



## **Cornwall Health Research Unit**

### **Strength through Creativity: A Study of Arts for Health in Primary Care in Cornwall**

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## Overall Findings

- Arts interventions in healthcare settings designed to improve health and well-being have attracted considerable attention in recent years, with a growing body of evidence reporting positive outcomes in a variety of healthcare settings.
- AFHC secured funding from Arts Council England for the placement of a number of artists in GP practices in Cornwall between 2006 and 2008.
- Placements lasting 18 months were arranged at six practices; a seventh practice gave away free membership of a local arts society to interested patients.
- Qualitative methods were used to establish patient and community outcomes from the variety of projects. These methods included patient feedback where available, interviews with artists, GPs and practice managers and team meetings.
- As well as activities arranged in patient groups within GP practices, a number of projects involved the wider local community. Completed projects were used to enhance the environment of the participating practices and open days were held to display work to the wider public.
- The projects undertaken incorporated a range of activities, including textiles, knitting, sewing, ceramics, animation, video, dance and movement, creative writing, gardening and walking.
- There were notable successes when the artist incorporated the community into project work, with local history and identity being an important feature.

- There was an overwhelmingly positive response to the project from participants, practice patients and practice staff. The project was successful in involving a significant number of beneficiaries, and anecdotal evidence from professionals suggested improved health outcomes and a reduction in GP attendance amongst some individuals.
- Artists were challenged to work within a busy practice environment, and were innovative in finding ways to incorporate artistic activity among staff and patients.
- Although the level of support from GP staff was often restricted by busy workloads, there was a key point of contact for each artist in the form of a GP and/or practice manager. Systems for referrals varied according to the protocol of individual practices.
- The artists appreciated the support given to them throughout the period of their placement from the Director and staff of AFHC. Regular team meetings enabled the artists to share ideas and air concerns – this team ethic was beneficial to the overall project.

## 1. Introduction

### 1.1 Arts and Health in the United Kingdom (UK)

Over the past decade the role of the arts in health has received increasing attention from health practitioners and policymakers, particularly in the UK. There has been a growth in some regions of public funded arts and health interventions and there is growing evidence that the arts can bring about physical changes in the body - in Bristol for example the Royal Children's Hospital was designed with the help of artists to help create a relaxed and interesting environment for children and their families. The research of Rosalia Staricoff and colleagues at the Chelsea and Westminster Hospital between 1999 and 2002 (Staricoff *et al.*, 2003) underlined that the involvement of visual and performing arts in healthcare not only led to significant differences in clinical outcomes, reduced drug consumption and shorter stays in hospital, but also enhanced job satisfaction for staff.

In September 2006, following these initial investigations the Department of Health began a review of the role the arts played in the general health and wellbeing of the population. This initiative was to become part of the increasing emphasis being placed by the Government on taking opportunities to improve public health by working with other agencies. A review was set up by Nigel Crisp, the former NHS Chief Executive, led by Harry Cayton, National Director for Patients and the Public. Following a positive response from a wide cross-section of stakeholders the review concluded that a report should be produced as joint publication with the Arts Council (Department of Health, 2007).

This report was entitled '*A prospectus for arts and health*' (Arts Council, 2007) and was a celebration of the value of the arts in various settings related to health provision. The document contained a wealth of evidence and good practice examples showing improvement in both clinical and therapeutic outcomes. It amounted to a strong body of evidence that the arts can and do make a major contribution to health and public health issues.

Until this point many had dismissed the arts as simply 'add on' with little value in a technically focused health care environment. Now however it was demonstrated that tangible benefits could be seen and that the arts

should become an integral part of quality health care delivery. Health care workers were now to be encouraged to value the effectiveness of incorporating the arts in all health initiatives and celebrate the benefits to patients, service workers and their carers. It also became clear that the term 'arts' could include a whole spectrum of activities and these could be incorporated in the patient experience in a variety of ways.

Despite the evidence provided in the joint document the Government was challenged on its lack of leadership in this area on the 6<sup>th</sup> March 2008 in the House of Lords. Lord Howarth of Newport pressed the Government to show how they intended to develop their policies to link art with healthcare, and concluded at the end of the debate on Arts and Healthcare that the only way to move forward was *"to put arts and health on to the regional and local arts agenda in a systemic way"* (Hansard, 2008). He found it frustrating that so much positive evidence existed yet no real progress was being made nationally and in reality funding for the arts had reduced by £100 million in the last 10 years. He speculated on the effect this would have on the general health of the population.

