



**Cornwall Health Research Unit**

**Arts in Health Interventions in the UK: A Review of the  
Literature**

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*“The effect of beautiful objects, of variety of objects and especially of brilliance of colour is hardly at all appreciated ... I have seen in fevers (and felt, when I was a fever patient myself) the most acute suffering produced from the patient not being able to see out of a window and the knots in the wood being the only view. I shall never forget the rapture of fever patients over a bunch of bright coloured flowers... People say the effect is only on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form, by colour, and light, we do know this, that they have an actual physical effect. Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery.”*

Florence Nightingale, Notes on Nursing, 1859

*“Not everything that can be counted, counts; and not everything that counts, can be counted.”*

Albert Einstein (1879-1955), sign hanging in his office at Princeton

(reproduced from Report of the Review of Arts and Health Working Group, DoH, 2007)

## **Acknowledgement**

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Cornwall Health Research Unit acknowledges the support of Jayne Howard and her team at AfH Cornwall for commissioning this review and suggesting projects for inclusion.

## 1. Introduction/Background

As evidenced from the quotation by Florence Nightingale at the head of this report, the value of aesthetic interventions in the field of health and wellbeing were being considered by practitioners long before our present healthcare systems were developed. As a consequence, a great deal of literature has been produced in an attempt to demonstrate both the therapeutic and medical benefits of such activities alongside traditional healthcare.

An example of the importance that arts in health now has in mainstream healthcare is a report commissioned by the UK Department of Health (DoH, 2007) to investigate the role that the Department should play in this field. The key findings were:

- Arts and health are, and should be firmly recognised as being, integral to health, healthcare provision and healthcare environments, including supporting staff;
- Arts and health initiatives are delivering real and measurable benefits across a wide range of priority areas for health, and can enable the Department and NHS to contribute to key wider Government initiatives;
- There is a wealth of good practice and a substantial evidence base;
- The Department of Health has an important leadership role to play in creating an environment in which arts and health can prosper by promoting, developing and supporting arts and health;
- The Department should make a clear statement on the value of arts and health, build partnerships and publish a Prospectus for arts in health in collaboration with other key contributors.

Both the report of the working group created by the Department of Health and the prospectus, produced in partnership with the Arts Council, are important documents in this emerging field and are described further in Section 3.1.

As a consequence of this DoH initiative, arts and health interventions are now regarded as a significant factor in care offered by the NHS, as evidenced in a speech given by Secretary of State for Health Alan Johnson in September 2008:

*“Access and participation in the arts are an essential part of our everyday wellbeing and quality of life. Arts therapy has an important role to play in providing better, more personalised care for patients. I expect this role to become even more important as, following the publication of the Next Stage Review, we look at how we transform the NHS, from a service that’s excellent at recognising illness and treating it, to one that can more successfully prevent illness and promote health and wellbeing.”* (Johnson, 2008)

The field of Arts and Health incorporates a wide range of practice, and not only conventional art activities such as painting, craft and ceramics. As well as visual arts, drama, music, song and the written word play an important role in many areas of therapy and healthcare, and the examples of best practice chosen for this report include a variety of examples from different artistic portfolios.

This report forms part of other work commissioned by AfH Cornwall to CHRU (Cornwall Health Research Unit). As well as requesting evaluation of specific projects undertaken in Primary Care and with elderly people, AfH Cornwall felt that it would be helpful to practitioners to have a single source of reference for the principal academic and government reports in the field. Therefore this report will appear on the AfH Cornwall website, together with Internet hyperlinks enabling the reader to discover further detail on the referenced works if desired.

## **2. Identification of relevant reports**

This report summarises the principal findings of the arts for health literature, highlighting the major studies and interventions. Emphasis is placed on:

- Studies that took place in the UK;
- Studies for which the evidence is based on rigorous methodology; and
- Studies relating to interventions in community, primary and secondary care settings. Much of the literature relates to arts therapy in mental health settings and is not considered in depth for the purposes of this report, although reference is made to the principal sources.

This report builds on a number of literature reviews that have been published in recent years which are listed in Section 3.1. Individual project evaluations, provided in Section 3.2, are those that have had a significant impact in the field or have been produced since the publication of these major reviews.

For each report a hyperlink allows the reader to follow up the brief summary to uncover the full report where this available. Where the source is a peer-reviewed journal, the reference is given after the title. Preceding each report summary, key words are listed, enabling the reader to quickly access information relevant to their particular field of practice. The hyperlinks and key words also appear in the contents pages of this report.

Reports selected for this review were found in a variety of sources. Relevant peer-reviewed journals were identified via the MetaLib electronic library accessed via the University of Plymouth, using appropriate search terms. Additionally, the UK Public Health Association features arts and health at its annual conference and a number of projects were highlighted at their events in Edinburgh (2007) and Liverpool (2008). Finally, events arranged by Arts for Health South West featured a number of the projects included in Section 3.2.

