

# Arts, Health and Wellbeing Evaluation Development

Final Report Summary  
April 2010



*'The benefits of participation in arts in community health are to date only partly substantiated and so are also partly unknown ... however, this should not constrain the value of bringing a spirit of deep and meaningful inquiry to pioneering work'.*

White, M. (2008). *Arts Development in Community Health: a Social Tonic.*

*'I would like to see the benefits of participation in the arts recognised more widely by health and social care professionals, particularly those involved in commissioning services for people with mental health problems. This is not some kind of eccentric add-on - it should be part of the mainstream in both health and social care'.*

Speech by the Rt Hon Alan Johnson MP, Secretary of State for Health, 16<sup>th</sup> September 2008: Arts and Healthcare Event - "Open to All": Mental Health, Social Inclusion and Museums and Galleries.

## Contents

1	Title
3	Contents
	Evaluation team and partners
4	Introduction
5	<b>Project summaries</b>
10	Further notes - staff and participant support
11	<b>Concluding recommendations from the evaluation team</b>
12	<b>The revised evaluation framework 2010; including:</b>
	Project planning and evaluation tools
15	Artist's diary template and help sheet
17	Project information sheet template
19	Selecting a survey
22	Short term project participant information sheet and survey
27	Long term project participant start and end information sheets and surveys
35	Optional well-being scales
38	<b>Professional Development and Support for Arts and Health Practitioners</b>

## Evaluation team and partners

Evaluation team:

- Brian Paget, independent consultant, who was commissioned to provide 8 days consultancy input between October 2009 and March 2010.
- Althea Valentine, Health Psychologist in Training, who was recruited from the University of Nottingham to provide 16 days input to the project between October 2009 and March 2010.
- Emily Penn, Derbyshire Arts Partnership Manager, who co-ordinated the work from October 2009 to early February 2010.

Ongoing support was also provided by members of the DAP Steering Group: Ann Wright, Assistant Head of Arts Culture and Community Services, Derbyshire County Council; Jane Hudson-Oldroyd, Public Health Strategy Manager, NHS Derbyshire County; Jo Ellis, Wellbeing Team, Adult Care, Derbyshire County Council; Chesterfield Borough Council; Erewash Borough Council; North East Derbyshire District Council; and project partners: the Alzheimer's Society; Derbyshire Libraries; Three Valleys Community Care.

## Introduction

Derbyshire Arts Partnership (DAP) has been undertaking a programme of arts and mental health development work with Derbyshire Primary Care Trust (now NHS Derbyshire County) and other partners. The aims of the programme are to:

- work collaboratively with partners to develop an action plan across Derbyshire that will integrate arts and mental health and jointly access funding; and
- increase access to arts in the community for mental health service users or people suffering emotional problems.

In October 2009, Derbyshire County Council on behalf of Derbyshire Arts Partnership (DAP) commissioned an independent consultant working with a graduate placement student to:

- support the evaluation of three arts and mental health projects within Derbyshire; and
- to advise on the development of an evaluation framework that could assist the partnership in assessing the impact and effectiveness of commissioned arts and health activity in the longer term<sup>1</sup>, helping to establish a consistent evidence base with a particular focus on the mental health improvements achieved by projects. This was intended to complement rather than replace existing, in-depth and qualitative evaluation processes that projects may already be using or wish to develop.

At that stage, the partnership had already introduced a draft framework that was being piloted by the three funded projects:

- The BLISS (Breaking Loneliness and Isolation through Socialisation and Sharing) Memory Box Project - Chesterfield and Eckington
- Arts at the HeART of Wellbeing - Erewash
- Wellbeing Reading Project and Creative Writing Sessions.

The draft evaluation framework incorporated both qualitative and quantitative measures including questionnaires, the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and artists' diaries. The findings from these evaluations and the projects' experience of using the framework helped to inform the development of a revised evaluation framework.

This is a summary of the three projects and an explanation of the suggested evaluation tools and good practice which came out of these projects.

---

<sup>1</sup> See *Arts, Health and Wellbeing Evaluation Development – Specification and Quote Requirements*, Derbyshire County Council, July 2009

## Project Summaries

### The BLISS Project

The BLISS (Breaking Loneliness and Isolation through Socialisation and Sharing) Memory Box project, held in Eckington (North East Derbyshire) and Chesterfield, was managed by Chesterfield Borough Council and North East Derbyshire District Council Arts Development Officers with support from the Alzheimer's Society. The BLISS project followed the full evaluation framework: they used the DAP start and end questionnaires; WEMWBS; and compiled weekly artist's diaries, including photographs, presented in a folder at the end of the project. A celebratory event was held at the end of the project where participants' work was displayed. Two artists worked on the project, which ran for six, two-hour sessions in two locations in Derbyshire. Participants, consisting of people with Alzheimer's together with their carer, were recruited through the Alzheimer's Society. All participants who were approached took part, demonstrating the demand for such activities in this group. Although participants did not have diagnosed mental health problems per se, it is known that people in the early stages of dementia are at risk of developing mental health difficulties and would benefit from positive interaction. It is well documented that carers are also at risk of experiencing mental health difficulties.

The artists were able to celebrate participants' achievements through the artist's diaries. The amount of work and effort that the artists had put into the project was very clear through the diaries, photographs and final products produced. It was essential that there were two artists working on both projects, as there was a vast amount of preparatory work to be completed each week, as well as work to be done during the sessions. A number of participants with Alzheimer's required one-to-one support from the artists.

The artists described clear benefits from the project work in enhancing communication. Providing an example of an elderly married couple who were sat opposite each other sewing; this process sparked a conversation enabling them to find out facts about the other that they had not previously known. Photographs used in the project also worked as a trigger for conversations between family members and couples. In addition, it was clear that some participants felt more confident in their ability through the project work. For example, one person, who had not painted for many years, reported that they were going to look for a painting course that they could continue with after the project had ended.

From discussion with the project workers, it was evident that some carers wanted to do the project for themselves. Carers wanted to help and support their partner, but also wanted time out for themselves and wanted to make their own Memory Box. The project made some carers realise the importance of supporting themselves and looking after their own needs (as well as their partner's) through the project. One carer sought another course that they could do upon completion of this project, and stated that they would get someone else to care for their partner during this period so that they could have some time out.

The questionnaires were completed at the start and end of the project in a group setting. Carers provided support, as required, for their partners with Alzheimer's. The artists reported that the questionnaires were a burden for participants and noted that some of the questions were intrusive to be asked by a carer and may result in a socially desirable response. For example, for the item 'I've been feeling loved', it may be difficult for participants to respond that they have felt loved 'none of the time' in front of their partner. Another problem was that the questionnaires themselves, as written documents,

were difficult for people with dementia. Participants from this client group may therefore benefit from one-to-one support completing questionnaires. Furthermore, completing the surveys during the first session immediately drew attention to their disability and the problems that they now faced. Therefore, it may be more appropriate for participants to be assisted by a project worker, perhaps in advance of the first session, where more support and signposting to other services can be provided.

Both the DAP questionnaire and WEMWBS elicited data that was useful in the evaluation of the project. This enabled a detailed feedback report to be produced for the BLISS project. A number of issues with the DAP questionnaire were identified from this pilot study, e.g. the lack of information about ethnicity, problems with questions about disability etc. The feedback also highlighted the need for minor changes in the questionnaire structure/format, e.g. the use of tick boxes rather than underlining/circling.

