REACH Regional Evaluation

Final Report

Prepared for:

Willis Newson

Prepared by:

TRANSFORM
Transform Research Consultancy Ltd

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Transform Research Consultancy Ltd
The Innovation Centre
University of Exeter
Rennes Drive
Exeter
EX4 4RN
T: 07854 371771
www.transformresearch.co.uk

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Executive Summary

The REACH initiative was designed as a new means of improving the health and wellbeing of individuals through participation in structured creative activities. It involved four projects with multiple partners and a wide range of health and arts outcomes. This report presents the findings from the regional evaluation of REACH, assessing its success as a partnership model for delivering arts and health projects.

The regional evaluation took a qualitative approach, assessing partners' views, appraising the four local project evaluations and an artists' evaluation, to identify the overarching lessons for future such initiatives. Some partners were enthused: *"It was a very positive and valuable experience"* (Arts Partner) and *"It has been an absolute pleasure working on this"* (Health Partner). Others were less affirmative, raising concerns about the lasting impact of projects and value for money.

In terms of REACH acting as a model for similar initiatives, the key findings were:

- **The management and delivery of the projects**
  Most partners were positive about the management of projects, citing openness, time for discussion, flexibility, joint agreement of aims and clarity over purpose and roles as key factors underpinning successful delivery.

- **Partnership working and engagement between project partners**
  Mixed views were expressed about the ways project partnerships had functioned. For some partners full and equal partnerships were successfully established, while others had concerns about the "one-sided" relationships.

- **The engagement of participants with the projects**
  Most participants benefited from creative activities, but recruiting sufficient numbers was an issue. Various suggestions were made including more time for identification, closer links with GPs and working with the Third Sector.

- **The successes and challenges of the REACH model**
  The key successes were improvements in participants' wellbeing together with the quality art produced and ongoing work. The main challenges were problems in measuring health outcomes and reaching the genuinely isolated.

- **Communication and understanding between the arts and health sectors**
  This varied at different stages of projects' lives, generally improving over time. A key factor in achieving good understanding was found to be allowing sufficient time at set-up to develop constructive relationships.

- **The artistic quality within the four projects, covering process and product**
  The high quality of the art produced was widely seen as a key outcome of the projects. This view was echoed by the artists' and local evaluations, which all emphasised the importance of a "professional" process to the product.

- **Sustainability of the partnerships and further arts & health work**
  The best approaches for this type of work were: joint working; fitting in with existing funding opportunities; and thinking "outside the box" for addressing health issues. One project had so far successfully secured follow-on funding.

The evaluation found many positive outcomes associated with each of the REACH projects. Reflecting the aims of the projects, the main successes that were reported included improvements to the wellbeing and self esteem of the participants alongside the high quality of the art produced. While these achievements are to be applauded, it may well be that the most significant benefits from the REACH initiative will come from implementing the lessons that can be learnt from it.

As such, the recommendations from the evaluation focus on "action points" to inform and guide the establishment, delivery and sustainability of future arts and health partnerships. The recommendations are grouped under three headings:

1. **Developing productive arts and health partnerships**
   These recommendations are aimed at establishing fully productive arts and health project partnerships working together to achieve a common goal, with clarity over roles, responsibilities and intended outcomes.

2. **Achieving successful project delivery**
   This set of recommendations focuses on some of the key practical aspects of project delivery, such as on-going project management, participant recruitment and the quality of the art produced by the participants.

3. **Working towards longer term project sustainability**
   These recommendations are intended to help address the issues raised in relation of the short-term nature of the REACH projects, in terms of achieving greater sustainability and self-sufficiency for future projects.

It is hoped that these recommendations and the detailed information that can be found in this report can be used to help enable the arts and health sector to develop good practice for future initiatives similar to REACH. If the enthusiasm and commitment demonstrated by the partners, artists and participants in the four projects could be combined with the key lessons identified in any future initiatives then the benefits and value to health would be significantly increased.

> "*The feedback from participants has been overwhelmingly positive and the continued take-up of the project sessions identifies a need and desire for participants to continue this work*" (Arts partner)

1. Introduction

This report presents the findings from the regional evaluation of the REACH initiative. The evaluation assessed the overall success of REACH as a model for delivering arts and health projects, in terms of four REACH projects delivered in the South West region. REACH is a complex initiative with multiple partners in the arts and health sectors with wide geographic coverage. It also encompasses a wide range of health and arts outcomes. The original objectives for REACH set out by Arts Council England, South West were:

- To establish partnerships based on good quality arts practice;
- To establish partnerships interested in arts & health work which imaginatively and effectively tackles the deep rooted causes of health problems;
- To establish partnerships using effective methods of evaluation and achieving measurable outcomes;
- To establish partnership projects that address key regional public health priorities (mental health, healthy eating and physical activity) and benefit priority public health target groups (young people, elderly people, mental health service users and socially excluded groups);
- To engage Arts and Health South West in the processes of evaluation, documentation and evidence dissemination;
- To set up partnerships across a spread of locations in the region and covering a range of organisations (including Regularly Funded Organisations) and partnerships (including Local Strategic Partnerships);
- To work in partnership with the Arts Council in placing positive stories about the partnerships in the media; and
- To create learning sets between the new arts & health partnerships.

The initiative was delivered by four projects across the South West. Each project explored models for sustainable partnership work between the arts and health sectors. The time frame varied between projects and each is illustrated in section 2.2. In addition to this regional evaluation, each project conducted its own local evaluation study and the artists working on each project assessed the quality of the art produced.

The work on the REACH initiative itself began in 2007 and can be summarised as follows:

January 2007:	Arts Council make appointments to fulfil REACH brief
March 2007:	Health organisations submit Expressions of Interest to be partners
April 2007:	Health partners agreed
May – August 2007:	Health priorities and targets agreed/Arts partners appointed
Sept – Dec 2007:	Changes to proposed projects due to capacity issues
February 2008:	Bid to Arts Council submitted
June 2008:	ACE grant agreed (dependent upon 50% match funding)
September 2008:	Regional Evaluator appointed
Sep – Nov 2008:	Project planning; tasters + recruitment planning
July 2009:	Interim learning event
Jan – June 2010:	Final reporting on local and regional evaluations
July 2010:	Dissemination event

The four partnerships and projects are outlined below:

BRISTOL

PARTNERS: Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), NHS Bristol and Willis Newson

PROJECT: Bristol REACH involved artists in residence working in activity workshops, known as arts for wellbeing clubs, which were held in third sector voluntary groups serving the BME community. The vision was to develop arts/creative activities to successfully engage BME and hard-to-reach older people in known areas of health & disability/income deprivation in Bristol to improve their emotional wellbeing. It aimed to improve social inclusion and wellbeing; improve take-up of AWP services; contribute to the development of culturally sensitive services; and ensure sustainability of access to arts activity for BME and hard-to reach older people.

DEVON

PARTNERS*:* Aune Head Arts; Villages in Action; Devon Primary Care Trust

PROJECT: Working with older people with, or at risk of, mental health needs this project aimed to foster relations between older and younger members of three rural communities through an intergenerational project exploring shared interests and experiences. It explored the changing patterns of livelihood and cultural life and aimed to produce high quality radio programmes for distribution to a wide audience. The project aimed to challenge attitudes towards ageing and mental illness, improve the quality of life, social inclusion and mental wellbeing for older people and give older people with mental health needs a voice and enable that voice to be heard.

DORSET

PARTNERS: Bridport Arts Centre; Bridport Medical Centre; Dorset Primary Care Trust; Dorset Mental Health Forum

PROJECT: Dorset REACH aimed to improve and maintain recovery, self-esteem and self-autonomy in those with mild anxiety and depression. It aimed to help to reduce reliance on the primary care team and reduce prescription costs. Participants attended workshops exploring nature along the Jurassic Coast through walks, photographs, drawings and poetry. This was intended to increase confidence, skills and interests and raise awareness of the benefits of nature in tackling depression while providing evidence for increased use of creative activities within primary care.