### **3. Results**

Section 3.1 examines the major literature reviews that have been published around the subject area in recent years, and Section 3.2 is a selection of key project evaluations. The studies are listed in chronological order of publication, and a hyperlink has been added to a relevant Internet site for further information. For some reports the full text is available online – where this is not possible links are to the website of the authors or their institution. Availability of full-text papers or reports may be subject to a publisher's license, and are therefore usually most easily accessed via the library services of academic institutions.

### 3.1 Major literature reviews

**3.1.1 Health Development Agency (HDA) (2000). *Arts for Health. A review of good practice in community-based arts projects and initiatives which impact on health and well-being.***

[http://www.nice.org.uk/aboutnice/howweare/aboutthehda/hdapublication/s/art\\_for\\_health.jsp](http://www.nice.org.uk/aboutnice/howweare/aboutthehda/hdapublication/s/art_for_health.jsp)

**Key words: Community, Social Capital**

This report built on the Health Education Authority's research strategy 1996-99, exploring the potential for positive health outcomes through social capital. The methods included:

- a worldwide literature search;
- a questionnaire and database designed to establish best practice amongst arts and health projects in the UK , and;
- qualitative reviews of specific projects already seen to be successful, designed to produce data on evaluation processes and outcomes. For this latter group, projects were divided into three categories – didactic, participatory and environmental, with a sample size of 15, five from each category.

The questionnaire survey produced 90 replies from 246 nominated projects (37% response rate). Among the many findings were:

- Sixty-eight per cent of projects catered for more than 100 people; 14% for fewer than 25. Fifty-one per cent had a funding level higher than £20,000 and 14% less than £5,000;
- Venues included community centres (45%), schools (38%), day care centres (35%) and hospitals (34%);
- Outputs included reports (53% of projects), papers (54%), exhibitions (43%) and conferences (26%);

- Participants reported improved wellbeing. Ninety-one per cent felt that the work contributed to health improvement in the local area, and 76% reported enhancement of community development;
- Pointers to good practice, in order of importance, were strong meaningful partnerships (27% of projects), high quality and experienced coordinators (18%), enthusiasm and commitment from participants and staff (16%), new ways of working (12%) and through monitoring and evaluation (9%);
- Insufficient funding was the main factor inhibiting project development (39%).

The report presented photographs of project work and reflected on site visits and evaluation issues. The absence of evaluation, attributed in most cases to insufficient funding, was reported as a key issue in the recommendations.

**3.1.2 Newman *et al.*, (2003) *Do community-based arts projects result in social gains?* Community Development Journal 38:4**

**<http://cdj.oxfordjournals.org/cgi/reprint/38/4/310>**

**Key words: Community; Social Outcomes**

This literature search addressed the difficulties of quantifying social gain in terms of arts projects in general, as opposed to those within a health context such as those reviewed by the HDA. Eight projects published between 1988 and 2000 regarded as having robust evaluation methods were described in detail.

The discussion centred on the extent to which arts projects are able to demonstrate a contribution to defined social gains such as improvements in health, reduction in youth crime or economic renewal. One recommendation was that outcomes by way of social indicators would be subject to agreement by the affected community. These indicators would be subject to review within that community and therefore would directly impact those to whom the intervention is addressed.

**3.1.3 Centre for Arts and Humanities in Health and Medicine (CAHHM)  
(2003) *Arts and Adult Mental Health Literature Review.***

<http://www.dur.ac.uk/resources/cahbm/reports/Arts%20and%20Mental%20Health%20Report%20MW%202003.pdf>

**Key words: Mental Health; Evaluation Theory**

The Centre for Arts and Humanities in Health and Medicine, based at the University of Durham, is one of the leading UK research centres in this field and has been responsible for a large body of research and evaluation evidence.

This report into Adult Mental Health interventions critically analysed the evidence. Having put previous work into context, the authors suggested seven emerging trends in practice:

1. Identifying the needs, issues and research agenda;
2. Having an independent voice;
3. Relationship with art therapy;
4. Arts on prescription;
5. Social support and lifelong learning;
6. Having the right environment; and
7. Training.

It was observed that most projects took place in areas of high social deprivation, and that the short-term funding of many projects was a barrier both to the achievement of project goals and the ability to gather meaningful evidence. An example from the evaluation portfolio of CAHHM, a study of five community projects (see 3.2.2 below), suggested ways in which evaluation tools can be employed to bring out the experiences of participants. Such tools included log frame analysis, in which projects can be regularly reviewed against their stated aims.

The report concluded by suggesting that the scale of most projects was too small to draw robust conclusions from evaluation evidence. The authors

suggested that a common set of aims and evaluation methods, together with a structure for dissemination of results, would quickly build into a useful body of data.