On the draft DAP evaluation scale, there were three initial questions about: i) taking part in the project, ii) trying something new, and iii) working in groups. It appeared that these questions aimed to assess changes in personal development, in particular raising self-esteem and confidence, both of which may be intermediate indicators or steps towards improvement in health and wellbeing. Arguably, it would be more effective to measure these with a scale that is the same on the start and end questionnaires, to enable clear comparisons to be made.

The use of the Warwick-Edinburgh scale with participants with dementia was problematic and the pilot study raised issues about the suitability of the WEMWBS for people with Alzheimer's. In particular, questions relating to optimism about the future and feeling cheerful may potentially cause distress and were frequently missed out by these participants. As well as raising important questions about the appropriateness of some aspects of the WEMWBS in these circumstances, this also highlighted a more general point about the need to signpost participants to additional sources of support should they become distressed as a result of taking part in evaluation processes (see Recommendations 4 and 5).

### **Arts at the HeART of Wellbeing - Erewash**

The Arts at the HeART of Wellbeing project, managed by Erewash Borough Council Arts Development Officer in partnership with the Health Promotion Manager (of the erstwhile Erewash PCT) and supported by Three Valleys Housing, was an established arts intervention project aimed to increase the social interaction and subsequent wellbeing of vulnerable and socially isolated older people. Although participants are not recruited on the basis of their mental health, it is known that this population may be at risk from developing mental health problems, particularly depression. The project therefore works on a preventative model. Artists Karen Herrick and Ola Wilson deliver the sessions.

The project began in 2008-2009 where eight sessions were conducted in a residential care home for older people with a shared social space and a further eight sessions delivered to three isolated older people, in their own homes, on a one-to-one basis. Erewash Museum supported the sessions by providing reminiscence items to the sessions, their work was displayed at an exhibition at Long Eaton Art Room and a public brochure was produced to promote the project in the public domain.

This initial project used a standard questionnaire including the WEMWBS, which was read verbally to participants on a one-to-one basis. The project worker also recorded his or her own observations on a specifically developed form. A celebratory event was held at the end of the project where participants' work was displayed.

A detailed report on this project was produced in July 2008. This predated the development of the draft DAP evaluation framework and included an outline of the background and rationale for the project, evaluation findings from individual interviews with both participants and care staff, and the artists' reflections. The WEMWBS was used with five elderly care home participants and all three 1:1 participants. The project lead noted that the method of completing the questionnaires on a one-to-one basis with participants was effective.

In 09-10 it was agreed that the PCT would fund the project again, and sessions were increased to 10, engaging a residential home, 3 sheltered and supported housing settings and 3 more 1-2-1 housebound residents. All participants attended the launch of a public exhibition and received a brochure detailing their work which was not produced for the public.

The NHS standardised framework for assessing emotional health 'The Warwick Edinburgh Scale' was used to evaluate the project, supported by relevant data around the participants' physical and emotional health and influencing factors such as recent social activity, which was collated by the artist. The evaluation found that the project had significantly increased participants wellbeing, and for some had maintained a level of wellbeing through a difficult time such as bereavement. Participants particularly felt more interested in other people, more confident and valued, more optimistic about the future, more able to cope with problems well and all participants had less time to spare. The artist collated a range of qualitative data which reinforced this.

- ❖ "It's like listening to music in your head and putting it down on paper and painting it"
- ❖ "I can't see what I've painted but the pictures are all in my mind" (visually impaired participant)
- ❖ "Doing this, this morning has made me feel better today"
- ❖ "I found that really relaxing-when are we doing it again?"
- ❖ "I've enjoyed being able to socialise and try crafts again which I have done in the past"
- ❖ "It's really nice to do something different"
- ❖ "It was very absorbing and interesting"
- ❖ "Having company makes me younger"
- ❖ "I didn't know I could do this-who would have thought it would look this good?"
- ❖ "I enjoyed every moment and wish it could go on"
- ❖ "I look forward to you coming... won't I see you again?"

Findings suggest that this is a very valuable and valued project which needs more support locally from both the PCT and appropriate partners, and that 8-10 weeks is not long enough; this project needs to be ongoing and funded through health and social services to have a sustainable impact on wellbeing of participants which can lead to the project being used alternatively to other forms of health care such as medication. The project is currently entering phase 3.

## Wellbeing Reading Project and Creative Writing Sessions

This project involved a number of activities managed and co-ordinated by Derbyshire Libraries, including reading and writing groups for people with mental health issues and their carers/families.

The **reading group project** developed from the Books on Prescription scheme. Planning for the project started in late 2007 with a number of taster sessions. Levels of participation varied: some were not attended by anyone, and others were very popular. A total of 129 participants attended (not including reading group attendees). Funding was obtained for the project to run from summer 2008 to March 2010. The aim of the project was to develop reading groups that were sustainable, that is, could be continued by the community after a period of initial support from the library service. The groups aimed to encourage people to try reading with others as a social and therapeutic activity. The groups were targeted for people who use mental health services. Groups have been developed in Matlock, Chesterfield and Buxton which are now running on a sustainable model; the latter by a volunteer with mental health issues. Evaluation focuses on tracking numbers involved in the project.

The project has also attempted to raise the **profile** of mental health, both for library staff and members of the public. A Mental Health Awareness Day was held in 2008. A report from the project lead stated: *"This was an extremely successful event attended by over 100 service users, health professionals, practitioners, support groups and senior NHS staff. Holding the event in the library raised awareness of mental health issues to a wider public as well as introducing the library and its services as a safe community venue accessible to all"*. Another awareness day was held in October 2009, which was again well attended.

A series of **taster creative writing sessions**, led by Cathy Grindrod, has been run in four libraries; these were one-off sessions. Although these sessions were not exclusively for mental health service users, they were heavily targeted at this group. Prior to the project, much groundwork was done to recruit individuals from this target population. An evaluation form was developed for these sessions, which was completed by participants at the end of the workshop. Project workers felt that there was a need to develop a specific evaluation system for short courses such as these, as the draft framework evaluation was not suitable.

Overall Evaluation stats summary: 4 Creative Writing Tasters

Total Participants:	35	(25 F, 10 M)
Age 25-40: 7	Age 41-59: 15	Age 60+: 13
Number declaring mental health issues:	22 (+)	
Those feeling after workshops:		
More cheerful	30	
More confident	25	
Calmer	24	
More sense of achievement	27	
Easier around people	27	
Those signing up for more if possible:	35	

Three **Creative Writing** courses are being run at Clay Cross, Chesterfield and Shirebrook libraries. The courses are a direct response to user demand, i.e. they are running in the libraries where the tasters were most successful and attracted an audience. The courses

started in March 2010 at Clay Cross and Chesterfield Libraries; 10 people + 2 support workers attended the first session at Chesterfield which went well. A course at Shirebrook started after Easter.

All the courses run for 6 sessions at fortnightly intervals. A member of library staff attends the course with a view to the participants becoming a self sustaining creative writing group, with some support from library staff, rather than directly facilitated by Cathy. This will take time, but the ultimate aim is that the group will run itself, with no input from either writer or library staff, which is how many writing groups function.