SOMERSET

PARTNERS: Take Art; Community Health International; Somerset Primary Care Trust

PROJECT: Somerset REACH aimed to explore the issues, context and behavioural patterns and choices associated with eating and physical activity in adolescents and, through a creative approach to evaluation, to provide the Somerset Primary Care Trust with evidence to support future work with young people around obesity. It engaged young people (13 – 16) through the use of film and music and an online interactive tool in an exploration of their and their peer group's sense of self and identity, increasing self-confidence and self-esteem and aimed to result in increased knowledge and skills around healthy living.

1.1 Aims and objectives of the regional evaluation

In this context the regional evaluation was intended to assess the success of the REACH initiative as a model for delivering arts and health projects. The purpose of the evaluation was to provide information that would enable the arts and health sector to develop its own good practice. It is intended that this evaluation report will be disseminated through the arts and health partners' networks as well as through a learning event organised in collaboration with Arts and Health South West.

The specific aims of the regional evaluation were:

- To examine the effectiveness of the arts and health partnerships as a means to deliver arts and health projects;
- To examine the successes and challenges of the REACH model for managing arts and health projects;
- To explore the experience of partners with regard to communication and understanding between the arts and health sectors;
- To assess the process and end product in terms of artistic quality within each of the four projects;
- To investigate the potential for sustainability of the partnerships and further arts and health work; and
- To consider REACH within the context of the wider funding situation and explore the potential for health funding sources for arts and health work.

1.2 Approach used for the regional evaluation

In order to achieve these aims the regional evaluation needed to collate the views of:

- Arts and Health partners;
- Relevant social care and health professionals;
- Artists;
- Arts Council England South West;
- Coordinators for each of the projects; and
- The REACH coordinator.

As mentioned, in addition to the external regional evaluation some of the individual projects attempted to evaluate the health benefits, through in kind resources provided through the health partners. The artists, Reach coordinator and project coordinators also gathered data and qualitative material in order to capture something of the experiences of the participants and partners. (This material is being used to create a DVD about the project).

The regional evaluation was therefore designed to take account of these various factors. The approach that underpinned the design considered three key features of evaluations: what was to be evaluated; capturing what was important and Arts and Health strategic direction. Each of these is discussed below.

- ***What was to be evaluated***

  The approach needed to 'evaluate the success of the REACH initiative as a model for delivering arts and health projects.' The focus of the evaluation therefore needed to be on the *process* at the programme level. This process evaluation[1] approach helped identify what lessons could be learnt for the future. It should also be useful to peers and colleagues, and should be shared with the wider community to develop a learning set for new arts and health partnerships.

- ***Capturing what was important***

  Standard evaluation methodology requires a coherent set of structured and agreed objectives, specified in terms of intended and defined outcomes. Clear links must be established between intended outcomes and measurable indicators.[2] A key concern of many evaluations of arts and health based initiatives is to 'translate' outcomes into terms valued by stakeholders rather than simply capturing 'what can be measured' (often number of participants, numbers of jobs created etc) or creating qualitative 'good news stories' which describe what took place.

  This approach was applied to the REACH evaluation to try to ensure a rounded picture of the programme was captured and explained in terms valued by both the arts and health sectors. This involved consultation with the project team to identify the value of the work in key strategic terms. This was used to create a value statement about the known benefits of arts and health work and the findings about effective programme delivery were interpreted and are presented within this context.

- ***Arts and Health strategic direction***

  There is a strong evidence base forming about good practice at the project-level in arts and health interventions: the Review of Arts and Health sought views on what were the most important factors in developing and delivering a successful project or programme[3] and key success criteria for sustainable partnerships were identified at a local level by the Invest to Save: Arts in Health study[4]. At the other end of the policy scale, the Department of Health has set out its policy position and the Arts Council has published an arts and health strategy (see section 2.1).

  The issue for the evaluation was how to join these together in the middle – turn local-level qualitative expressions of best practice and top-level policy statements into a functional understanding of the best models for programmes of sustained arts and health partnerships; and subsequently to position these programmes strategically in relation to higher level policy aspirations.

[1] 'The process of managing and delivering a programme or project' (Definition of process evaluation in Introduction to Evaluation), AHRC, year unknown
[2] Rural Strategy (Annex E – Evaluation strategy), DEFRA, 2004.
[3] A Prospectus for Arts and Health, Arts Council England, April 2007.
[4] Invest to Save: Arts in Health Evaluation, Manchester Metropolitan University, 2007.

1.3 Methodology used for the regional evaluation

Given this approach, the methodology used for the regional evaluation was qualitative in nature, seeking to explore themes and understand links between issues. This involved a mixture of consultations with representatives of the organisations involved, by means of depth interviews and self-completion questionnaires (feedback forms) together with assessment and appraisal of the local project evaluation reports and the Artists evaluation.

In summary, the qualitative fieldwork covered a total of twenty two representatives of the appropriate organisations who were directly consulted about the regional evaluation – consisting of 13 interviews (made up of 3 strategic and 10 project partners) plus 9 feedback forms (3 regional partners and 6 local partners). The qualitative work also built on the work done at the Interim Evaluation stage.

1.4 This report

This report presents the findings of the regional evaluation;

- Chapter two explores the relevant background and context to the REACH initiative;
- Chapters three to five contain the detailed findings of the regional evaluation that address each of the key aims of the study:
    - Assessing project performance;
    - Examining project impact; and
    - Consideration of the extent to which REACH has served as a model.
- Based on these findings, chapter six draws together the conclusions, identifies the recommendations and highlights the lessons that can be learnt by other arts and health projects.

Finally, the Appendices provide details of the materials used during the evaluation and full details of the references made;

- The questions asked in the in-depth interviews;
- The self-completion documents (feedback forms); and
- References.

2. Project Background

In September 2005, the Department of Health commissioned the Strategic Review of Arts and Health. The review found strong evidence that '*the arts are, and should be clearly recognised as, integral to health and health services*'[5].

In April 2007, the Department for Health and Arts Council England published a joint *Prospectus for Arts and Health* that identified the benefits of arts to our health and wellbeing. It stated that: "*the department's policy is that the arts have a major contribution to make to the wellbeing, health, healthcare provision and healthcare environments, to the benefit of patients, service users, carers, visitors and staff, as well as to communities and the NHS as a whole*."[6]

The Arts Council also published *The Arts, Health and Wellbeing* that outlined Arts Council England's first formal national strategy for arts and health. This aimed to '*integrate the arts into mainstream health strategy and policy making*' and to '*increase, and more effectively deploy, resources for arts and health initiatives*'[7].

Linked to these developments, the Sub-National Review of Economic Development in July 2007, gave Local Authorities increased responsibilities for promoting the health and wellbeing of residents and providing local leadership in driving forward integrated local action on health[8]. This necessitated a 'joined-up' approach, given the wide range of factors that influence people's health as well as the ways in which poor health can impact on other policy areas. The building blocks for integrated working across LAs, PCTs and other partners include Local Area Agreements, Joint Strategic Needs Assessments (local authorities and Primary Care Trusts are required to produce a JSNA of the health and wellbeing of the local community), and Local Involvement Networks (designed to foster public and patient involvement in local decision-making).

In this context, the REACH initiative was designed to help develop and test local partnership delivery of arts and health initiatives.

2.1 The REACH Initiative

The REACH initiative was developed in 2007 out of the Government Office for the South West's Big Lottery bid 'A Patchwork of Opportunity' and Arts Council England South West's commitment to developing partnership work. The aim of the initiative was to test the value of arts to health partners, via a series of sub-regional projects. It was hoped that successful projects might be taken up and funded by health partners after the end of REACH funding.

