understanding	Art is a means of discovering and communicating new insight

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The rise of arts/health activities can be understood in the context of an evolving critique of mainstream approaches to health. Some see the arts as a way of humanising health services - it is stressed that every encounter between a patient and a practitioner has an artistic as well as technical dimension (Evans and Greaves 1999) and the science and art of medicine are seen as inextricably linked (Philipp 2003). Others think health needs to be understood in a broader way so that individuals' emotional and spiritual needs are taken as seriously as clinical ones. Some argue the arts have a role to play in communicating health messages and needs. Others suggest a more direct role for arts in health, believing arts can be used as a therapy, for example. Some are of the view that social ties are key to good health and that art connects people with each other and the communities to which they relate. In the view of this report, arts/health is all these things.

The search for an agreed definition of arts/health is a red herring. It runs the risk of constraining its evolution. Defining this area before it has developed risks limiting and denying some perspectives. The field is connected by an aim to broaden and deepen ways in which we as a society understand health and seek to improve it. Core to all is an aim to encompass an artistic perspective on the aim of improving health, regardless of which dimension is targeted.

1.3 What is the impetus for Common Knowledge?

By any dimension, the health profile of the North East is poor. It has the highest premature death rates in England from circulatory diseases and cancers, the highest rates of teenage pregnancy, long-term unemployed and inability to work due to limiting long term illness[3] (Public Health Observatory 2001). The enduring and ingrained poor health status of some areas has led to a consideration of different aspects of health and alternative ways of improving it.

The election of the Blair government ushered in some radical experiments in health promotion. In 1998 the Chief Executives of Newcastle City Health Trust and Gateshead and South Tyneside Health Authority initiated a bid for an ambitious three-year programme to place arts in health at the core of the Tyne and Wear Health Action Zone. 'Under the twin banners of 'healthy citizenship' and 'creating capacity' the bid proposed to apply arts in health to the key themes and target groups of the Health Action Zone, namely: mental health, cancer, heart disease, the health of the elderly and children's health' (White 2002).

The bid was successful and Common Knowledge was tasked with developing a programme of creative work to improve and promote health. It set out with broad aims: to facilitate, develop, sustain and strengthen a network of people from a range of sectors, so as to build capacity for arts/health work, and to share learning from this experimental initiative.

The people that shaped Common Knowledge in its early stages were keen to send out signals that this was something new. Beginning in 2000, CK brought people together in a series of creative conferences (discussion emerged around arts activities rather than through a formal debating agenda) in which people would get to know one another, discuss different perspectives of health, and think through creative ways to improve it. The intention was that project ideas would develop through the Common Knowledge process. At the outset, much greater emphasis was placed on engaging people and the process of learning rather than on outputs or outcomes.

In the main, constellations of people have formed along locality lines[4], but there have also been groups convened to bring people together who have an interest in specific issues, such as emotional literacy, music and arts-on-prescription initiatives.

1.4 Why an evaluation of sorts?

This is an evaluation of sorts in two senses. First, the boundaries between evaluation and research are blurred, and the study that evolved was not, strictly speaking, an

[3] The source for this information is a health profile of the North East from the Public Health Observatory.
[4] There were five locality areas: Gateshead, Newcastle, North Tyneside, South Tyneside, Sunderland.

evaluation that collected data to gauge the extent to which pre-determined aims were met.

This evaluative approach could not be applied to Common Knowledge. First, it was not easy to find measures to explore the aims/aspirations Common Knowledge initially set out. Second, the motor of Common Knowledge was a faith in an integrative ethos rather than a master plan: that arts and health could work in demonstrably effective ways; that a range of people could come to relate their perspectives and aspirations for health through creative exchange; that opportunities and ideas would develop if people could be given the chance to connect with one another. While it was clear more precise aims would develop over time, there was no clear path for progress.

Given the strategic development of Common Knowledge was clearly iterative, a broad research approach was adopted, with a deliberately loose evaluative structure. It was concerned with capturing learning and the extent to which Common Knowledge forged cultural, organisational and informational links to strengthen capacity for arts/health[5].

The second sense in which this is an evaluation of sorts is the over-riding theme of this essay: we present a typology of arts/health approaches. This has been developed from analysis of the implicit assumptions and aims within the pilot projects that were developed. This report explores the main dimensions in the field and describes different approaches taken in CK projects.

The methods section outlines the criticisms of evaluation from researcher and practitioner perspectives and ways this study sought to respond to them. The results section outlines the different approaches, the impact on health suggested by each and the kind of evidence presented to support claims. The discussion begins by sketching the outline of a research agenda that is suggested by the CK experience before discussing the challenges faced in developing this beyond its outline form. The conclusion reinforces the impetus to understand health better and if arts/health is to play a leading part in this process, the need to demystify its contribution to health improvement.

2. Methods

2.1 Introduction

This section outlines some of the problems facing evaluation in arts/health and ways the Common Knowledge study sought to overcome them.

2.2 The limits of evaluation in arts/health – the researcher's critique

Evaluation is most commonly thought of as the process of assessing the extent to which data collected supports the aims of a project. Evaluation has been a difficult issue in arts/health.

[5] Relatively little information is provided here on the background or activities of Common Knowledge as a programme; for more information on the CK network go to www.commonknowledgenet.co.uk

Francois Matarasso offers a researcher's critique. 'It is often the case that research around arts and health has found objectivity elusive. It has tended to rely on subjective interpretations and assumptions of outcomes. There is an urgent need for more rigour; such projects need to demonstrate to external organisations the benefits of projects, beyond descriptive value judgments' (Matarasso 1997).

There are two particular difficulties. First, while those involved in arts/health are themselves convinced of the impact of their activities on health, when writing about it they do not always engage with those who might be more sceptical. Many are keen to promote this work and evaluation work sometimes seek to share achievements rather than what has been learned. Second, the implications of what is described are assumed to be obvious or else asserted links between activities and outcomes appear spurious[6].

2.3 The limits of evaluation in arts/health - the practitioner's critique

Practitioners within arts/health recognise the need to evaluate practice, but they find it difficult to shape methodologies. 'There is widespread uncertainty about what evaluation methods to use and what methods will be acceptable to other stakeholders. There is also concern that a requirement for quantitative evaluation will affect and damage the delivery of the work' (Everitt and Hamilton 2003).

Some have become completely cynical about the process of evaluation, particularly those that are experienced practitioners/campaigners in this area. Evaluation is unable to identify the impact of the work because its influence is beyond the ken of positivist methods. Worse, evaluation is seen as a pre-imposed, constraining structure. Evaluative projects that require planned steps, hoped for results and ways of gauging them are described, in the words of one practitioner, as "pseudo-science gobbledegook that cannot capture the effects on people".

One of the participants in Common Knowledge talked about storytelling sessions they had run with older people. It has been difficult to continue funding for these activities or for outsiders to see its value. The following passage paraphrases storyteller Chris Bostock talking about his experiences.

> 'It has been difficult to demonstrate the outcomes of these projects. When we have asked people what they thought, they said "very nice" or "Chris is a nice young man". Many of the benefits from this kind of project are very soft, things that are not easy to record. The stories can trigger individual memories and often stimulate discussions; people interact with one another. Another example of a benefit that is difficult to record came from one elderly woman who suffers from Parkinson's disease and as a consequence she finds it difficult to use her hands. The storytelling sessions mean so much to her that she makes a big effort to present herself to the group; she puts rollers in her hair, which she finds difficult and would not usually have the motivation to do. In an unexpected and indirect way the sessions have had an impact on her health.'

[6] Leaps are made in arguments, for example; (a) we painted fruit with children and said it was healthy, (b) they will eat more fruit, (c) eating more fruit is healthy, (d) so our artistic activities will lead to increased health.

The story shows the unusual ways in which arts can influence health and research needs much greater sensitivity to arts/health projects.

2.4 The approach taken to Common Knowledge evaluation

Practitioner criticisms are powerful. It has been said that evaluation research should aim to capture something of the sprit of what is trying to be achieved (Hawe 1994) and perhaps evaluation does not always achieve this (beyond the empathy of the researcher). But while it is valid to argue research has failed arts/health, the field has let itself down. It has a responsibility to clearly articulate its impact and to help shape research questions. Articulating the impact of arts/health cannot just be a case of 'it's impossible to explain' or 'you had to be there'.

Common Knowledge provided an opportunity to apply a different approach to evaluation, sensitive to the trade-off between the aspirant creative nature of art and the more staid approach of research – as Mike White puts it, 'one wings its way forward, the other retraces steps' (White 2001).

The work of John Angus and Pioneer Projects Ltd. (Angus 1998) have had a large influence on the light-evaluation approach adopted in Common Knowledge, two points especially:

- Evaluation projects should collect qualitative data using a variety of methods and examine it for emerging patterns;
- Projects could lead their own evaluation within a researcher-established framework.