There appears to be a high demand for creative writing; perhaps even more than reading at present. In order to sustain this work, a successful application has been made to the Derbyshire Libraries Learners Fund (for new adult learners) to support at least 3 more short creative writing courses 2010-11, 1 in each of the 3 areas. (North, South and West)

*"I have enjoyed every minute of the class, the students and the tutor, most enjoyable and educational course."*

*"I really hope these sessions will continue because they are so good. Cathy makes it really friendly and interesting."*

*I enjoyed... "Everything - the people the work we all did, writing my story, it has given me a boost!"*

Although not a stated aim under this project plan, 3 library staff have taken part in creative writing tasters, and 3 are taking part in the short courses which is an informal training. In addition, staff at 5 libraries have had direct input into the project and met with, welcomed and helped run sessions for mental health service users. Cathy Grindrod, writer who has facilitated/delivered the project also attended 2 external training days/conferences.

A summary of some of the participant feedback was completed. A few issues with the format and layout of the feedback form were noted. It may be helpful, therefore, to develop a feedback form for use in individual sessions such as these.

The final strand of work has been to pilot an 8-week **creative reading/writing project with young adults** (aged 16-25) with mental health issues. A creative writing group started at Chesterfield library on March 2<sup>nd</sup> 2010 with an introductory session and tour of the library. The group is being run in partnership with Derbyshire Mental Health Intervention Service North, and supported by one of their team and sometimes a support worker. The creative activities are facilitated by River Wolton, and may include poetry, word games, personal writing, stories, song lyrics etc. It is anticipated that the group will produce a small booklet of their work and record this on to a CD.

To date there have been 4 or 5 people attending, one of whom is blind, and uses a laptop loaded with Supernova voice activated software which he listens to through headphones. Chesterfield Library has provided this equipment and been extremely supportive in helping set it up.

Each member of the group has been given their own notebook to take away and write in between sessions, and the blind group member has a memory stick. Participants are filling in simple questionnaires at the start, feedback during the pilot will be collected, and end questionnaires completed. It is early days, but initial comments and feedback have been encouraging.

## Further notes – staff and participant support

### Staff Support and Development

The DAP Steering Group have already provided safeguarding training for project staff in relation to work with vulnerable adults and view this as best practice that can be further developed in order to protect both artists and participants.

The Evaluation Development process has highlighted the need for project leads, artists and other staff to receive training in undertaking evaluations and using different methodologies (Recommendation 7). Another strong theme to emerge from our discussions with project representatives concerned the range of demands, including the emotional demands, which might be made of artists working in health and social care contexts. For example, the memory boxes that were the focus of the BLISS project have the potential to evoke very strong memories and feelings for participants, which may create significant challenges for those who work with them. More generally, in projects such as these, workers invest a considerable amount of time and effort and there is the potential for participants to become dependent on individual artists and other project workers.

Within these three projects, artists had significant previous experience of working in health and/or social care settings and/or relevant life experience which helped them to understand and be sensitive to the needs of participants and their carers. The artists also reported that they felt supported by the project leads and were able to gain support for any issues that arose. It is essential that this type of support is in place for all future projects, particularly where artists are working freelance and do not have a direct line-manager. However, further consideration needs to be given to addressing the supervision needs of artists in the longer term in order to ensure that they are appropriately supported (Recommendation 7). Our discussions also highlighted the important role which project leads have played in recognising the sensitivities of the work, the types of skills which artists are likely to need to work effectively, as well as the support they will require. These factors have all helped to ensure that the projects have been able to operate effectively without major problems.

The artists' diaries, as well as being a valuable resource for evaluation, provide an important opportunity for artists to reflect on their own work and may therefore prove to be a valuable resource in the context of supervision.

### Information and Support for Participants

It is also important that there is appropriate support for participants. For example, individual participants were, on occasion, concerned about activities coming to an end, which highlighted the need for them to be provided with information about where to get further help and support. It would also be helpful to provide clear guidelines for artists about what to do if any participant does raise issues such as feeling distressed after, or during, a session (Recommendation 5).

Similarly, further consideration needs to be given to the type of information which participants and their carers need concerning the evaluation process in order that they can make a meaningful decision about taking part, i.e. so that they are able to give informed consent (Recommendation 6).

Further rationale for the revised evaluation framework can be found in the full report.

## Concluding recommendations:

1. The DAP Steering Group should consider adopting the logic model approach to planning, implementation and evaluation in order to:
  - provide a common approach to planning, implementation and evaluation which can be used at strategic, programme and project/practice levels and which may therefore offer a common language between all three; and
  - help to make clearer distinctions between short and medium term outcomes for participants, which provide a focus for individual projects, and the impacts that the programme and strategic partners are aiming to achieve over the longer term.
2. Derbyshire County Council and NHS Derbyshire should ensure that appropriate governance arrangements are in place for service evaluations which do not meet the criteria for submission to an NHS Research Ethics Committee but which may nevertheless involve children, young people or vulnerable adults as participants.
3. The revised evaluation framework should not be implemented until an appropriate ethical review process has been undertaken.
4. Before evaluating future projects, project leads should consider the most appropriate method and time for participants to complete the evaluation forms. Some participants may need one-to-one support before/after the project begins/ends.
5. Before the start of the project, participants should be provided with more information about the project; this should include signposting to services where additional support may be obtained.
6. Participants in Arts and Health activities and, where relevant, their carers/parents should be given a clear choice about whether they wish to take part in the evaluation of those activities after receiving appropriate information i.e. they and/or their carers should be in a position to give informed consent.
7. The DAP Steering Group should consider how artists and other staff engaged in arts and health activities can be offered:
  - appropriate supervision which acknowledges the significant emotional demands which can arise in the context of arts and health work; and
  - relevant training in project planning and evaluation.

Brian Paget

Althea Valentine

April 2010

## THE REVISED EVALUATION FRAMEWORK (2010)

### Project Planning and Evaluation Tool

The project planning and evaluation tool has been designed for use:

- at the start of a project to assist project leads and other stakeholders to clearly identify: the target population, the key issues / needs that the project is aiming to address, the intended approach and rationale, the resources which are likely to be needed, the planned activities and expected levels of participation, and the short and medium term outcomes;
- to assist commissioners in making decisions about funding;
- in helping project leads, other stakeholders and commissioners to monitor and evaluate projects as the work progresses; and
- as a framework for evaluating and reporting on the project's work.

### PLANNING

Project planning and evaluation tool completed prior to the project by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project planning and evaluation tool approved prior to the project on behalf of Derbyshire Arts, Health and Wellbeing Partnership by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EVALUATION

Project planning and evaluation tool completed after the project by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project planning and evaluation tool approved after to the project on behalf of Derbyshire Arts, Health and Wellbeing Partnership by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Project Planning and Evaluation Tool

Lead organisation and contact details	
Project Title:	
Name of Project Lead:	
Job title:	
Organisation:	
Address:	
Postcode:	
Telephone no:	

PLANNING	EVALUATION
Population and Context	
<p>Please describe the target population that the project is intending to reach, their locality and the key issues/ needs that the project is aiming to address:</p>	<p>Was the project able to reach its intended target population? How far was it able to address the issues/needs that were identified at the outset? Were other needs identified? Was it the right target population?</p>
Approach and Rationale	
<p>Please describe the approach you intend to use and how you think your project will address the issues /needs described above</p>	<p>Was your initial approach/ rationale realistic? On reflection, would a different approach have been more appropriate/ effective?</p>
Inputs/Resources	
<p>Please describe the main resources you will need to undertake this project, including staffing and costs.</p>	<p>Were your initial estimates of required resources realistic? If not, why not?</p>
Outputs / Activities	
<p>Please describe the planned activities and how many participants you are aiming to reach e.g. the number of staff training sessions/ numbers of staff trained; the number of sessions for participants / the numbers of participants involved.</p>	<p>Were you able to achieve your initial targets of planned activities/ participants? What were the key obstacles to participation, if any?</p>