[5] A Prospectus for Arts and Health, Arts Council England, April 2007
[6] A Prospectus for Arts and Health, ibid
[7] The arts, health and wellbeing, Arts Council England, April 2007
[8] Sub-national economic development and regeneration review, HM Treasury, July 2007

The REACH model was a new approach to developing arts and health partnerships. It involved approaching NHS/PCTs at a "grassroots level" to identify interest among middle management and delivery staff for working in partnership on arts and health projects. This approach was devised to tackle two key barriers that had been identified on similar projects;

- Health partners often come into a partnership "second" and can therefore be less fully engaged; and
- Arts organisations often initiate a project, generating energy and commitment but find it hard to get "into" health structures.

The initiative asked public health providers to submit expressions of interest in arts and health projects tackling public health priorities. The health partners were then selected against agreed criteria, before agreeing shared priorities and identifying target groups. Arts organisations were then invited to submit expressions of interest and selected according to agreed criteria.

Four arts and health partnership groups were then formed to design and deliver projects. The four projects selected explored models for sustainable partnership work between the arts and health sectors in different geographic localities – Bristol, Dorset, Somerset and Devon. 6 arts organisations and 11 health partners were involved in the REACH initiative.

2.2 Summary Project Timelines

As a whole the REACH initiative ran from the summer of 2007 to the summer of 2010. As mentioned, the four individual REACH projects actually delivered within slightly different periods within this timescale, as shown by the project timelines below:

Figure 2.1: Summary Timeline for delivery of REACH projects

Timeline	Summer 2007	Autumn 2007	Winter 2007/8	Spring 2008	Summer 2008	Autumn 2008	Winter 2008/9	Spring 2009	Summer 2009	Autumn 2009	Winter 2009/0	Spring 2010	Summer 2010
Bristol REACH													
Dorset REACH													
Somerset REACH													
Devon REACH													
REACH Initiative													

2.3 Mapping REACH with overall health ambitions for the South West

This section explores the tie-in between the REACH initiative as a whole and the South West health ambitions. Further to this, it then identifies the tie-in of the four individual projects with the South West ambitions.

2.3.1 Overarching tie-in

REACH is about collaborative partnership working of both the Health and Arts sectors in delivering Health and Arts projects with the potential to contribute in both a preventative and curative role to health and social care.

NHS South West's *Ambitions for the South West Strategic Framework* brochure summarises the health ambitions for the region as including:[9]

> Staying healthy;
> Maternity and newborn care;
> Children and young people;
> Long-term conditions;
> Mental health;
> Learning disability;
> Planned care;
> Acute care;
> End of life care.

The public health priorities identified by Government Office South West in the Patchwork of Opportunity were Mental Health, Healthy Eating and Physical Exercise. Those living in the South West have the best overall health of any region in the United Kingdom. However, there are considerable variations in health status and a number of challenges to public health. REACH aimed to identify health providers who were committed to establishing partnership projects that would address these key regional public health priorities (mental health, healthy eating and physical activity) and benefit priority public health target groups (young people, elderly people, mental health service users and socially excluded groups).

REACH was planned in the context of NHS South West's strategic framework as outlined in the *Ambitions for the South West* which includes the aim to *provide help for those groups and communities who experience inequalities in health and find it difficult to access services.* Public Health providers submitted expressions of interest and identified their public health priorities and target groups. Three of the REACH projects were concerned with Mental Health and one with Healthy Eating and Physical Exercise. The three mental health projects were targeted at hard to reach groups (older people from BME communities, elderly isolated in rural communities, and those suffering from depression, anxiety and stress but not engaged with mental health services); the Somerset REACH project was targeted at young people aged 14/15.

[9] http://www.southwest.nhs.uk/pdf/NEW%20NHS%20Ambitions%20Brochure%2014_05_08.pdf

In addition to linking into the overarching NHS South West Strategic Framework, one of the projects, REACH Dorset, linked into a national programme: Improving Access to Psychological Therapies (IAPT). The IAPT programme aims to provide improved access to psychological therapies for people who require the help of mental health services.

The plan for another project, Devon, stated: *The main statutory organisations responsible for services for older people with functional mental health problems and dementias are this year collaborating in wide change and redesign programmes to improve health and wellbeing outcomes for older people. This is through development of integrated local health and social care services based round and supporting clusters of GP practices, known as zones in Torbay and Complex Care Teams in the Devon County Council area … These developments will meet key Devon and national OPMH strategic aims that fit with Devon REACH: Whole systems planning and delivery; Integrated services that meet local needs; Promoting independence and wellbeing; With equity and ease of access and Raising awareness and reducing stigma of mental health.*

Consequently it is important to remember that REACH was planned in the context of South West public health policy in 2007/8. However, there have been many developments since then and the current situation is one of great uncertainty and potential change. It is likely that the health priorities will remain broadly the same, as will the needs of the population, but that the health organisations delivering the services and the initiatives for improving health inequalities will be re-structured in the coming years. Strategic Commissioning, as a process for identifying need and empowering individuals and communities to identify their own health priorities and as a process which encourages partnership delivery is, as identified later in the report, considered by REACH health partners to be the most appropriate context for future projects such as REACH.

2.3.2 Mapping of South West health ambitions with individual REACH projects

Within the overarching tie-ins noted above, it is worth also considering how each of the four individual REACH projects mapped onto the South West health "ambitions".

Bristol
This project aimed to enhance the quality of life for older people with mental health needs from BME communities. Through focussing on culture and communications the project will give participants the opportunity to develop their potential and skills, reduce social isolation and improve self-esteem and well-being.

Devon
Working with older people with, or at risk of, mental health needs this project worked to foster relations between older and younger members of communities through an intergenerational project exploring shared interests and experiences. It explored changing patterns of livelihood and cultural life and produced radio programmes for distribution to a wide audience. The project aimed to challenge attitudes towards ageing and mental illness, improve the quality of life, social inclusion and mental wellbeing for older people and give older people with mental health needs a voice and enable that voice to be heard.

Both the Bristol and Devon project aims tied in with the South West health ambition of improved working with people with mental illness. For example;

- Improve access for new service users, including responding to the particular needs of mothers, children, adolescents, adults and working age and older people;
- All people with depression and anxiety to have access to psychological therapies;
- All people diagnosed with dementia to have a care plan.

Dorset

This project aimed to increase the options available to the GP service in Bridport in providing for those with minor mental health problems, contributing to reducing reliance on the primary care team and reduced prescription costs. Participants attended workshops where they explored nature along the Jurassic coast through walks, photographs, drawings and poetry. This was intended to increase participants' confidence, skills and interests and raise awareness of the benefits of nature in tackling depression while providing evidence for increased use of creative activities within primary care.

The Dorset project aims also tied in with the above South West health objectives with further potential overlap of:

- All Primary care trusts to develop at least three best practice pathways, based on published guidelines from NICE and incorporate service user-led outcomes in their commissioning requirements; and
- Ensure access to community-based health and social care professionals to all relevant service user information.

Somerset

This project explored the issues, context and behavioural patterns and choices associated with eating and physical activity in adolescents and, through a creative approach to evaluation, aimed to provide the Somerset Primary Care Trust with evidence to support future work with young people around obesity. It engaged young people through the use of film and music and an online interactive tool in an exploration of their and their peer group's sense of self and identity, increasing self-confidence and self-esteem and result in increased knowledge and skills around healthy living.

The Somerset project aims tied-in with the overarching ambition of improved working with children and young people:

- Reverse the trend in childhood obesity to achieve a clear downward trend in the level of childhood obesity by 2013.

As such, the overarching aims of the four projects that were delivered within the REACH initiative overlapped with the NHS South West's *Ambitions for the South West* for:

- Children and young people;
- People with mental illness; and
- A health service fit for the future.

2.3.3 Final point on background health context

Although The South West NHS' *Ambitions* brochure does not specify "arts and health", the REACH initiative can be included within the aim of improving access to psychological therapies, whereby a number of more creative and autonomous led therapeutic approaches are being developed and implemented.