### 3.1.4 Staricoff, R (2004) Arts in health: a review of the medical literature.

<http://www.artscouncil.org.uk/documents/publications/phpc0eMaS.pdf>

**Key words: Literature Review; Acute Care; Mental Health**

Dr Rosalia Staricoff had led a significant study into arts and health benefits at the Chelsea and Westminster hospital (see 3.2.4 below) and was commissioned by the Arts Council to review the medical literature with reference to arts and health interventions between 1990 and 2004. The key areas for study were:

- achieving clinical outcomes for the benefit of patients;
- raising staff morale and job satisfaction;
- widening the skills of nurses and doctors;
- providing better quality of healthcare;
- enhancing the quality of life of mental health care;
- enhancing the quality of life of mental health users; and
- helping mental health providers manage the service.

The effect on clinical outcomes was addressed by many studies. Outcomes included measures of anxiety and depression, length of hospital stay and degrees of pain medication and covered a range of conditions including cancer and cardiovascular disease. A range of positive results were reported.

The evidence was less strong in respect of outcomes for staff in terms of job satisfaction. Few reliable studies were found to confirm the hypothesis that art in the healthcare environment can positively influence the recruitment and retention levels of health professionals. However a number of studies were able to offer robust evidence that, for example, the incorporation of fine art appreciation into nursing training and the introduction of music into surgical settings had a positive impact on the skills of the professionals involved.

In mental health settings, the findings replicated those in the CAHMH study discussed above. Interventions were separated into three categories:

literature, creative writing and poetry; theatre, drama and visual arts; and music, singing and dancing. Studies were found in each category that improved the wellbeing of the patient and aided the understanding and empathy of staff.

### 3.1.5 South, J (2004) *Community-based Arts for Health – A Literature Review*.

<http://www.leedsmet.ac.uk/health/healthpromotion/chpr/projects/bradfordarts.htm>

**Key words:** Literature review; Community

This review focused on community interventions alone, as opposed to the wider health agenda addressed by the Arts Council review examined below. Prompted by a British Medical Journal editorial suggesting that a greater proportion of the NHS budget should be channelled into arts projects (Smith (2002) *Spend (slightly) less on health and more on the arts*, BMJ **325**: 1432-3), this review asked three key questions of the literature:

- *What is known about the effectiveness of community-based arts for health initiatives and the impact of art on health and well-being?*
  - *What factors affect the success of arts for health initiatives? What elements are important in good practice?*
  - *What are the most robust and appropriate research approaches, methods and indicators for the evaluation of arts for health projects?*
- (p5)

The resulting review, which examined much unpublished report material as well as evidence published in peer-reviewed journals, produced overall findings that were similar to the DoH review below. The main conclusions were that there was evidence for benefits to participants, and potential for impact on the major determinants of health. However, it was felt that the quality of the research findings in much of the material could have been improved with a more systematic approach to the methodology.

**3.1.6 Daykin N. et al., (2004) *The effects of participation in performing arts in young people: a systematic review of the published literature 1994-2004.***

<http://hsc.uwe.ac.uk/net/research/Data/Sites/1/GalleryImages/Research/Young%20incPeople%20and%20Arts%20Report.pdf>

**Key words: Systematic review; Young people; Drama**

This report, published by the Centre for Public Health Research, based at the Faculty of Health and Social Care at the University of the West of England, was a systematic review of arts interventions for young people between the ages of 11 and 18. The findings concentrated on projects in community settings and, after reports had been filtered to reflect research papers rather than descriptive studies, 15 papers were reviewed, reflecting a mixture of quantitative and qualitative methods. All related to drama – no equivalent studies reflecting music and dance projects could be found outside of clinical settings.

The focus of the quantitative studies under review was on issues such as social skills, sexual health, alcohol and tobacco. Attitude studies were used to measure effectiveness which was generally found to be positive, although the authors noted that responses to attitude surveys are not necessarily reflected in behaviour. Qualitative findings reflected a number of positive outcomes such as improved confidence and community empowerment, as well as the importance of including young people themselves in the research process.

The report concluded that this research field was still at an early stage (p2). Recommendations included greater rigour in qualitative methods and data analysis, a move away from a 'journalistic' style of reporting towards more structured evaluation, and a general need for more study in this area, particularly among music and dance projects.