PLANNING	EVALUATION
<p><b>Short to Medium Term Outcomes</b>  <i>The types of intended outcomes for participants will vary according to the nature of individual projects e.g. commissioners, project staff and participants will have different expectations for activities which are based on single sessions compared to those which engage the same participants over a period of several months.</i></p>	
<p>What are the short and medium term outcomes for participants?</p>	<p>What evidence is there that these outcomes were achieved?</p>
<p><b>Longer Term Impacts</b>  <i>The timescales of many projects may be too short to provide evidence of how particular activities have had longer-term impacts on individuals or communities. However, project leads and commissioners may wish to consider how the project relates to any longer term strategic objectives in relation to health and wellbeing, social care, arts and cultural development, etc, and how it may have contributed to those objectives.</i></p>	

## Artist's Diary Template

Artist's Diary			
----------------	--	--	--

Artist Name	Group Name	Art form	Number of participants

Date: \_\_\_\_\_

As part of the project evaluation process, it is suggested that you take some time after each session to complete a short diary account of the session. Please make a note of what activities took place during the session, how the participants responded, got involved, any problems or difficulties and whether any behavioural changes occurred. Please use the guidance sheet for assistance. (Attach extra sheets if necessary).

## Artist's Diary - Help Sheet

As part of the project evaluation process, all participating artists are requested to complete a diary entry at the end of each session. As this project aims to improve the health and wellbeing of its participants and improve their quality of life, it is important to consider if and how been achieved. The Artist's Diary may also be useful as a tool in supervision e.g. in helping the practitioner and supervisors to reflect of the process of the work.

### Entry ideas

In each entry, please address the following:

- Number involved
- Group type, e.g. male/female, age, ethnic origin etc.
- Type of activity undertaken, e.g. if a dance session uses contact, improvisation, or other techniques
- Participant response:
  - Group dynamics - e.g. group found easy/difficult, group seem to enjoy the session and relax, group focussed or concentrated, group did / did not work well together.
  - Individual - Any changes in behaviour of particular members, e.g. quieter & more focused or louder & more confident, more self-aware, increased interaction skills.
- Problems/difficulties, e.g. interruptions by centre staff, group's lack of confidence, unsuitable venue

### Final entry

- Has the group identified any further needs or interests that they would like to explore in future?

This list is by no means exhaustive. Please feel free to add any other headings and categories that you feel relevant.

## Project Information Sheet Template

### A Derbyshire Arts For Health Wellbeing Project

This leaflet aims to help you to find out more about the project that you have been invited to take part in. It also includes contacts, which may be of use now or in the future.

#### About the project

##### Background information

The name of the project you are invited to join is [insert name here]. This project is for [provide details here].

[Provide further details of the project as appropriate e.g. what will be done each week or if participants need any particular skills or experience].

It is hoped that there will be about [insert number here] people taking part in the project. The artist(s) who will lead your project are called [insert name(s) here]. The artists and/or project workers involved with this project do not have expertise in healthcare. They are not doctors or healthcare professionals. If you want help for any health concerns or personal issues, you may like to contact your GP or look at the contacts listed later.

##### What will I need to bring?

If possible please complete the survey sent with this leaflet and bring it with you to the first session. But don't worry if you can't complete the survey, we can help you at the first session. [Amend as relevant for participants]

[Describe anything that participants will need to bring here].

##### Where and when is the project?

The project will be held at: [give address here].

[Give any particular details about the project here e.g. should they ask for anyone in particular, is there disabled access?]

The project runs for [insert details here e.g. dates and times]:

##### Where can I get more information?

For further information about the project or this booklet you can contact:

[Insert details here]

##### Useful Contacts

On the following pages are some organisations that other people, taking part in arts for health projects, have found useful. You may like to contact one or more of these organisations now or in the future for further information or support.

[Relevant organisations should be selected for each client group and listed here. Some examples are provided below].

##### Age Concern

Age Concern is a charity that works with and for older people. They can provide information and advice about a range of issues including: age discrimination, care and support, consumer issues, end of life, health, housing, incomes and pensions, leisure and travel, and work and learning.

Helpline: 0800 00 99 66 (Open: daily from 8.00am to 7.00pm)

Website: [www.ageconcern.org.uk](http://www.ageconcern.org.uk)

Write to: Age Concern, FREEPOST (SWB 30375), Ashburton, Devon, TQ13 7ZZ

### **Alzheimer's Society**

The Alzheimer's Society is a membership organisation, which works to improve the quality of life of people affected by dementia in England, Wales and Northern Ireland. They can provide information, support, guidance and referrals to other organisations.

Helpline: 0845 300 0336 (Open: Mon-Fri 8.30am-6.00pm)

Website: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Email: [enquiries@alzheimers.org.uk](mailto:enquiries@alzheimers.org.uk)

Write to: Alzheimer's Society, Devon House, 58 Katharine's Way, London, E1W 1JX

### **Derbyshire Carers Association (DCA)**

DCA provides confidential information and support for carers. They have information on illnesses and disabilities, aids and adaptations, respite care, agency services, holidays, and support groups across Derbyshire. They also provide a crisis line (via the Samaritans) for carers to contact support at any time of the day or night.

Telephone (Head Office): 01773 743355 (Open: Mon-Fri 9.30am-4.30pm). Here they may provide a more local contact.

Website: [www.derbyshirecarers.co.uk](http://www.derbyshirecarers.co.uk)

Email: [derbyshirecarers@btconnect.com](mailto:derbyshirecarers@btconnect.com)

Crisis Support Line provides emotional support for carers 24 hours a day, 7 days a week.

Telephone: 01332 364444

### **Derbyshire County Council - Social Care and Health**

Derbyshire County Council provide support for adults to maintain or, if necessary, regain the skills to live as full and independent life as possible. They may be able to help provide equipment or suggest adaptations or alterations that may help, or provide help with household chores.

To find your local Social Services telephone Call Derbyshire on 0845 6058 058

### **Derbyshire Focusline**

Derbyshire Focusline is a telephone helpline for people in Derbyshire. The service is available to any adult who has a mental health problem, carers and professional agencies.

Telephone: 0800 027 2127 (Open: Mon-Fri 5.00pm-7.00am, Sat/Sun 24 hours).

### **NHS Choices**

NHS choices provides information about over 750 health conditions. It includes common questions and answers. It also has information and advice about lifestyle decisions, such as smoking, drinking and exercise. Website: [www.nhs.uk](http://www.nhs.uk)

### **NHS Direct**

NHS Direct provides health advice and information 24 hours a day. Interpreter service available.

Telephone: 0845 46 47 Textphone (for deaf or hard of hearing): 0845 606 4647

Website: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

### **The Samaritans**

The Samaritans provides confidential non-judgemental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair, including those that could lead to suicide.