A 'stepped care approach', is a good example of this where you start with the most efficient, least intensive and least restrictive interventions. A good example of this has been demonstrated in Scotland. The first steps in the stepped care approach may be a support group; advice (phone) line; Steps out of Stress self-help booklet series; website, book prescribing; and healthy reading; exercise classes ('Step into Shape'); Mood Matters; social anxiety group (Connect); the three 'Work out at the Gym' well-being classes, MindGym, Body Gym and LifeGym; the rolling workshop programme, podcasts; mental health awareness DVDs; etc. [10]

The Glasgow PCT developed partnership working with Glasgow Culture and Leisure services. They set up dedicated mental health sections ('Healthy reading') in all 34 Glasgow libraries.[11] A DVD about stress that included service users, therapists and GPs talking about common mental health problems was made more 'user friendly' by collaboratively working with local comedians who created a script centring on 'Alex', a young man suffering from mixed anxiety/depression who, in a series of comic encounters learns how to handle 'stress'. This DVD was launched at a night of stand up comedy on the theme of mental health as part of the Scottish Mental Health Arts Festival during Mental Health Week (October 2007).[12]

Initiatives such as REACH therefore have the potential to be included into a health care model such as 'stepped care', thus developing collaborative partnership working between arts and health sectors.

[10] Stepping up primary care, British Psychological Society, Vol. 21., part 10., October 2008.
[11] Stepping up primary care, British Psychological Society, Vol. 21., part 10., October 2008.
[12] http://www.list.co.uk/article/5133-scottish-mental-health-arts-and-film-festival/

3. Project Management

This chapter presents the findings of the regional evaluation in relation to the management of the four local projects. Different aspects of the management of the projects were covered by the regional evaluation:

- The management and delivery of the projects "on the ground";
- Partnership working and engagement between project partners and stakeholders;
- The engagement of participants with the projects.

3.1 Management & delivery of the projects

Many of the project partners at delivery, stakeholder and regional level were positive about the manner in which the projects had been managed overall. They agreed that successful management had invariably been associated with the development of close and equal partnerships in which all of the project partners had shared aims and objectives. This had allowed project managers to work to clear goals and timescales with effective support. Some examples of their comments illustrate such constructive partnerships:

> *"Open discussions with parties from both sides has enabled equal and open dialogue"* (Health Partner)
>
> *"The direction and ethos of the project was jointly managed. The aims and objectives were up for interpretation at several stages and these conversations helped mould the project"* (Arts Partner)
>
> *"The arts and health partners were equal partners - no decisions were made by the group before discussion took place and this included input from the mental health service user forum".* (Arts Partner)
>
> *"The project was well managed overall. There was a clear time frame for the project with key outcomes and goals identified from the beginning*". (Health Partner)

These examples highlight some of the factors that were considered to have underpinned the successful management of projects, in terms of full partnership backing and support. It is worth highlighting these factors as across the four projects and throughout each stage of the evaluation the project partners, stakeholders and deliverers mentioned them as being key to the successful projects:

- Openness to and time for discussion;
- Flexibility over delivery;
- Joint agreement over aims and objectives; and
- Clarity over purpose, timing and goals.

When asked about any issues that had been faced in terms of project delivery and achievement of aims, two key concerns emerged among the partners: the engagement and recruitment of participants and project focus: clarity over delivery. The first of these issues is discussed in section 3.3 (Engagement of Individuals), while the latter is considered below:

Direction and focus of project – clarification of roles in delivery

The need for project partnerships to have a shared understanding of direction, with clear roles and responsibilities agreed by all was widely recognised as being vital by partners. The importance of this to the initial development and subsequent maintenance of fruitful partnerships was often highlighted. For the project partners where such a partnership was not thought to have been able to develop, it became a significant issue hampering delivery and achievement of objectives:

> "*(The) lack of clarification of roles. Main Health Partner was supporting the workshops and communicating to the host groups and in addition was managing the project on the ground. (There was) Confusion from the artist's perspective as to why the Health Partners were involved, i.e. the artists felt they could deal with any issues that arose*" (Arts partner)

> "*Health side were concerned the artists didn't understand their role within the project and had to be there in terms of signposting etc. There was a language / approach issue from both the Health Partners and the artists"* (Arts partner)

It is worth noting that the artists' evaluation also alluded to this last difficulty, pointing out that there could be "a tension between the subtle, elusive, intangible nature of the language of art and the language of health."

In addition to these concerns, some partners also mentioned several other specific issues affecting successful delivery. These included: having too many aims (for the project); needing an arts link officer to provide updates on progress and the length of time required to complete the projects.

3.2 Partnership working

While the partners were generally positive about way in which the projects had been managed, a degree of concern was expressed about the extent to which the partnerships had functioned properly in supporting the projects:

> *"The arts partners took the lead and responsibility for management – they could have done with much more support from the health partners, particularly to reach the target audience*" (Arts Partner)

When issues with partnerships were identified the concerns tended to be focused around the perceived one-sided nature of partnerships and hence management, with one of the partners not receiving adequate support from the other partners and hence being left with responsibility for "too much".

3.2.1 Full and equal project partnerships

As such, all of those participating in the evaluation were asked whether they felt that "*both the arts and health partners were full and equal partners*" in their projects. Mixed views were expressed in response to this question. For some partners, a full and equal partnership had been evident from the beginning of their project, while for others this had to be developed over time. Together these partners felt that their project partnerships had been very successful in this respect:

> "*Unequivocal yes! … All had opportunities to feed into the discussions from their own perspective"* (Arts partner)

> *"Decisions were jointly made and collectively / everybody's areas of expertise and responsibility was recognised"* (Health partner)

> "*Yes, we … had regular steering group meeting – all the different partners came along regularly - lots of input from all partners*" (Health partner)

> "*Great co-operation amongst the partners"* (Arts partner)

The key reason given by these partners for having such 'full and equal project partnerships' was that sufficient time had been allowed for the relationships to develop properly. For the partners of a different project, while they agreed that there was a successful partnership, they felt that one of the partners had been "more equal" than the other;

> *"Arts are stronger than health partners, mainly due to the content of the project – (it) needed an arts perspective, the practicalities of the project is more arts based" (*Arts Partner)

The partners from another project echoed this view: they noted that the arts partners had led on project management, while the health partners had a full role in strategic activity. This was seen as the appropriate division between them because of the nature of what was being delivered.

However, it is important to recognise that a few partners were much more negative about this division and the degree to which there had been 'full and equal partnerships' throughout the duration of their projects. Specific points that were raised included:

> *"The health partners were (too) passive in their role – more engagement was needed in regards to what is going to happen afterwards"* (Arts Partner)

> *"To start with there was a lot of unevenness and lack of understanding from both sides – didn't have enough time to develop relationships*" (Health Partner)

> *"The project has been going for 2.5 years and has changed – moving away from the original direction to fit in with the NHS priorities … but then … the patients changed focus to anorexia and healthy living"* (Health Partner)

> *"The arts partners worked together but could have delivered independently (of the health partners) in their own way"* (Arts Partner)

For these projects to have benefited from full and equal partnerships both sufficient time for the development of relationships was required, combined with a consistency of purpose and shared direction among partners throughout the project life. Clearly these two matters were closely related and together they form an important objective for enabling future project partnerships to work fully and equally together.

These findings were also reported in the Artist's evaluation, that found that the development of a relationship between the artists and the health workers could "be complemented by allocating specific time to provide and share information, on services and organisations that may be of assistance, e.g. health, housing, and finance."

The Artists evaluation report also noted: "the relationship that is established between Artist and Support Workers is intrinsic to the quality of experience gained by the participants. These relationships could have benefited from a clarification of roles and responsibilities, in order to increase understanding and foster trust and cooperation."