Both elements were starting principles of the evaluation design. The methodological value in involving participants comes from the relative immaturity of the field; there are few established indicators that capture the value of initiatives as perceived by participants. Involving participants in evaluation and the identification of impact will potentially identify new indicators. It is difficult to clarify outcome measures, but by encouraging participants to think freely about impact, concepts might surface and become more attainable. One of the objectives is to identify concepts that are considered central to participants that can be explored in other settings.

With the principles of the evaluation established, a meeting was held in South Shields in autumn 2000 to discuss the evaluation of local projects being developed through the Common Knowledge process. Hardback books with 200 plain sheets - the Common Knowledge Planning and Evaluation Books - were distributed to each project with an explanation of how this blank space should be filled.

> 'These books are designed to help you plan and evaluate your project. They should be used to provide a creative record of your project. We hope they will provide a rich description of the experience of working on an arts/health project, the things they achieve and are frustrated by. The books will be made available to people interested in learning from Common Knowledge and will provide a library of experience; a researcher who will attempt to understand insights will mine them. Books should capture, in as much detail as possible, how the project develops and record what is learned throughout - positive or negative, clear or confused. Evaluating projects like Common Knowledge has

> proved difficult in the past and many practitioners remain frustrated that the impact of their work is not shown. The problems have been that those planning and delivering the projects are often not involved in the development of evaluations and that evaluation instruments are not sensitive enough to capture the impact of such approaches. The evaluation has been placed in your hands and completed books may help to identify more sophisticated ways of gauging arts and health projects to do with process and impact, as well as outcomes.'

The books issued a creative challenge to participants, to find ways in which to convey to the reader the impact and issues faced within arts and health. The books provided a rich source of material. Each book was analysed to understand and extrapolate motivations behind the project – the implicit aims – and to look for patterns of impact on similar projects.

They proved to be a rich resource and several of the books could be read as stand alone publications. They provide clear and entertaining insights into: the process of a project; the perceived benefits of work; the relationship between the material gathered and the things they want to achieve. They articulate the benefits of the work as participants see them and record with clarity and honesty the difficulties and tensions faced.

2.5 Limitations in the approach taken
Data has been gathered from the following sources:

- Observation of events, meetings;
- Documentation: minutes of meetings, promotional materials, proposals;
- Evaluation books and materials from local projects;
- Discussions and interviews: with Steering Committee members, the core CK team, and Common Knowledge participants.

This study has been too distant from local projects. There are limited resources for evaluation and a limited number of funded days. In the discussion section later more is said about the need to reduce part-time research, set in place to meet formal requirements, and encourage much greater interaction between researchers and practitioners.

2.5 Conclusions
The research community and those who base funding decisions on their view of the effectiveness of approaches question the claims of arts/health, though they might support its aims. The practitioner community questions the commitment and ability of evaluative schemes to capture the impact made by creative projects. In developing this study we have sought to respond to both these criticisms.

3. Results

3.1 Introduction
Analysis of the materials collected in evaluation has focused on (a) unpacking the aims and objectives of different projects, (b) relating the materials to these aims and (c) understanding these approaches in relation to ways arts improves health. This

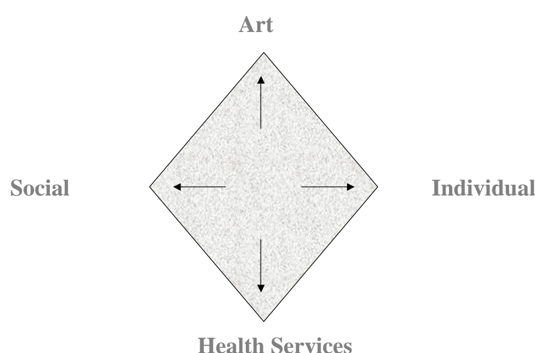
section explains how findings from Common Knowledge projects aided a conceptualisation of the field that offers a way forward in further understanding the influence of arts on health. We begin by discussing the key dimensions in arts/health and then give brief examples outlining the impact and evidence from six separate but related approaches.

3.2 Key dimensions in arts/health

Figure 2 shows the key dimensions discerned from local evaluation about the focus of different projects. The diamond shape draws out some key lines in the field and to an extent the four corners reflect the tensions within the field.

Projects located in the top half emphasise creativity as a route to health. In the bottom half of the diamond, the focus of arts/health activity is focused more on the formal health agenda. The higher up the diamond a project is located the broader the conception of health. The left right axis reflects a different unit of analysis, whether health is seen as an individual or collective concept. On the left side, activity is more focused on social relationships. On the right-hand side, the focus is more on individual health.

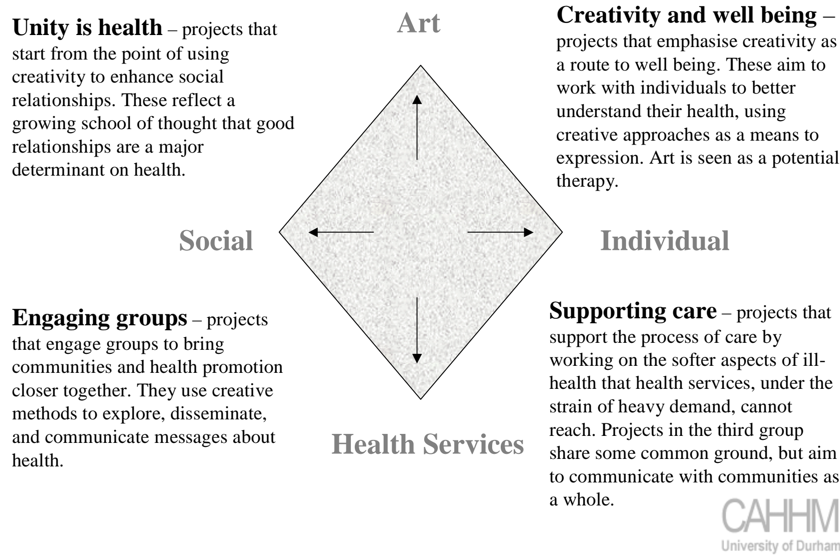
Figure 2 **Key dimensions in arts/health**



There are distinct philosophies competing for influence in the arts/health field. Broad dimensions are located between the four corners. Clockwise from the top: the arts-individual combination is a concern with ways in which the arts is intrinsically healthy activity and the extent to which such a view improves an individual's capacity to be healthy; individual-health services concentrate on ways in which art is therapeutic or can support healthcare in meeting non-medical dimensions of health; a health services-social perspective is concerned with engaging groups with health issues. A social-arts perspective takes the view that health results from creative engagement between people.

Figure 3 locates these in relation to the diamond where projects were placed fairly evenly across all four dimensions. The area attracting most activity is lower left quadrant – concerned with ways to creatively engage groups. This may be because these projects have demonstrable products from the activity such as artist designed health information and education materials. The clear practical contribution of these approaches may mean they are more likely to attract funding.

Figure 3 Four broad project philosophies

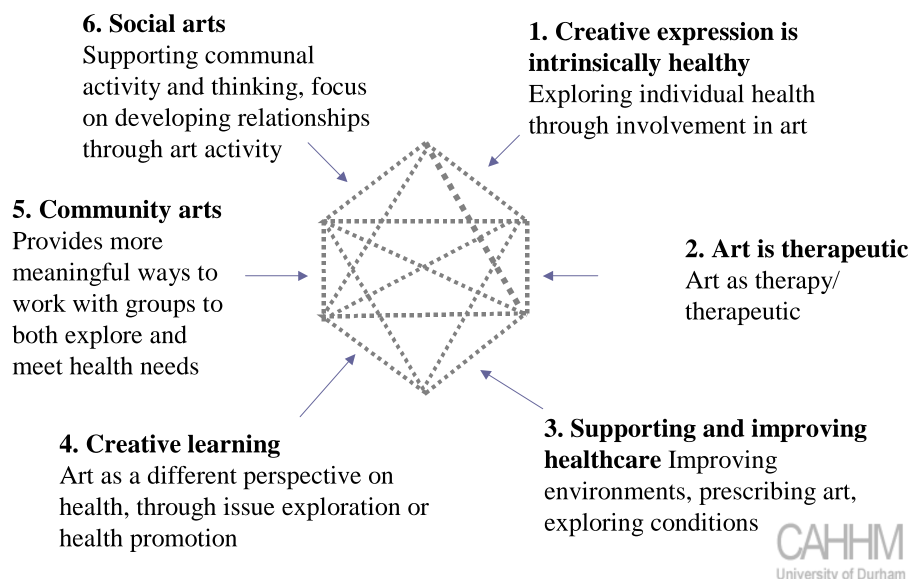


3.3 Representing the diamond in practice

The diamond figure presented above helps chart fundamental perspectives, but this conceptualisation made some people uncomfortable. The analysis was thought to be separating the field into distinct areas and disallowing approaches that combined different perspectives. It was not clear that different arts/health approaches are always considered in the light of others and that the field can be thought of as being inherently multi-dimensional.