Telephone: 08457 90 90 90

Website: [www.samaritans.org](http://www.samaritans.org)

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

Write to: Samaritans Chris, PO Box 90 90, Stirling, FK8 2SA

## SELECTING A SURVEY

Three main surveys have been included in this framework:

- A short course survey intended for one off sessions or very short courses.
- A survey to be given at the start of longer-term projects i.e. those running over several sessions.
- A survey to be given at the end of longer-term projects, to allow comparisons to be made with the aforementioned starter survey.

### Short-term Project Survey

At the start of the short survey, background information is provided, including ethical considerations and guidance about how to complete the survey. It is intended that this be printed on a single sheet of paper, which participants can take with them if they wish. The short course survey itself, consists of four pages (which may be printed double sided to psychologically appear less demanding). The first two pages ask about participants' views and feelings, in particular whether they have taken part in a project before, would like to be involved in another, and whether or not they enjoyed the project. Four single item questions then follow, these are intended to crudely measure changes in confidence, self-esteem, happiness and communication skills. Four open-ended questions about aspects of the course are included next, to consider what participants most and least enjoyed about the project, participants' suggestions for improvements, and any barriers they encountered in participating. The final two pages ask demographic questions about the participant, including location within Derbyshire, age, gender, disability/carer and ethnic origin. If these facts are not required by a project, these pages can be omitted from the survey.

### Longer-term Project Survey

As in the draft evaluation framework, the revised questionnaire is divided into 'Start' and 'End' Surveys, to be given at the start and end of long-term projects (i.e. those running over several weeks, rather than one-off sessions). The revised questionnaire has been divided into a core survey and optional wellbeing units. It is proposed that the core survey is used for all participants and one of the optional wellbeing units added as appropriate for the client group.

Presented before the survey, is an information sheet for participants. This includes background information about the survey in order to enable participants to make an informed choice regarding whether or not to complete the survey. It is important that this, or similar, information is included in evaluation questionnaires, to ensure that participants are aware of their rights. If completing the survey in a group setting, it may be useful for the project worker to read aloud this information to the group and answer any questions that the service users may have. Therefore, it is recommended that project workers become familiar with the questionnaire prior to the start of the project.

The surveys for longer-term projects, also have the option of including a wellbeing measure. Three wellbeing measures have been selected for possible inclusion. All these wellbeing scales are intended to measure the mental wellbeing of groups of people over a period of time. A wellbeing measure may be used if one of the aims/objectives of the project is to influence wellbeing. It is up to the project lead, with support from the Steering Group, to decide which of these wellbeing measures (if any) should be included in the start and end survey. It is recommended that only one of these wellbeing measures is

used in the start and end survey and that the same measure is used in both the start and end surveys to allow comparisons to be made between the start and the end of the project. Further details about the scales are provided below to help decide which wellbeing measure to include.

#### **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).**

This is a 14-item measure of wellbeing, developed recently for NHS Health Scotland. It has been validated with individuals' aged 13 and over. The scale is more positive than other measures of wellbeing. Although this scale has only been recently produced, the development process has followed many 'gold standard' procedures in questionnaire development. Psychometric tests, looking at reliability (whether the scale produces similar results under similar conditions) and validity (whether the scale actually measures wellbeing), have been on the whole positive. This suggests that this is a good scale to use. However, before using this scale, you should look at each question in the scale and consider whether any may potentially cause distress to the participants in your project. For example, it is possible that the item: "I've been feeling optimistic about the future", may not be suitable for people with terminal or progressive illnesses.

#### **Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS).**

This is a shorter 7-item version of the above scale. The SWEMWBS takes seven of the items from the full version, which was well designed. This shorter scale does not provide as thorough an overview of wellbeing as the full version, but may be useful with participants who find it difficult to complete questionnaires or have limited attention spans. As with the above scale, before using this scale, you should look at each question in the scale and consider whether any may potentially cause distress to the participants in your project.

#### **World Health Organisation Wellbeing Index (WHO 5 WBI).**

This is a brief 5-item survey, which has been produced by a hospital in Denmark. As the scale has been translated to English, in places, the wording of the scale could be improved. It is not possible to do this because of Copyright. This scale does not provide as thorough an overview of wellbeing as the WEMWBS, but may be a useful tool to use when there are items in the above scales that may cause distress to participants or when a very short measure is required. The scale is also easy to score/analyse.

#### **Testing your survey**

Once the wellbeing scale (if being used) has been inserted into the survey, it is useful to test the survey before you give it to participants. You can do this by completing it yourself. This will help you to gain familiarity of the survey, in case any participants ask you any questions, it also gives you a chance to see how long it takes you to complete it and whether you understand all the items.

You may like to consider whether any items may cause distress to your participant group? Do your participants have short attention spans or problems with attention that may mean that this questionnaire is not suitable for them? Are your participants likely to have problems with reading or literacy difficulties that may mean that may make the scale hard to read. If you think the scale it is too demanding, could you complete the survey in a different way, for example verbally on a one-to-one basis or before the project begins?

#### **Minimising stress for participants**

The information sheet at the start of the surveys is intended to help participants understand why we are evaluating the project and answer any questions they may have. If participants are completing the questionnaire in a group setting, project workers may find it helpful to read the information sheet aloud to participants.

It may be useful for project workers to stress that completing the survey would help us to evaluate the project, but is voluntary. That is, participants do not have to fill in the survey if they do not wish to and no pressure should be put on participants to complete the survey. Support may be provided if a participant wishes to complete the survey, but is unable or finds it difficult to do so themselves.

Participants may be reassured that there are no right or wrong answers to any of the questions, we are interested in finding out about what different people think and feel. They may also like to know that names will only be used to match questionnaires at the start and end of projects, and will not be used for any other purpose.

## SHORT TERM PROJECT SURVEY PARTICIPANT INFORMATION SHEET

### Information about this survey

This survey contains questions that we would like you to answer before or during the first workshop. Your answers will help us to evaluate the project. This will assist us to show whether the project has helped people. The survey also gives you a chance to consider how you think and feel about different things. Your answers will also help us with planning and funding for future projects.

### Here are some common questions and answers about the survey

**Do I have to take part?** Completing the survey is voluntary. You do not have to fill in any of the questions or you can fill in some questions only. If you do not wish to answer any question, please tick the 'prefer not to answer box'. If you decide not to take part, or only answer some questions, this will not affect the services you receive.

**Why do you ask personal information about me?** The final section asks personal information about you. We ask for this information to make sure that our projects help people from a wide range of backgrounds. It may also help us to see whether experiences vary between different groups of the population. This questionnaire is confidential and you do not have to give your name.

**What will happen to the information I give?** The findings from all surveys will be collated and a report may be written. No names will be used in the report and it will not be possible for readers to find out who has taken part in the project.

**How do I complete the survey?** Please read each question and tick the box that you think most closely fits your answer or write your answer in the space provided. You do not have to think a lot about your answers, this is not a test. There are no right or wrong answers to any of the questions; everybody will have different responses.

**How long will it take?** It should take less than 10 minutes to complete the survey.

**Can I get help?** If it is easier for you, please ask a friend or family member to help you to fill in the survey, but make sure that the answers given are your answers, not theirs. If you are having problems filling in this survey, would like to request it in large print, or if you would like further information about this survey, please contact: Ann Wright, Cultural and Community Services, Derbyshire County Council. Tel: 01773 831359. Email: [Ann.wright@derbyshire.gov.uk](mailto:Ann.wright@derbyshire.gov.uk)

Thank you for taking the time to read this information.