One further area that was debated under the heading of "full and equal partnerships" was that of whether achieving such a situation was necessarily the best thing for projects. Intriguingly, arguments were put forward for both the advantages and disadvantages of having "passive" or less active partners. Some examples were:

> "*Passivity – this has both advantages and disadvantages. The advantages were the freedom to produce the project and trust involved. The disadvantages were that health partners may not make as much of it as they could have done if they were more involved*" (Arts Partner)

> "*We will use what we have (had to) learn in the future, which we might not have done if all partners had played their parts*" (Arts Partner)

3.2.2 Shared aims and objectives

The majority of partner organisations did not have any aims that were not shared by the partnership to which they belonged. Most commended each other for either consciously trying to represent the aims and views of each other or for being open to learn and understand different roles and perspectives. This was seen as being a significant factor contributing to the success of the partnerships. Some typical examples were:

> "*Early on the quality of work was not an aim that was shared by the health partners, but they absolutely understood the importance of it to the Arts partners and therefore it didn't become an issue. All partners were open to learn and understand about the other partners' roles and responsibilities and overall aims"* (Arts Partner)

"*(There were) No major areas of difference. Both arts and health partners had a different emphasis but it was also interesting from a health perspective to work with artists, it was complimentary.* (Health Partner)

"From outset all partners were aware of the aims. We were keen to learn - it was always going to be a bit experimental. (Health Partner)

The issues that were raised by those partners who said that aims were not shared by all in their partnership, were related to *attitude or partnership organisation*, rather than aims:

"*The most frustrating thing was that the GP's colleagues were not as enthused by the project, maybe because there was a lot of re-structuring around at the time, it was not high on their agenda*" (Health Partner)

"*I don't feel there was a conflict of interest regarding the aims but there were two health partners, so artists didn't know who was taking the lead.* (Arts Partner)

The partners were asked about their perceptions of the differences between what partner organisations looked to get from the project and what other partners were looking to achieve. Most of the partners answered this question from a very literal perspective, i.e. they thought that health partners were looking for health related outcomes while arts partners were looking for "quality art" outcomes, albeit linking them to improved health outcomes for participants. Some examples of these answers included:

"(Arts partners wanted to) increase the ability of artists to respond to health partners and the quality of artists' technical skills" (Arts Partner)

"*Health wanted to achieve demonstrable health outcomes and the arts partners were concerned with the product which was better met*" (Health Strategic Partner)

A few partners said that they had not discussed or considered the issue before while others said that there were no differences as "*everyone had worked to achieve the overall project aim*" (Arts Partner).

3.2.3 Main challenges to communication and shared understanding between partners

All of the partners were asked about the challenges that their projects faced in relation to communicating successfully and sharing understanding between themselves. Some partners felt that there had not been too many challenges in relation to communication between the partners and that they had, in fact, been pleased by how well the partners had been able to connect with each other. Some examples of this were:

"On the whole, communication was good" (Arts Partner)

"There were no major problems, kept in regular contact with partners via email on a regular basis - kept the flow going" (Health Partner)

> *"It seemed to be harmonious and constructive – working to achieve the same aims between both partners*" (Health Partner)

However, other partners faced significant challenges in this respect. Various concerns were expressed over the difficulties that had been encountered in trying to achieve a shared understanding between partners. On a practical level, several arts partners mentioned that developing a shared understanding was not possible because the health partners either did not attend (sufficient) meetings, were not accessible between meetings or had different representatives as people changed jobs, thereby making continuity very hard:

> *"Access to health partners between meetings was a major challenge"* (Arts Partner)

> *"The lack of attendance by health partners at meetings and their failure to provide the information needed meant we had to find our own best way through"* (Arts Partner)

> *"Two (Health) people changed posts during the course of the project, that meant it was difficult to maintain the flow and structure*" (Arts Partner)

As mentioned earlier, the artist's evaluation report found that the quality of the relationship between the artists and the health sector was "intrinsic" to the quality of the participants' experience. Further to this, the Artists' report also noted that arts workers could find themselves in a difficult situation dealing with health issues. This was because it was their "jobs to make people feel comfortable and to build relationships" with them, but also needed to be clear that they were not health workers or social workers and hence needed to ensure that they had the appropriate support available during the project.

The health partners also expressed concerns about achieving a shared understanding. However, in contrast, their concerns were not so much practical as theoretical, in that they felt that the arts partners needed to be persuaded about the value and need to collect health data. In some instances this involved additional meetings to explain their rationale:

> *"Main challenge was regarding Mental Health data collection – it took some discussions with the artists as to why the data needed to be collected*" (Health partner)

> *"The necessity from NHS to commission evidence based interventions – to give understanding of this to the arts partners was the main challenge*" (Health partner)

> *"The main challenge to communication relates to one artist – some misunderstanding of the project – who didn't understand why there was need for health partners to demonstrate health outcomes and the process for doing so*" (Health partner)

Some arts partners agreed with this difficulty, also recognising that they had to spend time coming to terms with the way in which the NHS/PCT works:

> "*(There were) Issues around health outcomes – difficult but acknowledged"* (Arts Partner)

> *"The main challenges were understanding the workings of the health system, lots of different job titles and vocab and jargon, finding out how everyone fitted together was a challenge and dealing with a large infrastructure was quite difficult"* (Arts Partner)

> *"A lack of understanding of how the two cultures operate – which was understood and grew overtime*" (Arts Partner)

The Artist's evaluation also noted this issue, mentioning that artists could feel very constrained by project monitoring requirements, particularly relating to funding and not being able to allow projects to evolve on the ground in the way that they would have liked.

Some partners discussed how the level and quality of communication had varied over the course of their project. One project failed to "get off to a good start" and this impacted significantly on subsequent achievements, although ultimately good communication was achieved. For another project it was the difficulty of maintaining good communication over a long period of time, with changing staff, roles, etc being an issue:

> *"Not getting off to a good start – need all partners to have shared understanding before the project starts. This only happened at the end with the host groups delivering arts activities"* (Arts Partner)

> *"Time has taken an impact on communication, (which) gets changed by the length of time. My remit started out clear, but has changed over the course of the project and as new roles / strands come in play and as time has gone on"* (Voluntary and Community Sector partner)

A central issue was the need for time at the beginning of a project to develop clarity over purpose and aims thereby engendering greater shared understanding:

> "*We needed to give more understanding to the host groups. Needed a longer lead in time – more time for partner engagement"* (Arts partner)

For one project, communication and shared understanding did not exist at all between partners at the beginning and required outside intervention before the project could move forward:

> "*Health partners not speaking to each other and not knowing each other – ownership was not clear, who was responsible for what, etc… (There was a) real clash within the partnership*" (Health partner)

3.3 Engagement of individuals

A range of partners across several projects raised concerns about the difficulties that were faced in engaging with or recruiting sufficient participants. Most of the projects reported that they had either not been able to "reach" as many individual beneficiaries as they had originally hoped or had to undertake extra activities to boost numbers.

Several explanations were put forward for these difficulties, such as the lack of time available for recruitment, the perceived stigma attached to the mental health focus of one of the projects and the unwillingness/inability of GP Surgery's Practice Managers to support another project:

> "*Key issue was recruitment of participants… (the) project was linked in with a mental health problem, but this may have put people off joining due to stigma of having a 'Mental Health problem'"* (Health Partner)

> "*Recruitment was a key issue, could have been better, always seemed last minute to get the places filled, although it was widely advertised and a broad range of participants attended"* (Arts Partner)

> "*Key issue was how do you reach people who are isolated? It was hoped to use GP surgeries but this proved impossible not from the GPs themselves but from the practice managers – complete block"* (Arts Partners)

> "*The self-referral process was initially thought to be easy in engaging with participants to take part in the REACH courses but it wasn't as easy as the health partners originally thought*" (Arts Partner)

Indeed several partners also mentioned the relatively limited reach of the projects in the context of value for money. Their concerns were that firstly the numbers of beneficiaries was not sufficient, given the cost of the projects, and secondly that not all of the beneficiaries were always the most "hard to reach". This is discussed further in sections 4.2.2 and 4.4.