Shape is important in figures purporting to represent human interpretations of abstract concepts. The flaw in the above figure is its flatness, giving the appearance that activities were pulling in different directions rather than connected dimensions of the same field. Figure 4 illustrates more clearly the multidimensional nature of the field

Figure 4 The key project approaches in CK

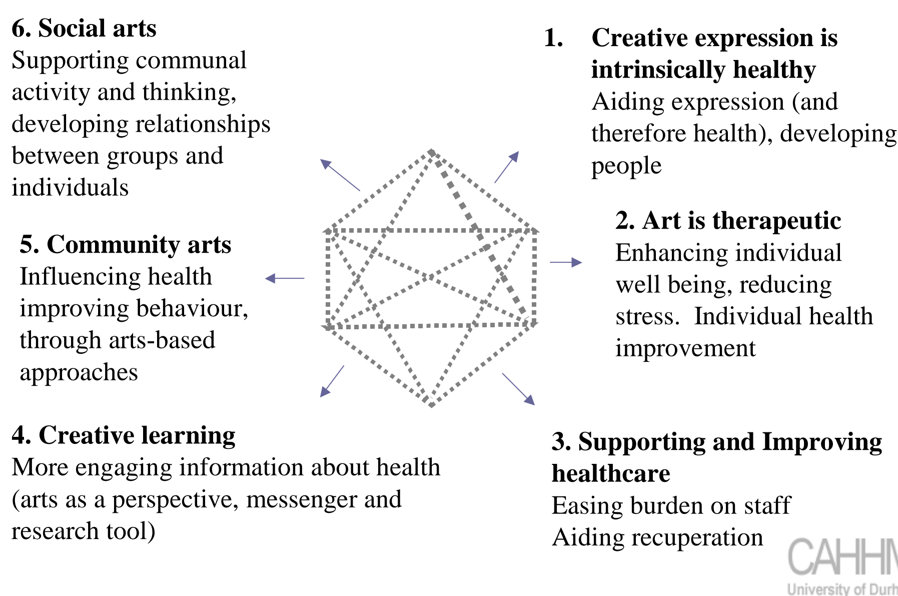


and the way different faces are connected. Imagine that health is in the centre and there are different ways to look at.

3.4 What impact can be seen from different approaches?

Figure 5 outlines the impact reported by pilot projects in Common Knowledge. These relate closely to their chosen approach. The projects that emphasise expression as activity that is intrinsically healthy suggest work increases self-esteem - people feel better in themselves. Those that see art as therapeutic draw people that are looking to improve their health status and projects seek to confirm whether this expectation is met. We discern greater caution around impact from projects that aim to support healthcare. They ease burden on staff and aid recuperation by improving the environment in which care is delivered. We discuss these approaches further in the next section, when considering evidence presented to support impact.

Figure 5 What impact is claimed from CK projects?



It may be more difficult to capture impact from projects on the left of the diamond, as they are concerned with elements of health that are not immediately recognised by mainstream health services. But some brief examples help to illustrate their potential impact.

Creative learning

Some of the projects seek to explore ways in which people feel about healthcare issues. Some artists worked with people in care homes, hospitals and primary care to learn more about the patient perspective on services.

In one South Tyneside project an artist persuaded a general practice surgery to allow her to develop an artistic eye to ways that health services communicate with patients. The kinds of observations made are not always considered by health services. The artist, Sheila Graber, had used creative methods to explore complex health issues

before. She is the author of Newcastle Hospitals NHS Trust's illustrated booklets *Why Did My Daddy Die?* about the family of a leukemia victim and *What's The Matter With Mum?* that helps explain the effects of cancer to children. Sheila was allowed to sketch from behind the main reception desk and display a poster inviting people to talk to her. She drew what she saw, the expression on people's faces, the activities of staff and patients. What she saw raised questions in her mind:

> '(1) Receptionist at work with computer/card/phone - looked at the stack of cards in back office – question: how does the appointment system work?
> (2) Receptionist at work dealing with many requests for prescriptions – question – How does the prescribing system work?'
> (3) Patients waiting for an appointment – some relaxed with newspapers – other nervous looking at clock, twiddling thumbs. One baby and family waited nearly an hour for the Doctor on "emergency call" – question – Is there a way of using this time to help communication between all parties?'

An artist's eye makes a difference. Sheila produced posters explaining the appointments and repeat prescription procedures. She found that surgeries do not always think about the messages they send. One of the notices, peeling off the wall was written in capitals with every word underlined: <u>WHEN YOU BRING CHILDREN TO THE SURGERY PLEASE DON'T LET THEM RUN AROUND AS THEY COULD INJURE THEMSELVES OR SOMEONE ELSE.</u> It suggests it would be better not to bring children to the surgery. Sheila replaced this with basically the same words, but written in a different font, in lower case, in colour, and with cartoons of children chasing around. It sends out a different message. 'Please don't let your children run around in the waiting room, as they could injure themselves or someone else'. The design, rewording and animation changed the tone of the message.

Community arts

The Drama Queens project was remarkable because the characters and script for a piece of drama were developed by teenagers (with the support of artists) to present to their peers. Comments from the audience attest this combination brought issues to life in a way they felt real.

> "I liked it because it was honest, just what it's really like."
> "It was realistic and it sounded like me and my friends."
> "It was simple and told it how it is"
> "It covered a lot of feelings we think about".

The process of being supported to write and perform provided a dynamic vehicle for the exploration of issues as the young people saw them. They explored issues that young women worry about, "drugs, smoking, food, sex, above all, relationships".

Social arts

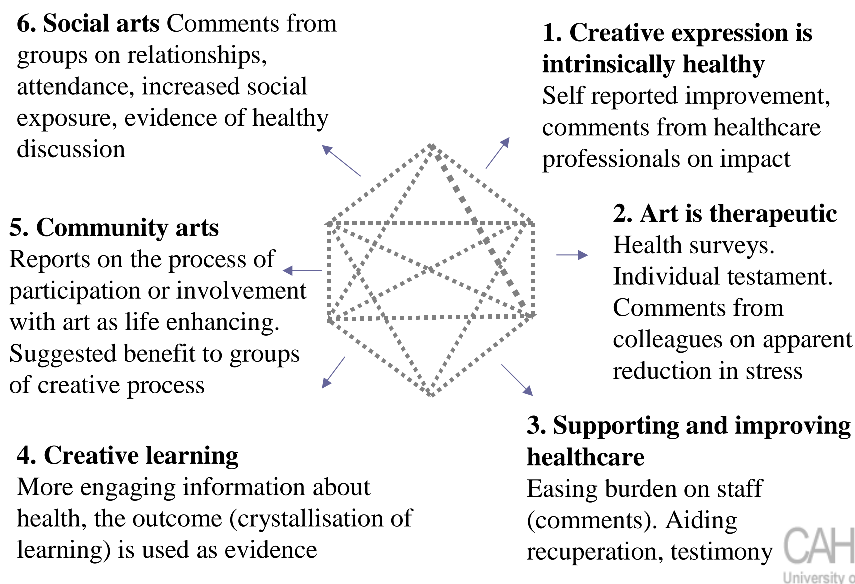
Increasing social interaction is a key aim of projects on the left of the diamond. In the top left, projects are aiming to strengthen connections between people. One woman who attends a *Stitch and Relax* group writes clearly about what she values.

"Though sometimes the work is challenging, we have expert help…People in the group enjoy the morning for the companionship, the sharing of worries, and the good fun generated, as well as the work itself. I enjoy the different mix of people. It is fascinating to see the different pieces of work growing, together with people's confidence and our sense of achievement."

3.5 What evidence is presented to support these claims?

Figure 6 illustrates the kinds of evidence that has been offered to support the impact claimed. It is many and varied, a mixture of testimony, surveys and observation. Projects that are concerned with creative learning tend to draw on their output, a health information poster, for example, or a play. In this area, evaluation can (but rarely does) focus on the ability to convey issues and messages. Clearly, the aims of projects influence the evaluative approach. It is more likely, for example, that projects that claim to improve individual health will search for ways to do this.

Figure 6 **What kind of evidence is offered to support claims of impact?**



In this section, we discuss projects on the right of the diamond.

Creative expression is intrinsically healthy

Expressive activity is thought by some to be integral to good health. With this view, one project worked to try and secure referrals to an art scheme from local GPs, for people feeling anxious or stressed. It seems to work for some. One GP wrote to project organisers to say how he had noticed an effect on a patient he had referred, someone suffering from mild depression.

'She came to see me today and I was amazed at the improvement she has made. It was lovely to see her smiling and hear her laughter, which I have not heard for a long time. I would be more than happy for her to carry on working with you. She was full of enthusiasm for it today and I would be very grateful

> if you could continue with the art work which she has been doing.' (GP, Newcastle)

The therapeutic qualities of arts
Dr Anand says one of the patients who came to his sessions for music therapy has suffered from schizophrenia for more than 30 years and "can now sleep much better, his anxiety is reduced – he goes on public transport which he never felt he could before. This is with no change of medication at all, but through developing his confidence through singing, and being accepted in a group". It might be argued that it is the acceptance by a group that has made the difference rather than singing, but Anand would counter that "singing helps people calm down physically. The body starts to produce more endomorphines – the happy hormone which affects every cell in your body – boosting the immune system".