## SHORT COURSE SURVEY

### Your views and feelings

Please tell us about you, your views and your feelings by ticking the appropriate box.

1. Have you ever taken part in a project like this before?

No	Yes	Prefer not to say	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Would you like to be involved in another project like this?

No	Yes	Prefer not to say	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How much did you enjoy being involved in the project?

I really disliked it	I disliked it	I neither liked nor disliked it	I liked it	I really liked it	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you think your confidence has changed since starting the project?

It has risen a lot	It has risen a bit	It has not changed	It has fallen a bit	It has fallen a lot	I prefer not to say
<input type="checkbox"/>					

5. Do you think your self-esteem (sometimes called self-worth) has changed since starting the project?

It has risen a lot	It has risen a bit	It has not changed	It has fallen a bit	It has fallen a lot	I prefer not to say
<input type="checkbox"/>					

6. Do you think your happiness has changed since starting the project?

It has risen a lot	It has risen a bit	It has not changed	It has fallen a bit	It has fallen a lot	I prefer not to say
<input type="checkbox"/>					

7. Do you think your communication skills have changed since starting the project?

They have risen a lot	They have risen a bit	They have not changed	They have fallen a bit	They have fallen a lot	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please answer the following questions by writing in the box provided.*

**8. What did you enjoy most about the project?**

**9. What did you enjoy least about the project?**

**10. What could have been better about the project?**

**11. Has anything made it harder for you to take part in the project e.g. the dates/times of sessions, location, venue, or costs involved?**

**12. Is there anything else that you wish to tell us?**

## About you

Please tell us a bit about yourself by ticking the appropriate box or writing your answer in the space below. Remember all answers are confidential.

### 13. What area of Derbyshire do you live in?

Amber Valley	Bolsover	Derbyshire Dales	Erewash	High Peak	North-East Derbyshire	South Derbyshire
<input type="checkbox"/>						

### 14. How old are you?

16-24	25-34	35-44	45-54	55-64	65+	Prefer not to say
<input type="checkbox"/>						

### 15. Are you male or female?

Male	Female	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 16. Do you have any long term illness, health problem or disability (this includes living with mental health issues e.g. depression, anxiety)?

No	Yes*	Prefer not to say	*If yes, it would be helpful if you tell us the name of your illness or disability below? e.g. epilepsy, depression, hearing impaired etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you need us to make any adjustments because of your illness or disability, please let us know as soon as possible.

### 17. Are you a carer or supporter for a person with a long term illness, health problem or disability (this includes living with mental health issues e.g. depression, anxiety)?

No	Yes	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 18. What is your ethnic group?

Choose one section from A to F below, and then select the appropriate box to indicate your ethnic group.

#### A. White

British	Irish	Any other White background*	*Please write here
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

B. Mixed

White and  
Black  
Caribbean

White and  
Black African

White and  
Asian

Any other  
Mixed  
background\*

*\*Please write here*

---

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other  
Asian  
background\*

*\*Please write here*

---

D. Black or Black British

Caribbean

African

Any other  
Black  
background\*

*\*Please write here*

---

E. Chinese or other ethnic group

Chinese

Any other  
ethnic group\*

*\*Please write  
here*

---

F. I do not wish to answer this question

*THANK YOU for your help in completing this survey*  
Please return the survey to your group leader at the end of the session.

## CORE STARTER SURVEY LONG TERM PROJECTS PARTICIPANT INFORMATION SHEET

### Information about this survey

This survey contains questions that we would like you to answer before or during the first workshop. Your answers will help us to evaluate the project. This will assist us to show whether the project has helped people. The survey also gives you a chance to consider how you think and feel about different things. At the end of the project we will give you a similar survey, as we would love to hear what you found worked well and what we could do to improve. This will help us with planning and funding for future projects.

### Here are some common questions and answers about the survey

**Do I have to take part?** Completing the survey is voluntary. You do not have to fill in any of the questions or you can fill in some questions only. If you do not wish to answer any question, please tick the 'prefer not to answer box'. If you decide not to take part, or only answer some questions, this will not affect the services you receive.

**Why do you ask personal information about me?** The final section asks personal information about you. We ask for this information to make sure that our projects help people from a wide range of backgrounds. It may also help us to see whether experiences vary between different groups of the population. This questionnaire is confidential and you do not have to give your name. We ask for your name only to match up your questionnaire at the start and end of the project, to see whether anything has changed during the project. If you do not want to give your name, you can write a codeword that you will remember, for example the name of a pet and the last three digits of your phone number e.g. Patch089.

**What will happen to the information I give?** The findings from all surveys will be collated and a report will be written. No names will be used in the report and it will not be possible for readers to find out who has taken part in the project.

**How do I complete the survey?** Please read each question and tick the box that you think most closely fits your answer or write your answer in the space provided. You do not have to think a lot about your answers, this is not a test. There are no right or wrong answers to any of the questions; everybody will have different responses.

**How long will it take?** It should take less than 20 minutes to complete the survey.

**Can I get help?** If it is easier for you, please ask a friend or family member to help you to fill in the survey, but make sure that the answers given are your answers, not theirs. If you are having problems filling in this survey, would like to request it in large print, or if you would like further information about this survey, please contact: Ann Wright, Cultural and Community Services, Derbyshire County Council. Tel: 01773 831359. Email: [Ann.wright@derbyshire.gov.uk](mailto:Ann.wright@derbyshire.gov.uk)

Thank you for taking the time to read this information.

## STARTER SURVEY

### Your views and feelings

Please tell us about you, your views and your feelings by ticking the appropriate box.

1. Have you ever taken part in a project like this before?

No	Yes	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How do you feel about taking part in this project?

I'm very unsure about it	I'm a bit unsure about it	I feel OK about it	I'm looking forward to it	I'm looking forward to it a lot	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In general, how do you feel about trying something new?

I really dislike it	I dislike it	I neither like nor dislike it	I like it	I really like it	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In general, how do you feel about working in groups with others?

I really dislike it	I dislike it	I neither like nor dislike it	I like it	I really like it	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(This section is intentionally left in order to insert a wellbeing measure.*

*If a wellbeing measure is to be included, it should be inserted here. Participants often engage at the start of questionnaires, but then lose interest. Including the wellbeing measure here means that participants begin with easier questions, move onto the wellbeing questions whilst they are still engaged and finally complete the questions about their personal information, at the end of the questionnaire, when they may be losing interest.*

*If a wellbeing measure is included, subsequent question numbers should be changed as appropriate.)*

## About you

Please tell us a bit about yourself by ticking the appropriate box or writing your answer in the space below. Remember all answers are confidential.

5. What is your name (or code name)? \_\_\_\_\_

If you do not want to give your name, you can write a codeword, for example the name of a pet and the last three digits of your phone number e.g. Patch089.

6. What is your ethnic group?

Choose one section from A to F below, and then select the appropriate box to indicate your ethnic group.