### 3.1.7 Department of Health (DoH) (2007) *Report of the Review of Arts and Health Working Group*

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_073590](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073590)

**Key words: Literature Review**

The purpose of this paper was to ‘*review the role of the Department of Health in promoting Arts and Health*’ (p1). It contains a short summary of the evidence submitted, amounting to some 1000 studies (p12). A number of these studies are quoted as best practice examples, and examples of projects are scattered throughout the text. A general comment was that the quality of the methodology lacked rigour, although it is acknowledged that this may have been due to the lack of evaluation resources. The culture of the NHS in moving towards qualitative as well as quantitative research was also considered to be important. The report comments on how such research evidence might be better used within the NHS:

*“ ... the scale and strength of the evidence is not well appreciated and it is not drawn together to make it easily accessible. This means it is not always used to develop the best solutions or make an effective case for change or investment, and helps to perpetuate the myth that there is little evidence to support investment in arts and health. There would be value in supporting greater awareness and sharing of the results. We also need to consider how we can overcome issues about how the different types of evidence are regarded. There would be significant benefits to the NHS if information about and access to the research evidence could be improved, so that more people were aware of it and knew how to find and use it. It would reduce duplication, speed up the adoption of proven ideas and give confidence to the investment process.” (p14)*

### **3.1.8 Arts Council (2007) *A prospectus for Arts and Health***

[http://www.artscouncil.org.uk/publications/publication\\_detail.php?browse=recent&id=581](http://www.artscouncil.org.uk/publications/publication_detail.php?browse=recent&id=581)

**Key words: Literature Review**

This publication followed through the recommendations of the Arts for Health Working Group, described above. A joint publication from the Department of Health and the Arts Council, it was published to demonstrate the variety of activity in the field of Arts and Health in the UK. The main sources of literature highlighted by the Working Group are repeated, and additionally there is a section detailing a number of centres in the UK where Arts for Health innovations have been trialled and reported (pp 22-37). A number of these are summarised in the section on specific projects later in this report.

## 3.2 Reviews of Key Projects

This section reviews evaluations of a number of projects which have made a significant contribution towards the understanding of the value of arts in health in the UK. Some are covered in the reviews listed in the previous section and others are more recent projects not included in these reviews. Again a hyperlink is added to facilitate further examination.

The first three reports are all published by CAHHM and can be found on their website - <http://www.dur.ac.uk/cahbm/reports/>

### 3.2.1 Smith (2003) *Common Knowledge: The Tyne and Wear Health Action Zone's Arts and Health Project*

**Key words: Community; Evaluation; HAZ; Best Practice**

Common Knowledge is typical of a number of projects, created to bring together a wide variety of practitioners in different fields to share expertise and best arts and health practice by a variety of means, in this case under the umbrella of Health Action Zones (HAZ).

The purpose of HAZ was to focus public health interventions on deprived areas of England where health needs were most acute. The aims of Common Knowledge were originally outlined as follows:

- To disseminate useful knowledge and information;
- To mutually define arts in health for the Tyne and Wear Health Action Zone;
- To achieve community participation;
- To support collective aspirations in community health;
- To change the way that people work;
- To create a positive emotional environment for the project.

The process began with two 'Future Search' events, intended to introduce interested parties to one another and set the scene for joint working, with the intent of putting arts and health practice '... *at the heart of community health development and clinical practice*' (p12). An important part of the process was to evaluate these events which brought together artists and health professionals not previously known to one another, and follow these partnerships through to pilot projects.

Twenty-one pilot projects were developed, listed on p32 of the report. All related to HAZ priorities and employed a full range of art forms. The majority of activities took place on the premises of health providers, the others in community venues such as schools and community halls. Target audiences included young and old people, the mentally ill and those with specific conditions, as well as NHS staff.

The evaluators worked with practitioners who struggled to quantify the benefits that they were seeing amongst clients. 'Evaluation books' were completed to bring out the important elements, and planning sheets enabled the practitioners to link their reflections with important questions concerning the validity of the project and its function within the overall aims of Common Knowledge. Although the books were inevitably of variable quality the evaluators felt that many would serve as worthy evaluation documents in their own right.

A range of positive benefits were reported (pp 44-52) and the evaluators discuss how the findings fit in to models of art and health (Section 5, pp 53-65). Overall the evaluation covers comprehensively a full range of issues encountered by arts and health organisations and is recommended reading for those responsible for strategic input.

As well as the formal evaluation, the author reflects further on the process in a second paper: *An Evaluation of Sorts: Learning from Common Knowledge* (also accessible on the CAHHM website). In this paper the author discusses

the evaluation framework for arts and health and critiques traditional methods and concepts.

### **3.2.2 Everitt A & Hamilton H (2003) *Arts, Health and Community***

**Key words: Community; Professional Practice; Best Practice**

This report examined in detail five community based projects. Three were based in the North-East of England, one in North Yorkshire and the other in Bromley-in-Bow in the East End of London. The latter is widely regarded as an exemplar in arts and health practice amongst practitioners, being both a healthy living centre for the local community and a centre for social entrepreneurs. This combination has given rise to some innovative work in the field of arts and health.