> "From the start we agreed the project we wished to set up would be to promote well being and to focus on prevention rather than illness. We realised that this would be very difficult to measure as the majority of health interventions usually start with a diagnosis of a particular illness, We therefore agreed to focus on stress related symptoms as a basis to start from and decided to use the SF-36 survey as one method of measuring participation stress levels at the beginning of the project and then again at the end. Other methods of recording and evaluating have been photographs and participant written evaluation taken during and at the end of the block of the sessions and video interviews." (From the evaluation book)

The audience for this work is the medical profession, hence the onus of the project on measurement. But limits to this kind of measurement are noted; for example, "how do you measure improved relationships?" Anand is interested in changing culture from an emphasis on sickness to health. He says that treating sickness is expensive but health treatments much less so and reduce the overall burden on the health services.

Supporting health services
Other projects set out to support health services by offering staff alternative ways to work with the groups and individuals they care for. An OT who has never before been involved in an arts/health project kept a reflective diary in which she recorded her thoughts on activities developed in conjunction with South Tyneside Arts Studio. At the end of the experience her view was that:

> "The use of art as a therapeutic medium… allows a person with mental health problems to express him or herself using a non-verbal medium. It allows the therapist an opportunity to better understand the world of our clients enhancing our ability to assist them. It can facilitate the expression of powerful thoughts and feelings in ways that feel safe."

One of the GPs involved in Common Knowledge spoke at a conference to share her experience of being involved in an arts project. She speaks for many doctors who see the arts as playing an important role in activities designed to improve health: reaching the parts that health services under great strain cannot reach.

> "People often ask me…what's so special about arts in health? The answer is nothing, except that until recently it didn't happen. The healthcare environment has always tended to be excluded, the emphasis has been on clinical performance, and more recently reaching targets…We have a comments book in our waiting area for patients to write in and I am ashamed to say it is full of criticism about the service we are struggling to provide. At a time of rock-bottom morale it generally makes depressing reading – sometimes with abusive comments about staff I know try their best in difficult circumstances".

The waiting room of the surgery the GP works within housed an arts project involving users in painting and embroidering curtains with stories associated with the local area, Gateshead.

> "I believe a relaxed and happy patient is much more likely to benefit from health care intervention than a worried stressed one. A non-stressed health worker is more likely to provide good care than a stressed one. Perhaps arts can help in reducing the stress that illness adds to people's lives…There are areas of health where we have failed to get important health messages across. And perhaps our delivery of health information can be improved by the use of arts. I believe arts in health will not in the future be an unusual or quirky thing but a normal part of the health service."

3.5 Conclusions
The results from this study into Common Knowledge projects show that activities have many dimensions. These can be shaped into specific approaches within the field. Analysis of impact and evidence in experimental projects shows a clearer relationship between approaches and what they set out to do. While these results do not prove that health has improved, they do offer some powerful indications of the potential of arts/health activities.

4. Discussion

4.1 Introduction
We begin by setting out a table of the different approaches and their potential impact and suggest this is an outline sketch of a research agenda in arts/health to better understand the impact these activities make on health. We then draw out some implications for practitioner aims and research methodologies.

4.2 How do the findings from the projects add value to the field?

Clearly the evidence of impact is open to question. Important questions in this context are what is 'evidence' and, is it is the same in different sectors? The value of this work is in shaping the field, evaluating sorts, so that the intended effect of projects is made clearer. It is groundwork for future evaluation. As John Angus explains, 'to be able to seek or collect evidence it is first necessary to know what effect is intended. Evidence can then be collected about whether or not this defined effect has been achieved' (Angus 2002).

One of the key tasks of those in arts/health is to better understand different approaches so as to mine the insight they present for health. One of the advantages of evaluating Common Knowledge has been the opportunity to examine patterns of impact of a relatively large number of projects. The results show areas of impact associated with different approaches that can be further explored in arts/health research.

Table 1 outlines a framework for developing research in arts health. It lists the approaches, their view of health, their potential in improving health and some measures of impact that could be usefully further explored.

Table 1. A framework for developing research in arts/health

	Approach	**View of health**	**Potential**	**Measures of impact**
(1) Individual creativity and well being	Creative activity that in enabling expression is intrinsically healthy	Places emphasis on spiritual and emotional health. Artistic activity is fundamental to health	Self-development, raising self-esteem, training	Individual development and health associated behaviour
(2) Individual Therapy	Uses arts as an aid to health	Individual health has many facets, not all of which are addressed by medicine. Arts can be a therapy in its own right	Impact on individual health status	Individual health measures, understanding new aspects of health
(3) Supporting and improving healthcare	Arts in health settings	Wants the arts to be incorporated in formal health plans	Supporting staff, aiding recuperation, improving environment	Benefit to staff, patients and families - supporting communication, recuperation, self management of health and improved well-being
(4) Creative learning	Arts as an alternative perspective. Art engages people more effectively and can promote health	Learning can be health promoting messages or issue exploration	Exploring health issues and more effective ways of promoting health information	Developing insights with practical implications for health service and individuals
(5) Community arts	Combines creative and artistic activity with social health missions, such as bullying or pregnancy	Health care is one aspect of what determines overall health. Art can connect communities and impact on social health	Enhancing social health	Group and individual behaviour - eg change in sexual behaviour
(6) Social arts	Developing relationships between people	An important determinant of health is the strength of social relationships	Enhancing relationships among defined groups and communities	Measures of social capital and the impact of strengthening social ties.

It is useful to understand different approaches within the field. If they achieve different things it will help health service managers to identify approaches that might help them meet particular needs.

4.3 Is it just a matter of time before the evidence emerges?

One speaker at the National Network for Arts in Health/CAHHM roadshows was quoted as saying the evaluation of arts/health is a case of 'how many snowflakes it takes to make an avalanche'. This view assumes it is just a matter of time before the impact from arts/health becomes known but it is perfectly possible that the snow may not settle. A more proactive approach is required that targets specific questions and issues.

Another problem is that it is not straightforward to translate across different arts and health sector boundaries. Philipp characterises the problem in a meeting he attended. "On the one hand the artists there were saying 'this is what we do. We know it helps people, there is some evidence to show this', and on the other hand the health care purchasers in the room were saying 'we hear what you say and it's very exciting but it's the quality of that evidence we need to examine.'" (Philipp 2002).

The research agenda for arts/health should be shaped by both arts and health sectors. Questions that are explored have to be central to the health agenda, because if they are not, why would health be interested in supporting this activity?

4.4 The need for greater clarity in aims

John Angus has recently reviewed evaluation in arts/health, which involved analysis of over 150 documents. (Angus 2002) Only one stated any intention to improve health. Projects provided little information and did not routinely seek to assess the projects aims. While there was a will to evaluate projects, Angus found methodologies for doing so are 'basic, unstructured and poorly thought out'. He found few clues about what arts/health projects were trying to achieve. Reading between the lines, he found the most common aims included:

- Raising awareness
- Personal development
- Aesthetic improvement to buildings and care environment
- Acquiring arts & craft skills
- Social activity/participation
- Staff development for health professionals
- Health needs assessment
- Communication between public and professionals
- Cross sector partnership working.

If aims are unclear, why should the NHS invest in this work when they have no way of judging the return? There is a need for greater confidence and clarity of aims. As Angus says, "if arts in health practitioners want to engage art directly for the improvement of health, they need to be clear about the difference in their aims from those of medical practice. If arts in health work is intended to contribute to the achievement of aspects of holistic health, which is not covered by medicine, then that difference should be stated." (National Network for Arts in Health 2003)

4.5 The need to relate research concepts to project aims

A Dept. of Culture Media and Sport sponsored research project - *Count Me In* – undertook a review of the impact of a wide range of projects on social exclusion, in

the fields of health, sport and education. (Leeds Metropolitan University 2001) It concluded there was 'little effective evaluation against social inclusion outcomes'. Chiming with the findings of Angus' work it suggested 'a lack of clarity of outcomes and what they constitute' was a key problem.

But another key problem is that evaluation undertaken by researchers often lacks clarity too. The reason research finds it difficult to relate aims to evidence is in part because the aim of each project is not clear and because evaluation is not yet culturally central to such work. But research has to be careful not to distance itself too much from projects either conceptually and physically. There is too often a dislocation between the concepts research wants to explore (such as 'social inclusion') and the implicit aims of arts/health projects (which might be increasing access to health information, for example) and it is difficult to relate the two. Proof for projects will not be found in concepts activities are not related to. Such an approach can admonish and diminish projects for failing to demonstrate ideas that are alien to them. The problem is more complex than simply a lack of evaluation in projects. To help projects learn about evaluation, researchers need to learn more about projects

4.6 Putting research before evaluation

The authors of *Count Me In* note that in projects concerned with social development, 'far too small sums have been invested in the evaluation process'. This is absolutely the case, but perhaps there is a more fundamental problem - how we evaluate something when we are not entirely clear what it is all about. There is more pressing need for research in this field than for evaluation. Without understanding what we are evaluating, evaluation in arts/health is putting the cart before the horse.