A. White

British	Irish	Any other White background*	*Please write here
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

B. Mixed

White and Black Caribbean	White and Black African	White and Asian	Any other Mixed background*	*Please write here
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

C. Asian or Asian British

Indian	Pakistani	Bangladeshi	Any other Asian background*	*Please write here
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

D. Black or Black British

Caribbean	African	Any other Black background*	*Please write here
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

E. Chinese or other ethnic group

Chinese	Any other ethnic group*	*Please write here
<input type="checkbox"/>	<input type="checkbox"/>	_____

F. I do not wish to answer this question

7. What area of Derbyshire do you live in?

Amber Valley

Bolsover

Derbyshire Dales

Erewash

High Peak

North-East Derbyshire

South Derbyshire

8. How old are you?

16-24

25-34

35-44

45-54

55-64

65+

Prefer not to say

9. Are you male or female?

Male

Female

Prefer not to say

10. Do you have any long term illness, health problem or disability (this includes living with mental health issues e.g. depression, anxiety)?

No

Yes\*

Prefer not to say

\*If yes, it would be helpful if you tell us the name of your illness or disability below? e.g. epilepsy, depression, hearing impaired etc.

---

*If you need us to make any adjustments because of your illness or disability, please let us know as soon as possible.*

11. Are you a carer or supporter for a person with a long term illness, health problem or disability (this includes living with mental health issues e.g. depression, anxiety)?

No

Yes

Prefer not to say

12. Is there anything else that you wish to tell us?

*THANK YOU for your help in completing this survey.  
Please return the survey to your group leader during the first session.*

## CORE END SURVEY LONG TERM PROJECTS PARTICIPANT INFORMATION SHEET

### Information about this survey

Now that this project has ended, we would like you to answer some questions, as you did at the start of the project. Your answers will help us to evaluate the project. This will assist us to show whether the project has helped people. The survey also gives you a chance to consider how you think and feel about different things. We would love to hear what you found worked well and what we could do to improve. This will help us with planning and funding for future projects.

### Common questions and answers about the survey

**Do I have to take part?** Completing the survey is voluntary. You do not have to fill in any of the questions or you can fill in some questions only. If you do not wish to answer any question, please mark the 'prefer not to answer box'. If you decide not to take part, or only answer some questions, this will not affect the services you receive.

**Why do you ask for my name?** You may remember at the start of the project, we asked you to give your name so that we could match up your start and end questionnaires, to see whether anything has changed during the project. If you did not want to give your name, you may have written a codeword, for example the name of a pet and the last three digits of your phone number e.g. Patch089. Please try to write the same name as you did on the survey at the start of the project.

**What will happen to the information I give?** The findings from all surveys will be collated and a report will be written. No names will be used in the report and it will not be possible for readers to find out who has taken part in the project.

**How do I complete the survey?** Please read each question and tick the box that you think most closely fits your answer or write your answer in the space provided. You do not have to think a lot about your answers, this is not a test. There are no right or wrong answers to any of the questions; everybody will have different responses.

**How long will it take?** It should take less than 20 minutes to complete the survey.

**Can I get help?** If it is easier for you, please ask a friend or family member to help you to fill in the survey, but make sure that the answers given are your answers, not theirs. If you are having problems filling in this survey, would like to request it in large print, or if you would like further information about this survey, please contact: Ann Wright, Cultural and Community Services, Derbyshire County Council. Tel: 01773 831359. Email: [Ann.wright@derbyshire.gov.uk](mailto:Ann.wright@derbyshire.gov.uk)

Thank you for taking the time to read this information.

## END SURVEY

Please write your answers in the space below. Remember all answers are confidential.

1. What is your name (or code name)? \_\_\_\_\_  
If you did not want to give your name on the start survey, you may have written a codeword, for example the name of a pet and the last three digits of your phone number e.g. Patch089. Please try to write the same name or codename as you did on the survey at the start of the project.

### Your views and feelings

Please tell us about you, your views and your feelings by ticking the appropriate box.

2. Will you remain in touch with anyone else from the group?

No	Yes	Prefer not to say	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Would you like to be involved in another project like this?

No	Yes	Prefer not to say	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How much did you enjoy being involved in the project?

I really disliked it	I disliked it	I neither liked nor disliked it	I liked it	I really liked it	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In general, how do you feel about trying something new?

I really dislike it	I dislike it	I neither like nor dislike it	I like it	I really like it	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In general, how do you feel about working in groups with others?

I really dislike it	I dislike it	I neither like nor dislike it	I like it	I really like it	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think your confidence has changed since starting the project?

It has risen a lot	It has risen a bit	It has not changed	It has fallen a bit	It has fallen a lot	I prefer not to say
<input type="checkbox"/>					

8. Do you think your self-esteem (sometimes called self-worth) has changed since starting the project?

It has risen a lot	It has risen a bit	It has not changed	It has fallen a bit	It has fallen a lot	I prefer not to say
<input type="checkbox"/>					

9. Do you think your happiness has changed since starting the project?

It has risen a lot	It has risen a bit	It has not changed	It has fallen a bit	It has fallen a lot	I prefer not to say
<input type="checkbox"/>					

10. Do you think your communication skills have changed since starting the project?

They have risen a lot	They have risen a bit	They have not changed	They have fallen a bit	They have fallen a lot	I prefer not to say
<input type="checkbox"/>					

*(This section is intentionally left, in order to insert a wellbeing measure. If a wellbeing measure is to be included, it should be inserted here. Participants often engage at the start of questionnaires, but then lose interest. Including the wellbeing measure here means that participants begin with easier questions, move onto the wellbeing questions whilst they are still engaged and finally complete the questions about their personal information, at the end of the questionnaire, when they may be losing interest. If a wellbeing measure is included, subsequent question numbers should be changed as appropriate.)*

*Please answer the following questions by writing in the box provided.*

**11. What did you enjoy most about the project?**

**12. What did you enjoy least about the project?**

**13. What could have been better about the project?**

**14. Has anything made it harder for you to take part in the project e.g. the dates/times of sessions, location, venue, or costs involved?**

**15. Is there anything else that you wish to tell us?**

*THANK YOU for your help in completing this survey.*  
Please return the survey to your group leader during the final session.

## OPTIONAL WELL-BEING SCALES

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

of Warwick and University of Edinburgh, 2006, all rights reserved.

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

"Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS)

© NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved."

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

Notice that higher numbers mean better wellbeing.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

	<i>Over the last two weeks</i>	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1.	I have felt cheerful and in good spirits	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2.	I have felt calm and relaxed	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3.	I have felt active and vigorous	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4.	I woke up feeling fresh and rested	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5.	My daily life has been filled with things that interest me	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

**(Notes for project leaders: Scoring the WHO (Five) Well-Being Index (1998 version)**

*The Psychiatric Research Unit, Frederiksborg General Hospital, Hillerød, Denmark, is a WHO Collaborating Centre for Mental Health. On their website, they also provide information about scoring and monitoring change, which may be of use to project workers in the analysis of this questionnaire. The relevant information is copied below; although it is recommended that, the full documents are read prior to use.*

*Scoring: The raw score is calculated by totalling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.*

*To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.*

*Monitoring change: In order to monitor possible changes in wellbeing, the percentage score is used. A 10% difference indicates a significant change (ref. John Ware, 1995).)*

## **PROFESSIONAL DEVELOPMENT AND SUPPORT FOR ARTS AND HEALTH PRACTITIONERS: A SUMMARY OF ADVICE, GUIDANCE, TRAINING AND CONTINUED PROFESSIONAL DEVELOPMENT**

**(Prepared by Emily Penn, Derbyshire Arts Partnership Manager, January 2010)**

Artists and arts development workers working in health and care contexts occupy unique and complex roles. They develop and deliver projects that can have significant impacts on peoples' lives and health. This can be very rewarding but demands a high level of skill and competency in order for projects to be effective, creative and safe. There is no single route to working in arts and health: the diversity and dynamism of professionals working in this field is part of what makes it a thriving and growing creative sector.