The Artists evaluation also discussed the issue of engagement with individuals, albeit with a slightly different slant. This highlighted that because the referral process did not produce a "fixed" number of participants it made it difficult to control the amount of work that was done. It was also pointed out that the process by which the group was formed (i.e. through referral from the NHS, a GPs surgery or elsewhere) impacts on the information that is collected, how it is used and, of course, how people view the project when they start (or are thinking of starting).

For the future, some suggestions were put forward by partners for helping with the engagement and recruitment of participants such as:

- Allowing more time for engagement and (self) identification of participants;
- Be aware of the perceived stigma attached to mental health when planning and managing projects, and introduce themes appropriately and with sensitivity;

- Using word of mouth through existing/previous participants;
- Using self referral linked with GP advocacy, rather than GP referral alone; and
- Improved relationships with GPs/Practice Managers (in advance).

It should be remembered, of course, that engagement with "hard to reach" individuals is, by definition, difficult whoever the target group. However it would be worthwhile for any future arts and health initiatives to consider the approaches used elsewhere. Most common among these is collaboration with an appropriate intermediary organisation that can broker both initial contact and continued dialogue.

Suitable organisations are often Third Sector "frontline" delivery or support organisations, such as Age Concern or local community groups. These organisations have established links and contacts that are trusted by the vulnerable and hard to reach groups. Of course, it is important to note that such organisations have very limited resources and their assistance may require financial or in kind recompense.

4. Project impact

Many partners were rightly keen to extol the successes of the REACH projects and to highlight the positive benefits for those participating. However, several partners noted that it was "too early" to properly assess the successes as many of the intended positive impacts would take considerable time to become manifest. This was particularly the issue in relation to the key objective of improving individuals' health outcomes.

The partners indicated that while there were apparent benefits to participants' health and that the quality of the work produced was often excellent, the full scope of the benefits would only be seen on a wider scale over a much longer period of time. Further to this, it was also noted by some partners that their projects were "a good starting point" for addressing complex issues and that successes and benefits could only fully accrue with the continuation of the work over the longer term.

4.1 Impact of REACH

The projects generated many successes and partners were greatly enthused by these. The local evaluations contain full details of the range of these impacts though the two successes that were most commonly mentioned by partners were:

- Improved self-confidence and esteem among participants; and
- The high quality of the art produced.

4.1.1 Self confidence of participants

The most commonly mentioned success of the projects was in improving or increasing participants' self-confidence and/or emotional wellbeing. Virtually all partners mentioned this in one form or another:

> *"In increasing participants' overall well-being, (there has been) been a real positive response from those engaged in the project"* (Arts Partner)

> *"Key success is from the participants' perspective – quite an overwhelming change – the change in their confidence / self-confidence was overwhelming"* (Health Partner)

> *"The improvement made by individual participants and the difference it made to individual lives"* (Arts Partner)

> *"These projects can be of benefit to participants' emotional wellbeing"* (Health partner)

> ***"**The ability of the projects to bring (different groups within) communities together* (Health partner)

These views were also expressed in the local evaluations. The Dorset evaluation report highlighted the success of the project for the participants: "*the letters provide a moving and impressive testament to the benefits to participants across all the areas that the project originally aimed to achieve in: improved wellbeing, acquisition of new skills, sense of achievement, reduced isolation and increased community involvement*".

Similarly the Devon evaluation report noted under its key successes that: "*meaningful engagement with elderly people, around issues of memory loss, mental health and well-being took place successfully in all three communities. To this end, the project did achieve, to varying extents, key aims, which"*…included…*"improved quality of life, social inclusion and mental wellbeing for older people with, or at risk of, mental health needs and their carers.*"

The Bristol evaluation report also came to the same conclusion about the benefits of the project: "*being involved in creative activities enabled a sense of achievement, greater sense of identity, self-worth and confidence in participants: "it was great to see how proud people were of what they had done, wanting to make sure their names were on the work...this is ... an example of the rewards of engaging in the creative process, feeling a sense of ownership... increasing self-confidence and improving wellbeing*"."

The Somerset local evaluation cited the positive impact of the project that was reported in the participants' diaries: *"the effect on confidence: 'having an image of me on a giant screen and getting over that fear has helped me to become more self confident'"*; the desire for the project to last longer; the supportive nature of the group and the trust engendered by the project among the participants.

The partners also wanted to explain the ability of the projects to work successfully at both bringing together groups that would not have otherwise have worked together and/or actually bringing whole communities together when they were focused in a specific location or centre:

> "*(The project) Brought interest into the community due to the project / pride in the community* (Voluntary and Community Sector Partner)
>
> "*Young and older people working together"* (Arts Partner)
>
> "*Have got a forum group going across the BME community … having the REACH project delivered to two of the host groups strengthened our relationship with them"* (Arts partner)
>
> "*Schools have taken on board aspects of the project in terms of skills, upskilling artists*" (Arts Partner)
>
> "*The arts and health partners both came away as viewing the project as a success – the Arts Partners are keen to link up with other parts of (the county)"* (Health Partner)

4.1.2 The high quality of the art produced by the participants

Many partners and stakeholders mentioned the quality of the art produced by the participants as being a key outcome of the REACH projects:

> "*Quality of arts very good – document in a book – universally people were impressed with it"* (Health Partner)
>
> *"Sound recordings – listening to the product helps us to understand the benefits for those who were involved"* (Health Partner)
>
> "*Key success is the book, combining visual imagery and creative writing"* (Arts Partner)
>
> "*High quality exploration of health issues using film and photography"* (Arts Partner)

The quality of the art produced and the improved self-confidence of participants were also highlighted in the artists' evaluation. In considering artistic quality, the artists noted that in relation to the product, several criteria were taken into account such as production values, something being well made, work that makes new connections, work that can't be explained in words and that "you know it when you see it". In term of process, the artists mentioned professionalism in dealing with the participants, communicating clearly, generating confidence and stimulating creativity.

This view was also echoed in each of the local project evaluations:

> **Devon**
> *"Three high quality sound pieces have been made which have been printed to CD for local distribution. We intend to secure radio broadcasting and approaches are beginning to be made … high quality participatory arts activity has taken place in each of the communities, both with the lead artists and also with other artists…"*
>
> **Bristol**
> *""Difficulties with literacy were overcome by engaging in creating vibrant, non-text-based work" … "A's batik-making was a perfect joy and hit exactly the right note: instant results and a very engaging process with their drawn images in wax translated onto the cloth through their vibrant choice of dyes."*
>
> **Dorset**
> *"The outcome of this has been art and writing of remarkable quality, some of which we are honoured to be presenting in this volume… all evidence of the remarkable inventiveness latent within everyone…*"
>
> **Somerset**
> *"The artistic products are vivid, engaging, professional and customised to the specific circumstances of the project*".

4.1.3 Further positive impacts

In addition to these two main successes, further positive impacts of the REACH projects that were mentioned by some partners included:

- The quality and combination of the artists delivering sessions enabling successful sessions in a supportive environment;
- The involvement of people who might not otherwise have got involved in art (especially the young and elderly people) both from the group perspective (reducing isolation and establishing connections with others) as well as from the arts perspective (validation of personal identity; acquiring new skills);
- Greater appreciation and commitment towards the value of art in addressing health concerns; and;
- Strengthened relationships and connections between the various statutory and third sector organisations.

4.2 Areas where impact was not achieved

When asked to consider the areas in which impact had not been achieved as much as had been hoped, the partners identified two main issues: understanding of the health outcomes of the projects and reaching the "genuinely" isolated. The health partners raised the first of these issues most often, while the second issue was mentioned equally often by partners from across the arts, health and Voluntary and Community sectors.