Research and evaluation into arts interventions in a purely primary care environment are rare in the UK. The University of the West of England runs an Arts for Health research strand within its Centre for Public Health, and its publications include an evaluation of the ArtLift project, which placed artists in many healthcare settings in Gloucestershire, including primary care (Daykin *et al.*, 2008). Similarly, the Centre for Arts and Humanities in Health and Medicine at the University of Durham has produced a number of reports assessing arts interventions in acute and community settings, e.g. Everett and Hamilton (2003).

## 1.2 Arts and Health in Cornwall

Arts for Health Cornwall and the Isles of Scilly (AFHC) was constituted in 2001 and operates as a registered charity. It generates funding independently of other organisations but is a member of the regional organisation Arts for Health South West and works closely within this network to promote arts and health activity. The aim of AFHC is to *"... advocate the role of creativity in improving health and well-being and to develop and*

*facilitate specific projects to deliver health improvement”* (AFHC, 2008). Historically funding has been provided by Arts Council England as well as from public donations and other sponsors. The charity employs a full-time Director with an office in Truro and administrative support. Its Board of Trustees represent the local arts community as well as health, professional and voluntary and community sectors.

### 1.3 Arts in Primary Care Project

The Arts in Primary Care Project was a pilot scheme which gave six GP practices (referred to as ‘trailblazers’ in the AFHC documentation) the opportunity to experience an artist in residence for a fixed period. The intentions of the project were to:

- *Use the learning from the pilot sites to inform the development of a countywide strategy;*
- *Use the experience of the trailblazer practices to stimulate interest and enthusiasm in other practices across the county;*
- *Provide a range of opportunities for a wide range of creative practitioners to engage in arts and health activity* (AFHC, undated)

Whilst all practices were allocated a similar resource for arts-based activities, practices and artists were given free rein to develop activities and projects appropriate to the local environment and patient population.

Funding of £88000 was secured from Arts Council England to support artist placements in nominated GP surgeries across Cornwall. All 78 GP surgeries in Cornwall were invited to take part by letter - this initial approach was followed up as necessary. Seven practices responded, and the following six GP practices were allocated an artist in residence:

- Falmouth Health Centre
- Callington and Gunnislake Practice (two locations)
- Morrab Surgery, Penzance
- Perranporth Surgery

- Pool Health Centre
- Stennack Surgery, St Ives (three practices operating from one building)

A seventh practice, Bude Surgery, was not allocated an artist – no-one local to this area was available and it was not viable to employ an artist from elsewhere in Cornwall. Instead, within a smaller budget (c. £1000) membership of the local arts society was given away to interested patients. A volunteer was available to facilitate introductions.

The six placements covered an 18 month period, beginning in 2006 or early 2007 and ending in 2008. Precise start and finish dates varied according to the placement process. The core funding for each practice amounted to £3600 for a lead artist (sufficient for 50-55 days work) and £7160 for activity materials and other local expenses, although as the pilot progressed there was some flexibility within AFHC's overall budget to meet particular needs. Often other artists were sub-contracted in for specific activities. Travel costs were met from outside of the core funding for each practice, but where possible artists were recruited into their local area to encourage community development. Funding could be augmented from local sources, e.g. the practice itself, local groups or 'Friends' organisations.

Ongoing support for the artists was forthcoming from AFHC in the form of regular team meetings, as well as on-site reviews involving the artist and representatives of the practice, typically the practice manager and a GP with a special interest in the project.

Cornwall Health Research Unit was commissioned to carry out a study of the Arts in Primary Care pilot as part of a wider project which will also examine the published literature around Arts in Health and evaluate a similar scheme involving elderly people.

## **2. Aim**

The overall aim of the study was to report on the placement of artists in a primary care setting in respect of:

- The engagement of patients and staff in arts-based activities located in GP surgeries;
- Involving the local community in art-based activities; and
- The use of art to improve the GP practice environment.

## **3. Methods**

### 3.1 Methodology

The methodology was descriptive and used a range of data to inform the assessment of the benefits of the various arts projects.

### 3.2 Data collection

3.2.1 Documentary evidence derived from (i) notes from meetings at participating practices, usually involving the AHFC Director, artist, practice manager and an interested GP; (ii) paperwork provided by the artists consisting of self-completed evaluation forms from clients and descriptions of the projects.

3.2.2 Semi-structured interviews with the four of the six artists who had completed their placement within the timescale of this study plus the Director of AFHC.

### 3.3 Data analysis

Common themes were drawn from the interviews and documentation using the 'Framework' method to elicit the main themes and categories (Ritchie *et al.*, 2007).