Evaluation is often formulated in respect of funders' wishes rather than the internal aims of projects - i.e. what it is hoped the project will achieve - putting those involved in projects into a position where they defend their work. In this kind of environment, it is difficult to learn from evaluation.

Internal approaches to evaluation are limited by the lack of a strategic context, research awareness and the resources to collect and analyse data. External approaches are limited by concepts that are not fully integrated to the project. We need to understand more about the field to more clearly link external and internal aims. Alternative methodologies are needed, perhaps more ethnographic or public health perspectives.

It has been suggested[7] that the impact claimed from arts/health projects should be exposed to randomised controlled trials. In time, this may be the case. Research into some at least two dimensions – those that claim therapeutic impact and a supportive effects on health provision – may generate hypotheses that RCTs could test. However, there are two main problems in suggesting that arts/health should be tested in this way. First, RCTs are essentially evaluative, which as this report has argued is premature at this stage. Hypotheses are still to be developed. Secondly, it is

[7] The suggestion that Randomised Controlled Trials are needed to prove the impact of arts/health come mostly from medical quarters

questionable how sensitive and respectful RCTs are to concepts that are marginal to science: subjective, emotional and social elements of health.

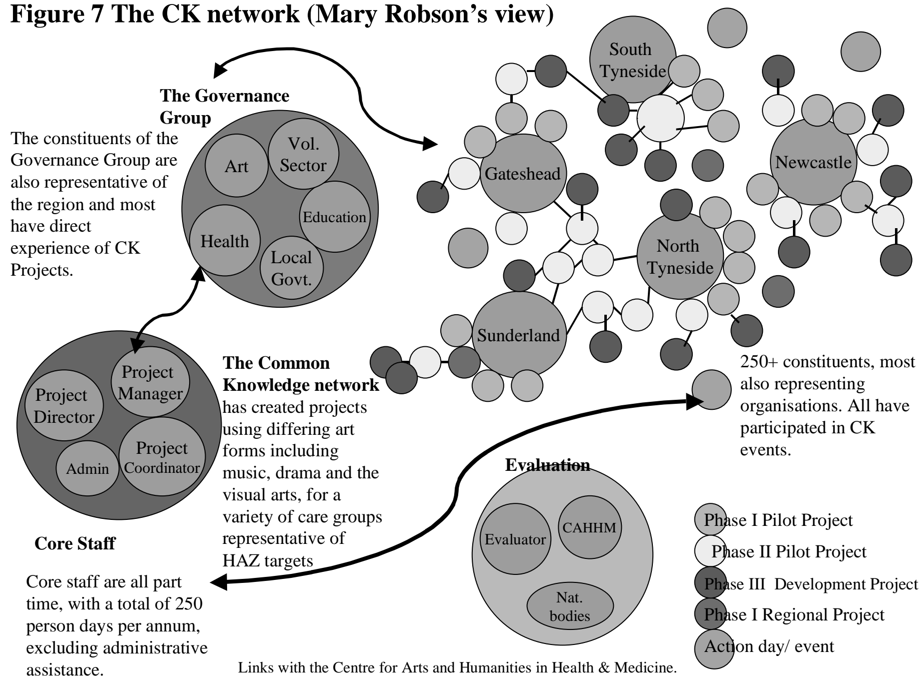
There is a need to think of ways to strengthen qualitative research in this area in order to demystify the variables that elude methodological orthodoxy. Arts/health practitioners, says Angus, are aware of the limitations in evaluation but are also concerned their aims are intangible and beyond measurement. More grounded research and greater participant involvement with projects over long periods is necessary to explore impact and evidence in these complex interactions. More participative methodologies are needed to draw out impact, which, suggests Mary Robson, 'will involve participants not merely as data collectors but as analysts alongside a research team' (Robson 2003). More longitudinal research would allow a greater depth in methodology and the opportunity to examine effects.

4.7 A network of activities that open to research

If activities can be sustained over a period it allows for different dimension of arts/health to grow and sustain themselves in a local area and for research to get closer beside projects and better understand them.

One of the strengths of Common Knowledge has been the achievement of its aim to create a network of activity across areas and sectors. Figure 7 shows Mary Robson, the Project Director's, view of its 'biological' growth.

Figure 7 The CK network (Mary Robson's view)



The other strength of such an approach is that arts/health becomes localised and any suspicion toward activities can be eroded over time. The establishment of a network means that health services and arts/health can learn about effective ways to work together over a period of time.

4.8 Conclusions

The work of Common Knowledge has helped map out different dimensions of the arts/health field and draw out implicit aims in different approaches. The aims of arts/health projects are not always clear and evaluative methodologies are not always focused on the right things. Research should be put ahead of evaluation in order to tackle specific questions on the impact of the arts of health.

5. Conclusions

The following sections underline the main points made in this essay. While there is an impetus for more creative approaches to health, if arts/health is to play a leading role in this process it needs to be much clearer about what it aims to do; the field needs to be demystified. Evaluation is limited and an evidence base for arts/health will not inevitably appear. The diamond is a useful starting point for mining insights and shaping a more developed research agenda. While there are inherent tensions within the knowledge base of health and the arts, continued creative exchange is needed to explore questions with which both sectors are concerned.

5.1 The need to demystify arts/health

The potency of the arts to respond to new health challenges will only result from greater clarity about what it offers. Arts/health projects have to work to influence health (whichever way this is defined). If they do not, as Mike White says, a project "should consider describing itself as something else" (White 2002). Such expressions of impatience are not a sign that the field is hardening against certain approaches. They are intended to provoke more clear thinking about what is understood by health and ways the arts influences it.

Angus acknowledges there is a "widespread recognition of the need to provide evidence of the effect of work, whether it be establishing the value of strengthened social networks or the effect of creative activity on health problems. But aims must be clear: a fundamental barrier to the arts/health field developing is that appropriate evidence cannot be collected until it has been clarified what effect is sought" (NNAH 2002).

There is a need to demystify arts/health and to balance talk of magic and miracles with sober and more rigorous investigation of impact. This is not to suggest that arts/health should surrender to positivist evaluation, far from it. More sophisticated research approaches are needed to capture qualitative insight.

5.2 The value of the diamond in making sense of arts/health

The diamond figure presented in the report helps to clarify discussion about the aims of arts/health projects and evaluation of impact. It has three main benefits:

- It shows different approaches co-exist with the arts/health field and determine a diversity of practice. It makes its dimensions more clear. Because there are different concepts and approaches to the practice of health it is important to establish where the work sits within the diverse and complex field of arts in health so we can better understand what each is trying to achieve.

- While there are many different approaches at the local level, there has been little advance in developing a strategic framework to draw approaches together. This means those outside the field are not always clear about what it represents or seeks to achieve. Our findings suggest there are a variety of ways in which arts/health might effectively pursue partnership with the health sector

- In the absence of clear aims from projects, the diamond figure offers a way for projects to locate themselves in the spectrum of arts/health activity and make it clear what are they aiming to do.

The diamond figure presented in the report is not intended to be the final word or a definitive view of the field, but is a way of exploring the multifaceted nature of health. The diamond may not be the best way of looking at it and it is certain that conceptualisation will develop as more becomes known about the field. Inevitably some will worry that setting out a typology of projects might constrain further development or marginalize approaches it does not explicitly incorporate.

John Angus worries that the diamond is too hard as an image, giving the impression that it cannot change in form when, from his perspective, arts is a responsive perspective. He would perhaps prefer a more biological symbol, something that is adaptive. This is a fair point, but for now I would argue arts/health needs a more solid conceptualisation to which others can relate.

5.3 Harnessing creative tensions between the worlds of art and health

The aim of Common Knowledge was to develop common ground between health and the arts. It is a laudable aim, but very difficult to achieve. It has to be accepted that there are significant tensions between arts and health perspectives. While medicine and 'traditional' approaches to health compartmentalise and order knowledge, art:

> "Continuously muddles the rubrics and compartments of concepts, presenting new transcriptions, metaphors, and metonymies; it continuously reveals the desire to give the subsisting world of waking man a figure so multicoloured, irregular, devoid of consequences, incoherent, exciting and eternally new, which is that provided by the world of dreams." (Eco 2000)

This quote from Nietzsche sums up the strengths and weaknesses of an artistic view. Art looks at things in seemingly limitless new ways, but it does not necessarily have a capacity to make these insights practical or to transfer them into a positivist knowledge pool.