4.2.1 Measuring and assessing health outcomes

Most of the health partners expressed concern that, for a variety of reasons, it had not been possible to fully evaluate the extent to which their project had actually produced positive health outcomes. Their concerns centred on the difficulty of collecting full and appropriate data about changes in the participants' health:

> *"(The project was) not evaluated from a health point of view, for example helping participants back into employment – we don't have that kind of data*" (Health Partner)

> "*(The) Results of the psychological assessments (were) slightly patchy – recording issues – also low numbers so can't say if there was a significant difference to participants before project and after project"* (Health Partner)

> *"In terms of demonstrating health outcomes – we were not able to demonstrate clear health outcomes – it was clear that the project was a positive experience for participants but it was difficult to show this empirically"* (Health Partner)

It should also be noted in this respect that as mentioned several partners (Health and Arts) felt that it was "too soon" to expect positive health outcomes anyway, as these benefits would take time to manifest themselves in the participants.

The local evaluation of the Dorset project discussed many of the issues associated with collecting the required health data, which can be summarised as:

- Participants' concerns with the data collection documents engendering feelings that the data required was "intrusive" or unnecessary;
- Artists' concerns that the data collected did not capture the positive benefits of REACH as it did not consider other factors in participant's lives; and
- Health professional's concerns that the limited scale and financing of REACH made it impossible to draw scientific conclusions about the impact of the projects.

From this it can be inferred that it is therefore likely that, because of the necessity to evidence the health outcomes of projects, for future funding to be secured from PCTs a more successful means of monitoring and assessing health benefits will need to be agreed prior to project start-up.

4.2.2 Reaching isolated groups

Arts, health and Voluntary and Community Sector partners all expressed concern that projects had not been able to "reach" isolated groups of people as much as they had hoped:

> "*Lost impact on the young people – not many young people at the event"* (Voluntary and Community Sector Partner)
>
> *"People who did participate were already known to the services so didn't really reach those that were not known. Should have done case finding as a way of reaching a (n isolated) population but would have required more time and resources*" (Health Partner)
>
> "*Not reaching the genuinely isolated who are not in the system – not as successful as it could have been"* (Arts Partner)

As mentioned the artists' evaluation also noted this concern: "Referrals, reaching the hard to reach takes a long time and is best done by word of mouth within specific communities (whether they are urban BME communities or rural village communities). Projects like these need to integrate with existing programmes to reach the hard to reach or be based on long term relationships within communities (such as community groups or rural touring agencies)".

This concern was also reflected in the Bristol local evaluation report:

> *"The project did not meet the needs of people with health issues who were not yet engaged with host groups. The project was unable to support or reach BME elders*

who were more isolated, less networked and who would benefit from attending the third sector voluntary groups to improve emotional wellbeing. This was due to a combination of factors:

- *Project management and networking at the start*
- *Host group capacity and resources*
- *Duration of the project*

The project lasted 12 weeks which was not long enough to build relationships and trust with 'harder to reach' members of the community to encourage them to participate".

This issue has been discussed previously in section 3.3 – the Engagement of Individuals – and it is worth reiterating the main suggestions put forward for addressing the problem:

- More time for engagement and identification of participants;
- Be aware of the perceived stigma attached to mental health when planning and managing projects, and introduce themes appropriately and with sensitivity;
- Using word of mouth through existing/previous participants;
- Using self referral linked with GP advocacy; and
- Collaborating with Third sector delivery organisations to broker engagement.

4.3 Outcomes achieved outside of the REACH aims and objectives

For most partners, the main positive outcome aside from the REACH aims and objectives was the fact that their project was either already continuing in one form or another or that they hoped that it would shortly. This had been the result of a range of factors, though trust, in-kind help and a desire (among participants) to make it "happen for themselves" were commonly cited as being key elements in the process of continuation:

"*Participants are still meeting regularly as a support group. Has helped to break down social isolation i.e. meeting with a group that they wouldn't have done previously and have continued to do so"* (Health Partner)

"*The groups that were established as a part of REACH have continued independently – very heartfelt that they did it for themselves after the course had finished"* (Arts Partner)

"*Host groups continuing to work with the artists"* (Arts Partner)

"*Two arts organisations employed to take this project forward"* (Health Partner)

For some partners there was evidence that these continuations were based upon sustainable partnerships:

"*(We) Have continued to work with the same Health Partners for future work"* (Arts Partner)

> "*It has helped in maintaining and establishing new links in terms of future partnership working"* (Arts Partner)

Among other partners the feeling was that the project had been useful for raising awareness for future funding and in one case actually securing some:

> *"(The project) has helped make strong links with other Mental Health groups – in the longer term it can help to raise profile with local PCT. In terms of funding awareness it may have helped put us in a stronger position*" (Health Partner)

> *"The two host groups won additional funding as a result of their determination and help with Health Partners*" (Arts Partner)

Indeed several partners mentioned the possibility, and their hope that such joint partnerships between the health and arts sectors could continue:

> "*Project (was) excellent example in the local area that these projects can take place. Recognising the potential of further partnership working and recognition from health service perspective there are patients that would benefit from this type of intervention rather than a more clinical approach"* (Health Partner)

> "*Hope to continue partnership working in the future – there is the possibility but nothing concrete at the moment"* (Health Partner)

> "*Interest in continuing arts and health work – the partnerships that have been created are hoped to continue but as yet, not sure in what way"* (Arts Partner)

> "*There is evidence that the community partners, having seen the value of the project and responsiveness of their members to arts activity, will continue with this through fundraising in the future. Key statutory partners are aware of the success of the project but there is no formal mechanism or infrastructure to support sustainable activity"* (Arts Partner)

Some Arts Partners noted that the projects had helped artists to understand health projects, enabling them to "*think in different ways*" and engage with groups that they might not otherwise have been able to do so. They also felt that the projects had helped give some Health partners a better understanding of the value and potential of arts in addressing health concerns.

4.4 Whether REACH was good value in the context of other local health initiatives

Most partners felt unable to answer this question, as they did not know the costs of their project or other initiatives for comparison. Some of those that did answer said that the project seemed like good value in terms of raising awareness among other partners of its potential value. One strategic partner commented that it was good value in terms of "learning".

Those partners that were prepared to answer directly had diverse opinions as to whether the projects had been good value or not. Some expressed concerns about the small scale nature of the projects and hence their likely inability to be cost effective. They were also concerned about the limited numbers of participants on the projects and hence the cost per head:

> *"(It was) Not cost effective (within the small grant bid there was a series of 12 sessions, it worked out at around 1k for each session) – one group only had 10 participants, another had only six - so not cost effective* (Health Partner)

> "*The impact of the project was greatly limited by its (small) size and the small number of participants, making its value for money highly debatable"* (Health Partner)

In contrast other partners felt that the projects had achieved a good impact and at very low cost. They thought that the projects achievements were, given the budgetary constraints, highly commendable:

> "*The project was good value, achieving a good impact on participants for low cost, also opened the eyes of other health partners, to see its potential and its value"* (Health Partner)

It was, therefore, difficult to draw clear conclusions as to whether there was a consensus of opinion about whether the REACH projects represented good value.

4.5 The extent to which the successes and issues of REACH would have happened anyway

Most partners felt that *all of* the successes achieved by the projects and the lessons learnt through them would NOT have happened without REACH. This view was shared by the arts and health partners:

> "*Unlikely (they) would have happened without REACH – had previously thought about setting something up prior to REACH, but it didn't go ahead"* (Health Partner)

> "*(It's the) First time have been involved in this way of working with health practitioners, therefore the success of the project wouldn't have come about if (had) not involved with REACH* (Arts Partner)

> "*Without REACH the partners involved wouldn't have got together so the outcomes wouldn't have happened"* (Health Partner)

At the project level, one of the regional stakeholders highlighted the successes that she believed would not have happened without REACH. These primarily focussed on the fact that many partners had not done this type of partnership work before and would not have done so without REACH, despite in some cases them previously wanting to have done so:

Bristol – The health partner and the community host organisations were new to arts and health work and were very appreciative of the support they received from Willis Newson in this respect. It is unlikely that they would have engaged with arts and health without REACH. Willis Newson had already worked in this area, so REACH allowed them to consolidate an important relationship.