## 4. Findings

### 4.1 Role of Artist

The following artists (five female, one male) were contracted by AFHC for the Primary Care project:

- Falmouth – Rosie Hadden, visual artist
- Callington and Gunnislake – Noel Perkins, visual and movement artist
- Penzance – Lizzie Black, visual artist
- Perranporth – Lollie Brewer, multimedia performance artist
- Pool – Helen Tanner, creative arts therapist
- St Ives – Janet McEwan, visual artist

The data collected during interviews with the artists revealed the way in which each artist utilised their time. This varied according to the systems for patient referral to the artist and what additional help was available, either from practice staff or in some cases volunteers. Examples were given where the success of a patient group was wholly dependent on the regular attendance of the artist, and other cases where the group became self-supporting after the initial sessions. Overall the artists found themselves taking on a counselling role in encouraging patients, many of whom had been referred with conditions relating to self-confidence, to continue attending the sessions.

### 4.2 Range of Activities

A common thread running through the various activities initiated by the artists were links to the local physical, social and historical environment. This had the effect of engaging patients by demonstrating relevance of artistic activity to their local area. Examples included the sea (Falmouth), mining history (Pool) and art tradition (St Ives).

#### 4.2.1 Patient-Centred Activities Based in GP Surgeries

Despite the fact that all the work was focused on primary care, there was considerable diversity between surgeries in terms of size, working

arrangements and environment. In all cases, however, artists were able to mobilise one or more groups of patients, often with shared clinical and mental health conditions, for art and craft activities. Depending on local circumstances, practice staff were drafted in to contribute to the creative process. The finding from the interviews with the artists suggested that in general the patient groups consisted mainly of women, although men were more participative at the public events such as influenza vaccination programme days and open events.

There was considerable variation in the way in which patients were referred. In general the artists reported that they were not given access to practice records for reasons of confidentiality, which left them relying upon GPs, health visitors and other professionals formally referring patients to them. In the meetings involving the artist and key personnel, senior managers and GPs frequently found it necessary to apologise that the artist had not been given sufficient priority within the life of the practice, but at the same time the artists were praised for working around these difficulties which arose from busy workloads.

In the interviews involving GPs, more than one reflected that appointments with some individuals, particularly those with issues of confidence and self-esteem, had decreased as a direct result of alternative therapy being available in the form of the art workshops.

Because of the large number of initiatives undertaken it is not possible to provide detailed information for every individual project. However the following descriptions illustrate the range of activities pursued at the practices, supported by additional feedback data where these were available.

*Shrine Project and Many Hands (Falmouth)* – Two workshops, using ceramics and textiles respectively, engaging patients with particular needs, i.e. women with depression or obesity.



*“Meeting up with the people each Wednesday has opened up a new world ... “*

*Life’s a beach (Perranporth)* – workshops using various media with the aim of creating a large scale collage/painting of Perranporth Bay. The end result was a painting (10 ft by 2 ft) for display in the waiting area.



*Bubble and Paint, Bend and Make (Penzance)* – This art workshop took place over a number of weekends and was aimed specifically at asthmatic children and their families, aiming to provide education about this condition in an enjoyable and creative environment. Overall around 20 families took part and the reaction was overwhelmingly positive – one father in his feedback admitted to have fundamentally changed his view regarding his child’s condition.

*Reminiscence Project (Pool)* – This was one example of a number of similar projects designed to tap into the memories and reflections of local people. A number of historical photographs were borrowed from the local Archive Trust, and attendees at the annual influenza vaccination programme clinic were encouraged to view these, make observations and record memories. Comments were assembled in a scrapbook for a later event and the photographs and reminiscences incorporated into a textile.



Of the many other projects not mentioned above, a multitude of activities were covered, including creative writing, walking, gardening, dance and movement.

Most practices organised activities around events that attract a large number of people to the practice at the same time, such as the annual influenza vaccination programme for older people, but there were also open days for families. Featured activity included live music, circus entertainment, poetry and photographic displays relating to the local area.



*Pool Health Centre Open Day*



*St Ives Influenza Vaccination Clinic*

#### 4.2.2 Community-based Activities

Other projects either involved the wider community or took place outside of the practice. In some cases this was activity planned at the outset of the placement, but in others a lack of referrals from professionals within the practice resulted in the artists moving outside of the practice settings to engage patients in nearby locations, e.g. care homes or Children's Centres. Some of these are detailed below:

*Animation (Penzance)* – A series of workshops were held at a local community centre to create characters and supporting artwork for an animation entitled “*It’s not the tea it’s who you drink it with*”, which reflected on the experience of three generations of women within the same family and incorporated actual reminiscences from patients attending a separate workshop. The reminiscences incorporated the history of the Morrab Surgery. Filming and narration followed and an event was arranged at the surgery in April 2008 for the first public showing.