The authors emphasise that, rather than evaluating each project in itself, the report is described as evaluation " ... *for learning rather than accountability*" (p74). It is therefore of use in the reflection of arts for health experience in general. The conclusions suggest a more over-arching inclusion of such work in communities and with those with specific need, thereby freeing arts practitioners from the apparently never-ending search for continued funding to the development of sustainable projects. The strong development of professional practitioners in the field of arts and health is also noted as an area of strength.

The conclusions focus on the following key areas:

- Definitions of Art, Health and Community;
- The structure of arts in community health projects;
- Ways of working in arts in community health projects;
- The professional practice of arts in community health;
- Arts enhancing people's sense of health and well-being;

### **3.2.3 CAHBM (2004) *Seeing the Wood for the Trees: An Arts for Health Action Plan for the East Midlands***

**Key words: Partnership; Best Practice; Strategy**

The third of CAHBM's reviews concern arts for health activity in the East Midlands region, concentrating principally on community-based projects, although some hospital activity is included in the case studies to illustrate examples of best practice.

The title of the report reflects the need for clarity in strategy when assessing the overall needs of the health sector, and how arts practitioners can support public health in the new partnerships now being encouraged across all sectors. A CEO of a Strategic Health Authority who contributed to the study spoke of the need for a specific workforce of creative artists within the NHS, able to work within its structure and to support staff in partnership working and accessing resources:

*... many health institutions are desperate for advice and support in this area but simply don't know where to start. (p6)*

The report includes six case studies, selected for their development potential, partnership possibilities and health-oriented goals. These are:

- Leicester Comedy Festival – a men's health comedy project;
- Indigo Brave Theatre – a theatre company with a particular emphasis on increasing understanding of health issues for clients in business, education and the public and voluntary sectors;
- Dance 4 – dance workshops in partnership with NHS, e.g. for falls prevention;
- Amber Valley Council Artery – a local authority initiative funded by Arts Council England. Strong in mental health projects and a link between statutory and voluntary organisations;

- Nottinghamshire Mental Health NHS Trust and City Arts – a link between the largest mental health trust in Europe and a local arts organisation. Collaboration includes a community safety programme in estates with large BME populations;
- Arts at Queen’s Medical Centre, Nottingham – a lone example in this region of a fully funded arts programme in an acute hospital. A co-ordinator has developed activities and projects in a variety of areas, and work includes commissioned works, music and creative writing.

The report contains a section addressing research issues, applicable to the East Midlands region specifically but also appropriate as a general approach. An Appendix attempts to set out the large variety of areas in which arts and health organisations are engaged, under the following broad headings:

- Regional and Local Government;
- Children & Young People;
- Built Environment;
- Workforce Development;
- Cross-cutting Themes;

The list informed the national Arts for Health Strategy (Department of Health, 2007) set out in the previous section (3.1.7 above).

### **3.2.4 Staricoff R. (2003) *A study of the effects of the Visual and Performing Arts in Healthcare***

[http://www.chelwestcharity.org.uk/binary\\_data/263\\_study\\_visual\\_performing\\_arts.pdf](http://www.chelwestcharity.org.uk/binary_data/263_study_visual_performing_arts.pdf)

**Key words: Acute Care; Live Music; Art installations; Research Methods**

This project is widely regarded as pioneering work in the field of arts and health in a hospital setting. The Director of Chelsea and Westminster Hospital Arts commissioned a four-year programme which attempted to scientifically evaluate a series of arts interventions and record the health outcomes.

The study covered a range of hospital areas including the Medical Day Unit, Maternity, Day Surgery Unit, HIV/AIDS etc. Positive effects were recorded in terms of reduced anxiety and depression as well as beneficial physiological and biological outcomes, for example reduced blood pressure or fewer requests for epidural analgesia by women in labour. A staff survey revealed that the improved environment of the hospital was a factor in either applying for work at the hospital or the retention of an existing position.

The study concludes (p5) that the introduction of visual and performing arts:

- Induces significant differences in clinical outcomes
- Reduces amount of drug consumption
- Shortens length of stay in hospital
- Improves patient management
- Contributes towards increased job satisfaction
- Enhances the quality of service

The art interventions put in place in the hospital environment generally consisted of art installations and/or live music. The research methods were rigorous and included control groups where appropriate. Questionnaires to patients sought to understand the differences observed on exposure to the

intervention and were backed by medical measurements. Each hospital area was subject to different research methods and all are reported separately, as are the results of the staff questionnaire.

Although other work demonstrates that rigorous quantitative methods are not the only way in which benefits can be reported, this report is an excellent example of how such methods can be employed to make a convincing case.

### **3.2.5 South J. (2004) *Evaluation of Bradford District Arts for Health Programme***

<http://www.leedsmet.ac.uk/health/healthpromotion/chpr/projects/bradfordarts.htm>

**Key words: Community; Minority groups; Music; Drama**

The Bradford District Arts for Health Programme, a partnership covering a number of health trusts in the Bradford area, consisted of three projects, working with what are characterised as 'hard-to-reach' groups:

- A residency on Ravenscliffe estate working with young people;
- A residency at Oakbank School, Keighley, using drama methods;
- First Steps - a music and movement programme for parents, children and child care workers.