### **Artists**

Artists bring specific artform skills and often have teaching or facilitation experience. Working with people with specific health needs, in contexts where the arts are not a regular part of the regime, artists are often lone workers and work within a culture that presents particular challenges, as well as many rewards.

Artists need strong communication skills, empathy, confidence and the flexibility to deal with limitations and the unexpected. Creating or engaging with artworks is often an emotional process, whatever the context. Working with people who are vulnerable or in poor health, artists can find that they need to manage unexpected responses and may be accompanying people on quite emotional journeys. It is crucial that they are sufficiently skilled and supported.

### **Arts development workers**

Arts development workers in healthcare contexts are also often isolated and are part of a sector with a developing identity but few established guidelines or professional competency frameworks that are widely known or commonly understood. The role involves creating partnerships; developing projects; fundraising; managing and delivering programmes of work; commissioning; managing and supporting artists; evaluating projects; managing budgets; dealing with ethical, health and safety, insurance, and other project management issues; and marketing and advocating to a range of audiences and stakeholders.

Often, particularly in community contexts, arts and health development workers will also hold other roles - they may for example be an arts development officer at a local authority, or a project manager for an arts organisation, working across a range of contexts and agendas.

Working within healthcare settings is another variation. This is well covered in the Hospital Art Co-ordinator paper by Josie Aston (see below).

Arts development workers often hold the contractual responsibility for a project and their role in designing, developing and negotiating with partners, can be crucial to the project's success and impact and to ensuring safe and effective working. They are often the only consistent contact and support for artists working in challenging contexts, and have a similar need for supervision and support.

### **Networks**

Networks can be crucial sources of support and information for arts and health practitioners.

### **National Forum for Arts and Health**

London Arts and Health Forum have been working with partners from across the country to deliver a national framework for arts and wellbeing. This work has led to discussions with policy-makers and the development of a national website to help support those working in this area. The website is expected to go live in Spring 2010- updates at:

<http://www.lahf.org.uk/welcome>

### **East Midlands Public Health Network**

Emphasis is the East Midlands public health network. In the past, the network has delivered training and Continued Professional Development (CPD) for arts and health workers, including 'Making Projects Happen', in partnership with the Care Services Improvement Partnership.

The network's programme is currently in development and is likely to include a focus on:

- Innovation
- Workforce Development
- The Therapeutic Environment
- Patient Voice
- Choosing Health

[anna@bigdifferencecompany.co.uk](mailto:anna@bigdifferencecompany.co.uk)

### **Derbyshire Arts, Health and Wellbeing Network**

As part of the Arts, Mental Health and Wellbeing development programme, a network event was held for people in Derbyshire with an interest in the role the arts can play in promoting mental health and wellbeing. The event provided an opportunity for artists, arts organisations, health and care practitioners and service users to:

- Find out about recent arts and health developments at County and regional level
- Input to strategic planning
- Share news and good practice
- Share views on how arts and health can be developed in Derbyshire

This has led to an ongoing network in the County. To join the mailing list email: [artsteam@derbyshire.gov.uk](mailto:artsteam@derbyshire.gov.uk)

### **Advice and guidance for arts and health workers**

The West Midlands Arts and Health Network, Praxis, held a debate for arts and health workers on Working Creatively for Positive Mental Health and Wellbeing.

<http://praxisartsandhealth.org.uk/blog/2009/09/working-creatively-for-positive-mental-health-and-wellbeing/>

Josie Aston has produced a range of resources to help arts and health workers plan and deliver effective projects. She has also produced an in depth reflection on the role of arts co-ordinators in hospitals:

<http://www.josieaston.co.uk/arts-and-health-resources/>

Mary Robson's paper on Professional and personal development for arts in health practitioners explores the value of supervision for artists and arts workers working in healthcare contexts. Supervision in this context refers to the kind of ongoing and informed professional supervision that is common in professions such as counselling and social work:

<http://www.dur.ac.uk/cmh/reports/>

## Degree and Post-Graduate Courses

### University of Derby

[BA \(Hons\) Creative Expressive Therapies \(Dance, Drama, Music, Art\)](#) enables students to specialise in Art, Dance and Movement, Drama or Music along with an integrated arts approach in a variety of settings.

<http://www.derby.ac.uk/therapeutic-arts-and-complementary-medicines/courses>

### Canterbury Christchurch University

Arts and Health PhD. Develop your knowledge and research capabilities in arts and health. The PhD programme, run by Canterbury Christchurch University, provides research training in the field of arts and health with a choice to focus on intervention research in one of the arts therapies or on arts-based practice related to health and wellbeing i.e. the ways in which the arts contribute to health, wellbeing, social inclusion and healthcare practice across a range of healthcare and community settings. The PhD is offered within the subject area of psychology. For further information about the PhD please visit:

[www.canterbury.ac.uk/social-applied-sciences/ASPD/programmes/](http://www.canterbury.ac.uk/social-applied-sciences/ASPD/programmes/)

### University of Glamorgan

Arts and Health MA - The course aims to support and develop innovative practice and research with an emphasis on interdisciplinary working. It is a two-year, part-time course during which, students will undertake live projects, alongside study of concepts and theories informing arts and health. The course will develop students' professional skills and position their practice within appropriate critical and contextual frameworks.

[www.glam.ac.uk/coursedetails/685/842](http://www.glam.ac.uk/coursedetails/685/842)

### University research groups for arts and health

(source: [www.criticalconnections.co.uk](http://www.criticalconnections.co.uk))

The Centre for Medical Humanities

University of Durham

[www.dur.ac/cmh](http://www.dur.ac/cmh)

Anglia Ruskin University/University of Central Lancashire

[www.socialinclusion.org.uk/resources/index.php?subid=71](http://www.socialinclusion.org.uk/resources/index.php?subid=71)

[www.socialinclusion.org.uk/resources/index.php?subid=71](http://www.socialinclusion.org.uk/resources/index.php?subid=71)

[www.uclan.ac.uk/facs/health/socialwork/research/mental%20health/projects/](http://www.uclan.ac.uk/facs/health/socialwork/research/mental%20health/projects/)

Arts and Health research Programme, University of West England

[hsc.uwe.ac.uk/net/research/Default.aspx?pageid=229](http://hsc.uwe.ac.uk/net/research/Default.aspx?pageid=229)

Arts for Health, Manchester Metropolitan University

[www.artsforhealth.org](http://www.artsforhealth.org)

[www.miriad.mmu.ac.uk/investtosave/](http://www.miriad.mmu.ac.uk/investtosave/)

East Midlands Arts and Health Research Group, Universities of Nottingham and Northampton

[www.nottingham.ac.uk/nursing/stafflookup/](http://www.nottingham.ac.uk/nursing/stafflookup/)

Peninsula Medical School, Universities of Exeter and Plymouth

[www.pms.ac.uk/pms/research/upstream.php](http://www.pms.ac.uk/pms/research/upstream.php)

[www.upstream-uk.com/Evaluation.html](http://www.upstream-uk.com/Evaluation.html)