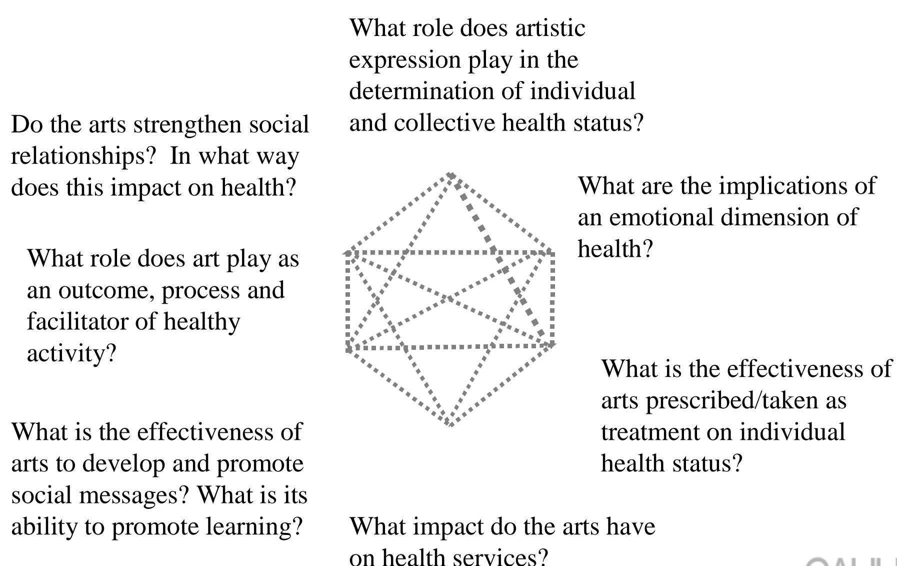
Mike White's comments about one of the Common Knowledge projects raises some interesting observations about how we can translate the benefits of arts. He accompanied a cellist and a singer performing in an intensive care unit.

> "How do you put a value on work like this, identify its cost benefits? Some ICU staff anecdotally noted a reduction in blood pressure in coma patients that has coincided with these music sessions. This could be the basis of a longer-term research programme if we can raise resources and get Ethics Committee approval. But the essence of the intervention is already here in that it is about

sensitising and alleviating the clinical environment through the potential pleasures of music in itself for people in distress, some in crisis" (White 2002).

There is a need for further research so that we can better understand how the arts influence health. Figure 8 lists some areas that the Common Knowledge experience suggests might be pursued in research projects. These are of concern to those working in the arts and health and in arts/health.

Figure 8 Questions to explore in arts/health



CAHHM has recently set up a national advisory group[8] that seeks to enhance practice and development of evaluation in arts/health work. It proposes to conduct a survey of organisations in arts and health sectors to ask what each expects of the other with regard to research and evaluation. This has an important role to play in shaping efforts to explore questions like those posed in Figure 8.

5.4 The impetus for more creative approaches to health

It is suggested that the incidence of illness is likely to change, for example, that the prevalence of anxiety and depression is set to soar (Philipp 2002). These new kinds of problems will require the health service to think differently, and they are not necessarily problems that medicine is best placed to resolve.

The prize of achieving a broader understanding on health and support for more emotional and social interventions seems worth the effort of chasing down the contribution the arts has to make to health. The last word is given to BMJ editor Richard Smith who to counter new health problems has called for "slightly" more spending by health on the arts[9]".

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[8] The group is supported by the Health Development Agency and the Nuffield Trust

[9] This slight increase, by health terms, would increase the budget for arts by an improbable amount (White, 2003)

> "More and more of life's processes and difficulties – birth, death, sexuality, ageing, unhappiness, tiredness, loneliness, perceived imperfections in our bodies – are being medicalised. Medicine cannot solve these problems. It can sometime help but often at a substantial cost. Worst of all, people are diverted from what may be much better ways to adjust to these problems…If health is about adaptation, understanding and acceptance, then the arts may be more potent than anything medicine has to offer" (Smith 2002).

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1.	**GATESHEAD – Music For Health**

Music for Health began as a pilot project bringing music into health care settings in Gateshead. It involved a blues singer, a 'cellist, a General Practitioner and a nurse practitioner and took in a doctor's surgery, a residential care home, a community group, and hospital in- and out-patient units ranging from elderly mental health to surgical wards.
Although a few of the visits took the form of a formal performance, most developed a very different approach where the musicians played and sang for individual patients who said they would like some music, often at their bedside.
This one-on-one method prompted requests, recollections, social interaction, with patients, relatives and staff teaching us songs, but it didn't require active participation from those who just wanted to listen. Often we were able to offer music for particularly emotional situations, such as a patient who was celebrating her wedding anniversary with her visiting husband.

FOR MORE INFORMATION CONTACT:
Cellist Tabitha Tuckett
Tabitha@seahorse.org.uk

Appendix 1 – A list of Common Knowledge projects

2.	**GATESHEAD – Video Conferencing for Older People In Residential Care**

This long-standing project explored the experience of people in long term care and their issues through the arts: photography and creative writing. The common knowledge element, bringing residential care homes together using new technology, took the risk of combining previous efforts using new technology. It aimed to draw together some of the insights in order to highlight these to policy makers and managers and encourage a debate.

FOR MORE INFORMATION CONTACT:
Douglas Hunter, Equal Arts.
0191 477 5775
equalarts@dial.pipex.com

3.	**GATESHEAD - Emotional Literacy and Human Values**

Common Knowledge introduced a practitioner in emotional literacy and human values to staff from St Oswald's School in Wrekenton. Together they planned several weeks of sessions exploring emotions and social relationships. Lesson plans were developed for teachers to use with children.
For more information contact: **Sonal Thaker** **0191 285 1183**

4.	**GATESHEAD – Chopwell Timeline**
Chopwell Timeline Experience is a community-focused project that employed art as a process to inform health and well-being. They created art work for the new youth centre, soon to be open in the village. The theme of the work was the effects of alcohol in the community	
For more information contact: Common Knowledge 01661 854505	

5.	**Gateshead – Music in Intensive Care**
One of the units we visited on the first project was Intensive Care at the Queen Elizabeth Hospital in Gateshead, after staff had suggested that ICU sometimes missed out on arts projects due to wariness of the unit's sensitive working conditions. After positive feedback we are now finishing off a second project based in the Intensive Care Unit. Judging mood, repertoire and duration of music is important. Individuals ask for music at what is often an emotional and sometimes a very sad time. We have tried to work closely with staff and relatives, who we have noticed have brought music onto the ward in between our visits, bringing favourite CDs for patients to listen to on quiet personal stereos, sometimes as a distraction during painful or difficult processes. As a culmination to this project, Music for Health will spend a day in residence in the Queen Elizabeth Hospital when we will be available to play and sing wherever the hospital chooses.	
For more information contact: Cellist Tabitha Tuckett Tabitha@seahorse.org.uk	

6.	**GATESHEAD – Creativity in Practice**
In conjunction with Gateshead Primary Care Group, Common Knowledge ran a training day for eight local GP practices in the use of the arts in primary care. Everything from the waiting room as a gallery through to participative arts for patients and staff. Workshops with three artists demonstrated various skills and techniques and gave opportunities to the practices represented to develop ideas. After the day, each surgery benefited from a visit from one of the artists – for 3 hours to give individual help or advice.	
For more information contact: Dr Christina Cock	

mail@christinacock.com

7.	**GATESHEAD – Weaving your Feelings**

Following the success of the above project, St Oswald's staff, a local GP and tapestry weaver Alison Wood have joined forces to create another emotional literacy project for pupils. The aims of the project:

- For the pupils to create woven hangings for the new unit that are interpretations of feelings
- To encourage the pupils to identify and discuss their feelings as part of the design process
- Record the process, create a replicable model and disseminate to other schools
- Create children-led evaluation

For more information contact:
Mrs. Marie Boot, St Oswald's.
0191 487 8641

8.	**GATESHEAD – The Singing Bee**

Developing the work from the previous two projects; voice movement therapist Wendy Smith is working with children both in the Nurture Unit, run by Barnados, and the school to create a musical score about emotions inspired by the tapestry. Further links will be made between the school and the local arts in health project *Happy Hearts*.

For more information contact:
Wendy Smith, Voice Movement Therapist.
01661 852078
wendysmith@waitrose.com

9.	**GATESHEAD – Care Journeys**

This project will chart the journey of care taken by patients - from the Geriatric Ward at Bensham Hospital to their GPs and ultimate rehabilitation. The patients will work with a writer from their discharge onwards. Their views of post hospital care will be reflected back to the hospital in order to influence future service. A booklet is to be published.

For more information contact:
Douglas Hunter, Equal Arts.
0191 477 5775
equalarts@dial.pipex.com

10.	**NEWCASTLE – Create Well Being**

An arts on prescription scheme designed to help improve people's ability to deal with stress and related conditions through accessing Indian classical music and painting on silk. The aims were to increase levels of mental, physical, emotional and spiritual well-being and to encourage participants to take up further art/leisure activities.

For more information contact:
Drs Anand and Anthea Anand
0191 213 0970
anandjee@aol.com

11.	**NEWCASTLE – Writing and Painting at the Northern Centre for Cancer Treatment**

There was no provision from some existing arts lottery funding at NCCT for patients undergoing chemotherapy in ward 36 or those admitted as seriously ill in ward 37. It is vitally important that time spent having chemotherapy should be positively enhanced, that some very ill patients get a chance to express themselves and that staff be given the opportunity of participating in an arts project. Therefore the **Common Knowledge** element of this project funded specific arts activities in those wards. Writing and painting provide the means of expressing oneself at whatever level is comfortable.