The projects were delivered by Kala Sangam, an organisation delivering arts in many forms to the South Asian community.

Overall the projects were broadly successful in their aims of bringing drama and music to the intended audiences, and perhaps more importantly in passing skills onto others to ensure sustainability of such activity in the future. The projects helped to bring arts for health higher up the agenda in Bradford, further embedding practice into mainstream health activity. The following emerged as lessons for best practice:

- Relevance of projects to local needs and priorities
- The importance of involving local staff and volunteers as well as partner organisations before the project is delivered
- Detailed information given on the project aims and activities
- Spending time to build relationships and develop trust
- Support from the host organisation
- Participants given an opportunity to plan and develop activities

- Having individuals working in the project with good communication and organisational skills.

The importance of building capacity by taking the time to engage all potential partners was emphasised.

**3.2.6 Dooris M. (2005) *A Qualitative Review of the Walsall Arts into Health Partnership*. Health Education 105:5 355-373**

(The Journal *Health Education* devoted an entire edition (105:5) to Arts in Health)

<http://www.emeraldinsight.com/Insight/viewContentItem.do;jsessionid=AE17DE94FB84A570E6916C67672BA7E8?contentType=Article&contentId=1519897>

**Key words: Partnership; Community; Minority Groups**

This paper provided a useful insight into partnership working in the field. The Walsall Arts into Health Partnership began in 1994 when the local Metropolitan Borough Council and Health Authority joined forces, and was strengthened when Walsall was granted Health Action Zone status in 1999.

The role of the Arts in Health Partnership was to incorporate arts activity into the various strands of the Health Action Zones, and projects resembled those initiated in Bradford (3.2.5 above) in terms of target groups. Eight projects addressed a wide range of issues from sexual health in prostitutes to head lice in children and the health needs of lorry drivers. Drama, stand-up comedy and visual pieces were all featured. The evaluation assessed the impact and effectiveness of the Partnership in terms of meeting strategic health goals, its key characteristics, and the direction of future development.

The report breaks down its findings under these four general headings, and reports the Partnership in a positive light by way of quotations from partners. Effectiveness included the winning over of senior health executives to the value of arts in health. There is an interesting contrast of views over whether quantitative or qualitative approaches produce a more useful demonstration of arts and health benefits, and in conclusion the paper argues that in terms of evaluation and in recognition of the variety of stakeholders a balance of methodologies is needed to satisfy requirements across the spectrum of interested parties.

**3.2.7 Windsor J. (2005) *Your Health and the Arts: a study of the association between arts engagement and health*. Arts Council England: London**

[http://www.artscouncil.org.uk/publications/publication\\_detail.php?browse=recent&id=462](http://www.artscouncil.org.uk/publications/publication_detail.php?browse=recent&id=462)

**Key words: Population study; Arts Participation**

This study was commissioned by Arts Council England to augment Staricoff's literature review (3.1.4 above) and to inform the national Arts and Health strategy. In contrast to the individual project evaluations considered elsewhere in this section, it reported the results of a statistical survey of 12,000 people, conducted by the Office for National Statistics.

The bulk of the report consists of statistical data on participation in the arts, either as a consumer of, for example, film and music or as a participant in arts activities. Results are assessed by age, gender and socio-economic status. The survey asked a number of key questions regarding health status, and it was found that:

Allowing for age and other socio-demographic characteristics, better health was more likely to be reported by people who:

- attended performing arts events
- attended non-performing arts or cultural events or venues
- participated in dance activities
- accessed artforms through CDs, mini discs, tapes or records
- listened to the arts through the radio
- viewed the arts on television, videos or DVDs (p10)

This association was noted even when those with a long-term limiting illness (who by implication would be less likely to attend and participate in arts activity) were excluded from the sample.

The report provides a useful overview to cultural activity in its wider sense and its large population size enhances the validity of the results.

### 3.2.8 Lawson K. *et al.*, (2006) *Evaluation of Enhancing the Healing Environment (EHE) Programme*

[http://www.kingsfund.org.uk/publications/other\\_work\\_by\\_our\\_staff/evaluation\\_of.html](http://www.kingsfund.org.uk/publications/other_work_by_our_staff/evaluation_of.html)

**Key Words: Acute Care; Refurbishment Schemes**

The aim of the EHE programme, supported by the Kings Fund, was to enhance the aesthetic appearance of a number of premises controlled by NHS Estates. The evaluation assessed the effect on the following areas:

- Personal development;
- Improvement to the environment;
- Therapeutic benefit; and
- Economic benefit (p *i*)

Twenty-three NHS Trusts took part in the scheme, nine of which were evaluated by a team from the York Health Economics Consortium. Those selected for evaluation included acute, primary care and mental health trusts. Spaces addressed included receptions and waiting areas, courtyards and canteens, which were converted into areas for performing arts or exhibitions.