The project generated a good deal of enthusiasm amongst artists, surgery staff and artists alike. Feedback forms were completed by six of those participating in the making of the film, as well as 11 others who were involved in providing the reminiscences referred to in the script. Of the six participants, all but one was proud of their personal achievement and that of the group. All enjoyed the social aspect of the workshops, and most expressed a willingness to pursue further creative activities beyond the project.

Of the 11 participants in the reminiscence workshop, nine were female, and the age range of the group was 35 to 84. Nine had been referred to the group from their GP or other professional. Most enjoyed the social aspect of the group, and only one reported that their mood had not been improved over

the duration of the session. Six stated that they had been inspired to take part in other creative activities.



Further evaluation comments were made by those who attended the premiere of the animation, including those who had taken part in the workshops:

*“Wonderful film, richly entertaining, well researched, touching. I enjoyed all different elements – visual, stories, old people, children. A brilliant project for the surgery and the community.”*

*“A visual treat with the depth of reminiscences giving the piece such a big heart and sense of place.”*

One quote summed up the response of the participating patients:

*“The venue was a good choice. Working at the surgery would have highlighted that we were ‘patients’; not good when you’re trying to feel ‘normal’ ... I felt a great sense of achievement and it was very*

*rewarding to see our work on display at the surgery. The interaction with others increased my sense of self-worth and confidence”*

*Textile design (Pool)* – the artist worked with residents at a local care home (also patients of the GP practice) to produce a design for display at the surgery.



*Video project (Gunnislake and Callington)* – a project consisting of eight short videos made with the involvement of community groups, local schools and businesses, including farmers.

#### 4.3 GP Practice Environment

One aspect of GP practice environments that was a priority among all of the artists was to change the appearance of the surgery premises, in particular the waiting room. A common complaint revealed in interviews with the artists was that there was ‘overkill’ in terms of a ‘leaflet culture’ and it was questioned whether bombarding patients who were already unwell with further health warnings would achieve a positive effect on wellbeing. This was addressed by the artists by way of a number of ambitious installations, in many cases the outcome of the activities of the patient groups, being put on public display:



*Christmas Installation (Pool)*



*Mermaid mosaic (Falmouth)*



*Display of patients' work (St Ives)*

The most rigorous information by way of patient feedback was collected by Morrab Surgery in Penzance, where the artist evaluated the reaction of waiting room patients to the presence of artwork in the surgery, as well as the availability of activities in the waiting room during opening hours.

Twenty questionnaires were fully or partially completed. Ten felt that the availability of workshops was 'a good idea' and nine replied 'don't mind'. Thirteen welcomed patients' artwork displayed in the surgery 'very much', with five replying 'don't mind'. Seven were happy to give their name and address to be followed up later concerning art activities.

#### 4.4 Integration with GP Practice Staff

The integration of the artist into the life of the practice was important for the overall success of the project, not only in terms of the number of patient referrals, but also how comfortable the artist was made to feel in the midst of a busy primary care environment.

When interviewed, most artists reported on the pressures encountered by practice staff, in some cases prompted by internal structural changes on top of the demands of daily work. For example, shortly after the beginning of the artist placement, the Stennack Surgery at St Ives was the subject of a significant merger involving three existing practices. The concerns of the staff regarding their future roles were addressed in an innovative way by the artist, who encouraged practice personnel to express their feelings by way of a contribution to an installation at the practice.



The artists reported that personal contacts were an important factor with regard to the ease in which the artist could be absorbed within the life of the practice. Collaboration with key personnel, particularly GPs, was

important in giving the artist's presence within the practice recognition and status amongst other staff.

#### 4.5 Sustainability

As the 18 month placements came to an end discussions were held concerning the ongoing sustainability of projects. Some practices were fortunate in that there were volunteers available to continue what had been started by the artist. For example, responsibility for a walking group at Perranporth, begun as part of the Arts for Health placement, had been taken up by an enthusiastic volunteer and this popular activity was therefore guaranteed to continue beyond the period of residence. At least four practices had initiated contact with the Cornwall Centre for Volunteers.

Other ideas for continuation of the work were explored through funding made available either by the surgery or from Friends groups. It was observed from feedback gathered by the artists themselves that many of the patients involved in the groups were disappointed that the regular sessions were coming to an end.