For more information contact:
Germaine Stanger
0191 281 2104
germainestanger@waitrose.com

12.	**NEWCASTLE – A Better Life in Later Life**

Phase one of this project used creative writing and storytelling 'taster' sessions in an attempt to get the views of older people, relatives, friends and staff about residential and nursing care. Phase two saw the photographer and storyteller spending some time in a nursing home, observing and photographing daily life. The **Common Knowledge** phase of the project was to share the insights with policy makers and care managers

For more information contact:
Barbara Douglas, Better Government for Older People.
0191 233 0220

13.	**NEWCASTLE – Celebrate the Power of Communication**

This project included people with a variety of voice and speech difficulties: stroke patients, stammerers, voice patients (including a teacher and a lawyer) who have vocal problems, and speech therapy students. All participated on an equal level, working with voice, creative writing, music, movement and drawing, and aiming to provide an exploration and celebration of communication through artistic and creative media. The aim is to create a group in which the participants can discover more about their own voices and the voice generally and explore ways in which they can communicate - especially emotionally.

For more information contact:
Wendy Smith, Voice Movement Therapist.
01661 852078
wendysmith@waitrose.com

14.	**NEWCASTLE - Arts in the Northern Centre for Cancer Treatment**

Without the support of **Common Knowledge** throughout its 12 month pilot period, the arts project at the Northern Centre for Cancer Treatment's present position might not have been reached.
In May 2002 began a two year programme which sustains the final format of the pilot project (rag rug making, printing and painting with participating patients) and develops possibilities identified through doing the job. The funding allows for a number of short term contracts which will explore the effectiveness of additional arts disciplines and the artists

whose personalities can flourish in a hospital environment. Furthermore, the resident group of three artists, two facilitator/artists and a project manager, provide the nucleus of an arts unit which can offer/arrange arts services to the entire Trust. The 2002 - 2004 funding is being provided by: - Regional Arts Lottery Programme, The Northern Rock Foundation, Newcastle and North Tyneside Health Authority and the RVI Special Trustees.

For more information contact:

Germaine Stanger
0191 281 2104
germainestanger@waitrose.com

15.	NEWCASTLE – Dance in Health Care

Following the success of previous courses, this project offered ten two-hour dance/movement sessions for care staff at The Chapel of St Nicolas Hospital in Newcastle. The course included integration of other therapeutic arts, voice and music workshops and silk painting.

The aim of the training was to offer a valuable experience for a broad range of needs:

- The therapeutic model including relaxation.
- The creative model with methods of expressing ideas and feelings through movement, art and music.
- The social experience of sharing the fun of moving and creating together.

For more information contact:

Virginia Kennedy
Dance Facilitator
sandy&virginia@flindersbar.demon.co.uk

16.	NEWCASTLE – African Dance for Health

Connie Yabantu was a nurse and nurse trainer and teaches South African rhythms and steps for fitness for all age groups. Her partnership with **Common Knowledge** has resulted in a project that has worked with children and adults from across the region. The resultant health and social needs that have become apparent amongst women from ethnic minority groups will form the basis for the next stage of the work in Newcastle.

For more information contact:

Connie Yabantu
0773 286 4852

17.	NEWCASTLE – Operating Theatre

Operating Theatre is based in the Department of Primary Health Care at Newcastle University Medical School. It builds on the interest, currently gaining ground in the field of medical education, to introduce the humanities and the arts into contemporary medical teaching, with a view to using them to complement communication skills teaching and widening understanding of the full impact of illness, but further to refocus medicine in relation to an understanding of what it is to be fully human.
It has brought together a wide range of health care professionals, medical students and members of the performing arts in a workshop environment to produce dramatic work that illuminates areas of the human condition that have to do with illness and treatment.

It should be stressed that the aim of *Operating Theatre* is not therapeutic or purely educational. Instead it firmly recognises medicine's inherently dramatic nature, and aims to use theatre in its richest, most exciting way, that is to change people's perspectives of themselves and each other in familiar scenarios by challenging them on an intellectual and emotional level in an entertaining forum.
Common Knowledge has contributed to the funding of a weekend of workshops and performance.

For more information contact:
Dr Dominic Slowie
0191 222 5891

18. NEWCASTLE – Dance in Health Care

As a follow up to the previous course, this project at the Chapel of St Nicolas Hospital in Newcastle will deliver further dance/movement/music and other arts sessions for care staff.
In addition, in response to the feedback from participants, there will be site-specific sessions in the workplace to help participants deliver what they have learned.

For more information contact:
Virginia Kennedy
Dance Facilitator
sandy&virginia@flindersbar.demon.co.uk

19. NEWCASTLE - Arts in the Northern Centre for Cancer Treatment

The Common Knowledge project contributes again to a programme that is working towards the setting up of an arts unit within the Northern Centre for Cancer treatment. It will be based around providing a counsellor from Marie Curie to support long-term residencies by textile artists Ali Rhind and Marcia Hey, and liase with the Hospitals Trust which is also evaluating the work internally. Artists from other disciplines will be invited to work there, trying out new art forms..

For more information contact:
Germaine Stanger
0191 281 2104
germainestanger@waitrose.com

20. NEWCASTLE – Operating Theatre

Operating Theatre now has a writer in residence, Carol Clewlow, and with Common Knowledge is working to develop an arts element in the curriculum of medical education at Newcastle University. The Medical School is now funding additional workshops.

For more information contact:
Dr Dominic Slowie
0191 222 5891

21. NEWCASTLE – Connecting with Colour

Glynis Johnston is a health promotion specialist and artist and worked on the phase one arts on prescription project in Newcastle as a silk painter. Some of that project's

participants are returning to work with her again as part of a mixed group that also includes health professionals. Using colour therapy as a starting point, they use silk painting and other art forms to promote individual health and well-being and personal development.

For more information contact:
Glynis Johnston
glynisrose@hotmail.com

22.	**NEWCASTLE – African dance for Health**

Connie Yabantu works with two groups of local women, largely from ethnic minority groups, composing dances and songs and teaching massage to promote self-help especially with regard to arthritis, diabetes and stress.

For more information contact:
Connie Yabantu
0773 286 4852

23.	**North Tyneside – Stitch and Relax**

This embroidery project began with older people in residential care who can benefit from learning/re-learning a stress free art form and work in communal groups, with particular attention to Alzheimer's' sufferers.
It has now broadened its remit and works in a variety of community settings, including parenting groups and asylum seekers, looking to improve health and social well-being.

For more information contact:
Mrs. Margaret Howe
0191 252 9614

24.	**North Tyneside – Arts on prescription**

Following artists' demonstrations of different techniques during surgery hours, North Tyneside Arts Studio worked with referrals from local General Practitioners for those patients whose mental health might benefit from involvement with art. One of the values of the project is the insight it provided into evaluation. This project had the most reflexive and interesting comments to make about evaluation itself. It tried to pull in evidence for its impact from a wide range of sources.

For more information contact:
Jocelyn Cassia, North Tyneside Arts Studio
0191 296 1156

25.	**North Tyneside – Winter**

Winter was a project for adults of all ages, often with experience of serious illness. It offered people a chance to explore the relationship between health, sickness and healing both as individuals and as a group. Art forms included five rhythms dance, movement, music, photography and video.

For more information contact:
Gordon Sharp, The Mission
0191 261 7191

26.	**North Tyneside – Community Mothers' Nutrition Leaflets**

A series of illustrated information sheets on Food and Eating, used by Community Mothers during the home visits that they offer to first-time families and others in North Tyneside who need extra support.

For more information contact:
Carolynn Dixon, Community Health Development.
0191 257 4879

27.	**North Tyneside – Voice Work on Ward 21**

A voice work group was created on Ward 21, an acute psychiatric ward. Sessions included: working with voice, group improvisation, singing, breathing, simple non-verbal vocal sounds e.g.: humming, using simple percussion and instruments brought in by members of the group. The aim was to provide creative activities for ward members that are enjoyable and fruitful, hopefully resulting in increased confidence about using their voices and making sound and music together.

For more information contact:
Bernadette Hobby
0191 259 6660

28.	**North Tyneside – Young Health Advisers**

The Young Health Advisers project was an existing HAZ project. The Common Knowledge project began with a training day on creative consultation, where artist Jane Gower and the young people learned side by side. Jane Gower then worked with the group to help create new creative tools for public consultation to be used by them in peer education.

For more information contact:
Jane Gower, Artist.
01207 561133

29.	**North Tyneside – Capture This…**

The focus of this project was to both further identify and address the issues of social isolation and loss of identity so often experienced by asylum seekers following dispersal throughout the UK. The impact of social isolation, combined with the feelings of loss (of homeland, culture, identity etc) manifests itself in a negative effect on the physical and psychological well being of this vulnerable group. Taster sessions in creative writing and embroidery preceded photographer Sharon Bailey working with Moldavian refugees on portraiture.