NHS staff were co-opted onto the EHE project team in each location, which included an arts co-ordinator. Although the evidence regarding the therapeutic benefits was not recorded rigorously, anecdotal reporting suggested benefits in three specific areas: increased staff, patient and user satisfaction; increased use of area; and impact on clinical management (pp *iii-iv*)

The evaluation team developed a 'good practice checklist' which brought out the important processes when developing a scheme of this kind, such as the role of the arts co-ordinator and estates department and the importance of structuring the aims and objectives of the scheme together with tools for evaluation.

### **3.2.9 Manchester Metropolitan University (2007) *Invest to Save: Arts in Health Evaluation***

<http://www.miriad.mmu.ac.uk/investtosave/reports/>

**Key words: Partnership; Mental Health**

This report examines the impact of the Arts in Health partnership in the North West of England, consisting of Manchester Metropolitan University, Arts Council England and the Department of Health. The report referenced here summarises the main findings – more detail is available from the University website.

The partnership has introduced a range of projects across the North West Region -these are illustrated in the report. The approach to the evaluation was collaborative, involving stakeholders at every stage in reflection on practice, organised through practitioner workshops. A number of scales of measurement were incorporated to add a quantitative angle to the evaluation process. These are reproduced below, as such measures can be of general use in assessing health benefits:

- Riff's Scale of Psychological well being;
- General Health Questionnaire;
- Hospital Anxiety and Depression Scale;
- Warr, Cook and Wall Work and Life Attitudes survey

A number of recommendations conclude the report. These include the importance of a secure and developing partnership; investment in the personal development of practitioners; and increasing the body of rigorous evidence. Also mentioned is the importance of long-term funding streams – a repeated theme in many of the evaluations reviewed in this paper.

### **3.2.10 Daykin N. et al., (2008) *Evaluation of Art-Lift: A Partnership Arts and Health Project***

<http://hsc.uwe.ac.uk/net/research/Data/Sites/1/GalleryImages/Research/Artlift%20Final%20Report.pdf>

**Key words: Residencies; Primary Care; Acute Care; Mental Health**

Art-Lift was a collaborative project funded principally by Arts Council England, involving Trusts and practitioners across Gloucestershire. Artist residencies were created in 15 health locations including GP surgeries as well as acute and mental health settings.

The evaluation made use of mixed methods including the Hospital Anxiety and Depression Scale, separate focus groups for patients and artists, as well as interviews.

The quantitative data suggested that there was positive effect on depression and anxiety resulting from the art interventions, although the sample size was small and the results of the various projects (pottery, painting, written word etc.) were combined. It was suggested that the creation of a control group who did not benefit from the intervention would have strengthened the validity of the results.

The report contains extensive extracts from the interviews and focus groups with patients and staff, and illustrates the process of recruitment, activity and retention. Overall the report offers a comprehensive assessment of artist residencies in a health setting, a model since replicated in Cornwall and elsewhere.

### **3.2.11 Arts and Health Journal**

<http://www.tandf.co.uk/journals/rahe>

The papers selected for this section are published in a variety of media, including peer-reviewed journals. At the time of this report being completed, the Society for the Arts in Healthcare are about to launch a new journal dealing exclusively with work in the Arts and Health field, and the advance publicity suggests that its contents will be of interest to health professionals and artists alike. Further information can be found on the referenced website.

### 3.3 Papers on evaluation methodology

The papers detailed in section 3.2 all make an attempt to contextualise the arts and health work into models of evaluation. Other authors, rather than reviewing the outcomes of specific projects, have taken a more holistic view of the process of evaluating projects, and in this section a handful of papers have been selected for their contribution to this vital area.

#### 3.3.1 Angus J., (2002) *A review of evaluation in community-based arts for health activity in the UK*

[http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublication/s/review\\_of\\_evaluation\\_in\\_communitybased\\_art\\_for\\_health\\_activity\\_in\\_the\\_uk.jsp](http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublication/s/review_of_evaluation_in_communitybased_art_for_health_activity_in_the_uk.jsp)

**Key words: Evaluation; Theoretical Approaches**

The Health Development Agency commissioned a review of evaluation practice in order to improve the quality of evidence. Models of health and wellbeing, models of evaluation, practice and reporting are all examined. Based on 150 papers published between 1993 and 2001, the author considers the quality and expertise around evaluation of community-based health projects and draws the following conclusions:

- The majority of people working in community-based art for health appear to recognise that it is important to evaluate their activity;
- Many are attempting to evaluate, but they are struggling to find appropriate methods, and the evaluation they carry out is frequently inadequate;
- Many projects do not have clearly stated aims;
- Projects address various aspects of health and wellbeing, but very few explicitly aim to have a direct effect on health;
- Art for health appears to be working in the context of medicine and the health service, and so it may be assumed that it has similar

aims. However, it is often trying to do something quite different to medicine;

- It is therefore inappropriate to assume that art for health should use medical models of health and wellbeing, measurement and assessment. (p1)

Recommendations include the suggestion that *“Evaluation practice needs to be based on explicit models of health and wellbeing, stated aims and rationale for how these will be achieved through the work”* (p1).