### **5. Discussion and Conclusions**

Arts for Health Cornwall (AFHC) secured funding from Arts Council England for the placement of a number of artists in GP practices in Cornwall between 2006 and 2008. Placements lasting 18 months were arranged at six practices; a seventh practice gave away free membership of a local arts society to interested patients.

The aims of the project were to engage patients and staff in arts-based activities located in GP surgeries; to involve the local community in art-based activities; and to use art to improve the GP practice environment. This report concludes that for the participating practices these aims were met, and in addition there was anecdotal evidence of benefits to health and well-being as a direct result of patient engagement in the activities.

As well as activities arranged in patient groups within GP practices, a number of projects involved the wider local community. Completed projects were used to enhance the environment of the participating GP practices and

open days were held to display work to the wider public. The projects undertaken incorporated a range of activity, including textiles, knitting, sewing, ceramics, animation, video, dance and movement, creative writing, gardening and walking. What these activities demonstrate is that the definition of 'art' in this context is inclusive of a wide spectrum of activity, designed to address a variety of patient needs. There were notable successes when the artist incorporated the community into project work, with local history and identity being an important feature.

There was an overwhelmingly positive response to the project from participants, practice patients and practice staff, for example the animation in Penzance which involved a range of patients involved in created various aspects of the film. Overall the project was successful in involving a significant number of beneficiaries, and anecdotal evidence from professionals suggested improved health outcomes and a reduction in GP attendance amongst some individuals. It was recognised that there was a majority of women making up the patient groups; this is consistent with attendance at GP practices overall (Moynihan, 1998) and discussions among the artists centred on ways in which this might be addressed. Gender bias was less evident at the community events such as the influenza vaccination clinics.

More than one GP was certain that the existence of arts activity within their practice had reduced the number of appointments, particularly from identified individuals suffering from issues of confidence and self-esteem. It was suggested that a more rigorous trial would bring out the degree to which the workload of a GP might be reduced by the availability of parallel activity of this kind.

Artists were challenged to work within a busy practice environment, and were innovative in finding ways to incorporate artistic activity among staff and patients. Although the level of support from GP staff was often restricted by busy workloads, there was a key point of contact for each artist in the form of a GP and/or practice manager. Systems for referrals varied according to the protocol of individual practices, a point which was frequently brought up at meetings where the artists compared experiences. It is suggested that some kind of contract or service level agreement between the practices and AFHC

might have helped to address some of the contradictions evident in referral protocol, as well as establishing what was required from the practice in terms of administrative support – some artists were given practical help from their practice in identifying and contacting potential beneficiaries, but it was more common for the artist to work alone in this regard.

The artists appreciated the support given to them throughout the period of their placement from the Director and staff of AFHC. Regular team meetings enabled the artists to share ideas and air concerns – this team ethic was beneficial to the overall project.

It was noted as the data was being collected that all of the artists employed different methods in compiling feedback from patients/clients. It is suggested that for future projects of this nature it would be helpful in terms of a more rigorous evaluation to set up a structure at the outset around which data could be collected in a uniform way, including baseline data such as number of participants, location, length of sessions etc. Overall, however, the project was successful in demonstrating that arts interventions in a primary care setting have potential for improving health and well-being, combining the skills of the artist with the often untapped creative capacity of individuals (both patients and health care professionals) and communities.

## 6. References

- Arts Council (2007) *The arts, health and well-being*. Arts Council: London
- AFHC (Arts for Health Cornwall) (2008) *Website home page*. [Accessed 25 June at <http://www.artsforhealthcornwall.org.uk/>]
- AFHC (Arts for Health Cornwall) (undated) *Arts in Primary Care project proposal*. AFHC: Truro
- Daykin N, McLean S and Pilkington P (2008) *Evaluation of Art-Lift: A Partnership Arts and Health Project*. UWE: Bristol
- Department of Health (2007) *Report of the Review of Arts and Health Working Group*. DoH: London
- Everett A and Hamilton R (2003) *Arts, Health and Community*. CAHHM: Durham
- Hansard (2008) *House of Lords Debate on Arts and Healthcare, 6<sup>th</sup> March*. HMSO: London
- Moynihan C (1998) *Theories of Masculinity*. British Medical Journal, 317: 1072-1075
- Ritchie J, Spencer L and O'Connor W (2007) *Carrying out Qualitative Analysis*, from *Qualitative Research Practice*, eds. Ritchie J and Lewis J. Sage: London
- Staricoff R, Duncan J and Wright M (2003) *A Study of the Effects of Visual and Performing Arts in Health Care*. Chelsea and Westminster Hospital: London