For more information contact:
Sharon Bailey, Photographer
0191 200 7349

30.	**North Tyneside – Stitch and Relax**

This embroidery project is now in its third year, working in various community settings with over sixty participants. It is embedded into the life of Cedarwood Care Home and Newbiggin Hall Estate to the extent that even if the funding stopped the work would continue with donated materials and staffed by volunteers. This phase is branching out into work in a psychiatric ward.

For more information contact:
Mrs. Margaret Howe

0191 252 9614

31.	North Tyneside – All Our Stories
This is one of a pair of projects that are looking to find links between two very different sections of the local population – asylum seekers and refugees and retired fisherman. Using a range of art forms – video, photography, music, writing, painting, mask making, clay work, drama and dance – participants tell their stories of home and work, medicine and healing.	
For more information contact: Gordon Sharp 0191 261 7191 heart@beat.demon.co.uk	

32.	North Tyneside – All Our Stories
Film maker Annabel Newfield is working with retired fishermen in South Shields. The resulting video charts the effects of the death of the industry and its rich community life on the health and welfare of the participants.	
For more information contact: Annabel Newfield **Tel: 0191 209 5290** Pasturesnew71@hotmail.com	

33.	South Tyneside – Looking out for…
Art therapist Melanie Todd worked with local groups from the Pakistani communities, researching arts materials that would be useful in helping recognise the early symptoms of diabetes.	
For more information contact: Denise Burke ***Positive Health*** 0191 451 6608	

34.	South Tyneside – Bede Wing Information
There is a need for National Health Service clients to be able to access relevant, clear and simple information about services, their rights and responsibilities and generally what to expect whilst in hospital. This project worked directly with psychiatric in-patients to produce information and communication tools using a variety of artistic media.	
For more information contact: Paul Mulvihill **South Tyneside Arts Studio** 0191 454 4004 stas@dial.pipex.com	

35.	South Tyneside – Have we made ourselves clear?
Exploring the process and methodology of "communication" between patient and professional health care staff in a health care community setting. capturing elements of meaningful and real exchanges between people using digital art and then using this in some way to inform others of good practice.	

For more information contact:
Sheila Graber
Animator
0191 455 4985
sj@graber-miller.com

36.	**South Tyneside – Firing the Imagination I**
Writer Chrissie Glazebrook has been invited to South Tyneside to use and extend the network – created through **Common Knowledge** – to reach people involved in mental health in our Borough, plus a mapping project with the South Tyneside Art Studio for mental health referrals.	
For more information contact: Pauline Moger The Customs House 0191 454 1234	

37.	**South Tyneside – Firing the Imagination II**
Writer Chrissie Glazebrook has completed the first phase of a residency at Mayfield Surgery in Jarrow, working with patients referred by surgery staff. Her personal experience of mental health difficulties has added strength to the project. Phase two begins January 2003; further patients have been referred and the surgery counsellor will attend. Group members, staff and artists will assess their involvement. An additional training element in phase two is that the artist will have one to one tutorials with a doctor at the practice, to discuss and explore the value of literature in a medical setting with particular reference to depressive illnesses. A symposium to celebrate and discuss the results of the project will be held later.	
For more information contact: Pauline Moger The Customs House 0191 454 1234	

38.	**South Tyneside – Health Messaging**
This project develops the diabetes information card created by artist Sheila Graber as part of the “Have we made ourselves clear?” project. Work with the local Asian community and primary schools about healthy eating will be linked to ‘Bollywood’ Film nights at the Customs House venue and the refined health messages will be reprinted and distributed as well as shown on the big screen. It is hoped to established national links with Diabetes UK	
For more information contact: Pauline Moger The Customs House 0191 454 1234	

39.	**Sunderland – Hospital Radio**
An artist worked with vascular patients to produce a radio programme to be broadcast on Sunderland Hospital Radio. Vascular patients are admitted for various surgical interventions prior to decisions for amputation and are therefore well known to the	

nursing staff. The majority of amputees see the surgical removal of a limb as a chance to be free from pain. However, anxiety and depression can feature prominently before and after surgery. Early discharge from hospital can be hampered by problems. The project aimed to generate useful information for patients and to create a useful outlet for their anxieties whilst on the ward.
For more information contact: **Mark Burns** **Sunderland Health Promotion** 0191 565 6256

40.	**Sunderland – Friendship Garden**
The artist Chris Hollis worked with pupils and staff at Southwick Primary School, exploring issues around bullying and the need for conversation in the playground. The children created images that Chris transferred to walls and features in the playground, forming a friendship garden, a focus for quiet conversation and board games. Parents became actively involved with the project. The school introduced a 'buddy' system, making older children mentors to younger ones.	
For more information contact: Trish Stoker Head Teacher, Southwick Primary School 0191 553 5500	

41.	**Sunderland – Food, Friendship and Candlelight**
The project brought together groups of young mothers who normally would not socialize to work on a creative project and explore health issues relevant to them. The resultant evaluation book is a diary of the things they explored as a group.	
For more information contact: **Gilly Rogers** Artist 0191 5141392 gilly@myblueheaven.freeserve.co.uk	

42.	**Sunderland – The Drama Queens**
This project presented a piece of drama about sexual activity and health developed by teenagers for their peers. They brainstormed and devised a script, developed characters, and performed the play with the help of a theatre company. The performance was toured outside their locale and performed to other young people's drama groups, giving the young people added feedback and confidence.	
For more information contact: Bev Quinn Flabagast Arts 0191 419 3336	

43.	Sunderland – The Heart of the Matter

The Arts Studio in Sunderland in association with local residents successfully applied to New Deal for Communities to produce an independent feasibility study to outline the need and demand for arts and health activity in the Hendon and East End community and assess the capability of a programme of arts and health activity to contribute to the delivery of Back on the Map's key aims and objectives.
This **Common Knowledge** project keyed into that feasibility programme. Although a distinct piece of work, part of its brief was to make recommendations to be followed up by the study. A creative, activity based consultation day for the involvement of the wider NDC community was held in March 2002. It provided information for local residents as well as collecting it from them, and drew on creative techniques used in other regeneration schemes elsewhere in the country and applied them to the local health agenda.
The North Tyneside Young Health Advisers Project linked with the project and helped facilitate the day.

For more information contact:
Gilly Rogers
Resident and Artist
www.myblueheaven.freeserve.co.uk

44.	Sunderland – Young Minds Matter

Young Minds Matter, from the Pennywell Housing Estate, is a project begun with HAZ funding in which local young people act as researchers in order to find out the mental health issues and needs of their peers.
For Common Knowledge, they worked with the arts company Flabagast, using drama and music to create modules for peer education around mental health issues, following on from their needs assessment last year. The pattern of the project was developed in partnership with the young people. It included a performance element and hopefully the process will be able to be replicated elsewhere.

For more information contact:
Bev Quinn
Flabagast Arts
0191 419 3336

45.	Sunderland – The Heart of the Matter – the sequel

The Heart of the Matter event was the most successful public consultation event in Sunderland's New Deal for Communities (NDC). There is now an NDC in Health Steering Group; it is currently contributing to the development of a Healthy Living Network and various Arts in Health projects. The second phase of Common Knowledge funding will be used for either an appropriate event to launch the network or be injected straight into one of the projects.

For more information contact:
Gilly Rogers
Resident and Artist
www.myblueheaven.freeserve.co.uk

46.	Sunderland – Playing Together

The teaching staff of Southwick Primary and artist Chris Hollis proposed to work with children developing ideas around play and its importance in the physical and emotional

development of children. This has now developed into a lantern procession event in autumn 2003.
For more information contact: Trish Stoker Head Teacher, Southwick Primary School 0191 553 5500

47.	**Sunderland – from day to day**
This project is a development of the training programme from the second phase. Staff from Woodlands residential care home in Sunderland have been working with music in particular and now want to broaden their range and acquire drama skills and pass them on to another two care homes in the area.	
For more information contact: Dawn Williams common knowledge coordinator 01661 854505	

48.	**Regionwide** **'It's On The Table'**
Fifteen community groups from around the region worked with artists to produce veneered tables on the theme of nutrition and conversation.	
For more information contact: Dawn Williams common knowledge coordinator 01661 854505	

49.	**Gateshead, North Tyneside and Sunderland –** **From Day to Day**
This project created a training module in drama and music. Care staff from four different health care settings for older people from across the region took part – a geriatric ward, three residential homes, a day centre and a psychiatric ward. Theatre workers and musicians delivered two training days for the whole group. These were followed by tailor-made packages in each care setting. The staff were mentored and supported by the artists to facilitate sessions in their own workplaces.	
For more information contact: Dawn Williams common knowledge coordinator 01661 854505	

50.	**Gateshead and South Tyneside-** **Music in Intensive Care**

The Queen Elizabeth Hospital in Gateshead has joined forces with South Tyneside General Hospital to develop this project. Musicians Margaret Frayne and Tabitha Tuckett work in residence, with the Intensive Care Units in both hospitals having first call on their service. Other departments, such as Accident and Emergency, benefit should it not be possible for them to work in ICU. A special concert for staff was given in summer 2003.

For more information contact:
Cellist Tabitha Tuckett
Tabitha@seahorse.org.uk