The body of the report explores theories of health and wellbeing, evaluation techniques and strategies, often quoting from the papers selected for this review. A useful appendix categorises all of the 150 published papers by nature of project, evaluation type and theoretical approach.

**3.3.2 Macnaughton J. et al., (2005) *Researching the benefits of Arts in Health*. Health Education 105:5 332-339**

<http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1519895>

**Key words: Evaluation; Theoretical approaches**

Published as part of a special edition of *Health Education* focussing entirely on Arts and Health issues, this paper recognises the difficulties that can arise in translating projects producing positive outcomes into a measurable health gain of the kind required by health organisations and funding bodies. The indicators that artists instinctively look to are also addressed:

*“A literature review of the evaluation of arts in health projects in the UK has shown that few aim at direct health improvement but rather at intermediate indicators of health gain, such as raising awareness of health issues and social activity and participation. This suggests that artists instinctively locate their work as having value within a social model of health where improvements in social inclusion and social cohesion are the important indicators which may go on to lead to long-term improvements to the health of the community in which they are working.” (Abstract)*

**3.3.3 Putland C. (2008) *Lost in Translation: The question of evidence linking community-based Arts and Health promotion*. Journal of Health Psychology 13: 265-276**

<http://hpq.sagepub.com/content/vol13/issue2/>

**Key words: Community; Evidence; Health Promotion; Theoretical Approaches**

Published by an Australian author but relevant to practice in the UK, this paper seeks to address the conflict between possible approaches, characterised as “... *health perspectives (calling for more scientific approaches to evaluation research that go beyond anecdote and opinion) and arts perspectives (concerned about reductive measures and narrowly prescribed social outcomes).*”

With reference to much of the literature already addressed in this report, the author questions what we mean by ‘evidence’ in this context, particularly where there is a clash of disciplines.

The paper is written in a more academic style than others considered here, but puts the dichotomy between the two schools of thought into context.

#### **4. Conclusion**

The literature described in this review in a sense does no more than scratch the surface in terms of the expanding field of reported work. However, within the specific projects chosen for this review there is to be found a large degree of expertise to which practitioners can tap into when considering new local initiatives.

Time and time again the literature returns to the nature and quality of evaluation evidence. For those reading this report the importance of evaluation will be taken as read, but there are still many examples where it is either not given proper consideration at the outset, often because of funding restrictions. However, an evaluation strategy requires some knowledge on the part of the practitioner in terms of the methods to be used and the application of those methods in a rigorous way. It is important to emphasise that examples of methodological rigour may be found in both quantitative and qualitative data – increasingly the quality of the evidence rather than the nature of it is of most value. Many of the most important studies (e.g. Staricoff, 3.2.4 above) use mixed methods which improve the validity of the reported results.

Another common theme emerging from the literature is that of partnership working. Despite the value attributed to the arts by the Secretary of State and his Department, to many in the NHS it would seem that arts practice is regarded as a rather quirky add-on to traditional care, rather than a fundamental component of improved health and well-being. Culture change is never easily achieved in any organisation, least of all one with the vast resources of the Health Service, but nonetheless the examples given here show what can be achieved, both at the micro-level of individual settings and increasingly within and between larger structures, at Trust and Strategic Health Authority level, and further afield with the involvement of local authorities and other statutory bodies.

The study in the North West of England (3.2.9 above) provides a summary of what constitutes a successful arts and health project. It captures many of the

elements highlighted in the many studies featured here and is a fitting way in which to conclude this review.

### ***Successful Arts and Health projects***

*Projects that are successful house a culture of openness, co-operation, mutual learning, creativity and organic growth; they are responsive, user-led, and able to plan long term. The arts and health practitioners working within those projects, work within a creative approach that is based on their values, experience and knowledge. Within this approach practitioners aspire to be self-aware, open to feedback and responsive to developments from inside and outside their work. Where projects have not been successful, there have been weaker underpinning structures, such as irregular funding, lack of critique, evaluation and reflective learning in practice. Equally there are inconsistent relationships within teams and with stakeholders, a limited awareness of health or education priorities or a lack of clear aims and objectives in relation to the goals of the host area (i.e. health/education). Manchester Metropolitan University (2007)*