Devon – The main health partners were new to arts and health work, while the arts partners were community/rural arts agencies who had not really focussed on arts and health work before. It was again thought to be unlikely that any of the lead partners would have done arts and health partnership work without REACH.

Dorset – The health partner had wanted to do some arts and health work prior to REACH but had not been able to because of lack of funding. The arts partners had done one project but REACH definitely extended their understanding of the potential of such work. They had never worked in a partnership project like this before. It was considered unlikely that either partner would have done a project like Dorset REACH without the initiative.

Somerset – The arts partner had done arts and health work with the PCT before. However, neither of the healthy living/health prevention partner or the other community health partner had worked on such a joint project before. The particular focus of the project and the Somerset partnership would have been unlikely to happen without REACH.

Therefore it can be assumed that without REACH, most of the successes and impacts of the projects would NOT have occurred.

5. REACH as a model for arts & health projects

A series of questions were put to the partners concerning what they thought had been learnt from REACH as a model for other such arts and health initiatives. Firstly they were asked to consider the main lessons that had been learnt by the projects. They were then asked to assess their projects in terms of any learning that could be gleaned for the sustainability of future initiatives and whether they thought any further arts and health work would take place as a result of the REACH partnerships. They were also questioned about their views on the best way of taking forward arts and health initiatives in the future.

Furthermore, and as a specific area of interest, the partners reviewed the integration of arts work into health services in their projects, in order to identify any further key lessons that could be drawn from these experiences.

This chapter also draws on some of the lessons identified in the local project evaluations, where they either endorsed the partners and stakeholders' views or where there was uniformity between them.

5.1 Lessons Learnt

Interestingly when asked to consider the main lessons that had been learnt, the arts partners pointed out some lessons *for health partners* to learn, while the health partners pointed out lessons *for the arts partners* to learn. However both sets of partners agreed that the single key lesson was the importance of both the arts and health partners working to fully "*understanding each other*" in terms of sharing commitment levels, meeting regularly and being prepare to devote sufficient time to developing relationships. This was explained as:

> "*(We) Need to be prepared to have long discussions with partners about the project"* (Arts Partner)
>
> *"The key issue is the understanding between two different cultural perspectives: Arts – value determined by individual, while Health is more scientific – evidence based – needing to demonstrate outcome. Need to understand both perspectives and see they are both valid*" (Health Partner)
>
> *"(We) Need to understand each partners perspective to achieve success"* (Arts Partner)

One Health Partner noted that, instead of considering the REACH initiative as "putting arts into health services", it should perhaps be look at the other way around:

> *"It should be arts organisations delivering arts **and** wellbeing outcomes*" (Health Partner)

In terms of general lessons for Arts partners to learn, the Health partners felt that artists needed to recognise that art ***had*** been used historically by health services and that as such, the input of artists needed to deliver something "more". Comments included the following main points:

> *"It can be see a bit of a 'coup' (for an artist) to get commissioned work. The relationship needs to go further than the NHS being seen as a 'cash cow' kind of thing for artists"* (Health Partner)

> *"Artists – it is important for them to think of different activities to do, etc rather than just repeating activities*" (Health Partner)

> *"(Artists need to) Establish good practice principles for other groups to work from"* (Health Partner)

> "*I'm an Occupational Therapist – I have been running art groups for 30 years! Artists need to be aware that therapists have been using art techniques for decades – artists need to understand this and learn from it*" (Health Partner)

Allied to this, some health partners noted that arts partners also needed to accept that any artistic course might well be part of a *wider spectrum of treatment/rehabilitation* that the participant was receiving:

> "*There were discussions regarding a participant on the course who was concerned about the course ending as to what would happen to her after the course, thus needed discussions with the Health Partners to 'pick-up' the participant and to make sure that she got the right care after the course had finished*" (Arts Partner)

Some health and Voluntary and Community Sector partners accepted that they (health partners and practitioners) needed to better recognise that the arts can be used to help understand people and their motives. This could be vital in successfully tackling "big" issues such as obesity and mental health, because it helps explain how people think and feel about themselves, thereby giving much greater insight into addressing the issue:

> "*Arts is an important media, particularly in engaging young children – it opens up greater opportunities. The use of images can be an important medium for getting key messages across and in terms of (on-going) engagement"* (Voluntary Sector Partner)

> "*Openness / willingness to see how a different approach can be valuable "stepping outside the box", rather than the traditional medical model"* (Health Partner)

> "*Arts organisations are already in communities so therefore they are better placed to be building resources in communities so (they are) beneficial to work with and it is also relatively inexpensive"* (Health Partner)

The arts partners emphasised that an important component of this was the acceptance that it was not simply "doing art", but doing high quality art that was integral to project success:

> "*Health partners need to be enthusiastic about the project i.e. when in a meeting discussing artistic quality, although it may not be high on the Health Partners' agenda, they understand its importance to the artists and participants*" (Arts Partner)

A final concern expressed was that conclusively demonstrating health benefits was extremely difficult for any project or programme running over a limited period of time within a fixed budget. It was therefore worthwhile considering whether there were any alternative means of "measuring" or assessing positive health outcomes:

> *"There were clear health benefits that were obvious to all, but to demonstrate it in the structure that was required was beyond our scope – we would have needed a budget 3 times the amount. The health sector needs to find a way of recognising value*" (Arts Partner)

Further lessons learnt

The partners identified a range of further "broader" lessons that they thought would be helpful for any future health and arts projects, which are summarised below.

- More time for advance planning

  Many of the Health Partners mentioned the need for more time for set-up, planning and preparation at the beginning of a project. It should also be remembered, of course, that the partners from projects that had found developing "full and equal" partnerships difficult mentioned that there had been insufficient time for the partner relationships to be properly worked through and allowed to gel. Some examples included:

  "*Thinking carefully about recruitment / how to promote it"* (Health partner)

  "*(It's been a) Long, long, long process and planning* (Health partner)

  "*Making better preparation at the beginning"* (Health partner)

  This point was emphasised by the evaluation of the Somerset project, which highlighted it as a key element in the success of the project: "*the partnership spent some time deciding on the objectives for the project … finding an activity that suited all partners was one of the factors in the success of the project … time was spent developing a partnership … time to develop relationships, fine tune projects to reflect the perspectives of each partner and to reflect on lessons*."

- Motivating participants

  Many of the arts and Voluntary and Community Sector partners felt one of the main lessons for them had been around how to make the project work "on the ground" for the participants, i.e. how to best keep the participants motivated and enthused by the courses. A key component was allowing participants to have ownership of the project and the tasks involved:

"Main lesson to be learned is to allow young people to explore the issues themselves to give them a sense of ownership, allow then to give their own interpretation" (Voluntary and Community Sector Partner)

"*Workshop leaders play a critical role – keeping all participants enthused and buoyant – to a large extent it was down to the artist's personality*" (Arts Partner)

"The need to be responsive and open to participant's expectations from the onset" (Arts Partner)

Clearly an important element of this continued motivation was the need to respond positively to the participants' (changing) needs and requirements. This ability to react flexibly and constructively to the wishes of participants was cited as a primary factor contributing to the success of several of the projects.

The artists' evaluation also highlighted several further learning points in this respect. The artists felt that planning "*should consider the role of food in participatory projects. It is important as a:*

- *Social emollient in bringing people together; and*
- *Cross cultural theme which can bring out stories about personal and cultural histories*"

The artists further noted that other support workers (non artists) are best integrated into the creative activities and can play an important role in:

- Translation both literal and metaphorical;
- Bridging the space between what artists are good at and able to deliver and what health partners might wish to get out of activities e.g. signposting.

- The (short-term) delivery model used for REACH

A significant concern was expressed by some health, arts and Voluntary and Community Sector partners around the issue of the perceived *lack* of sustainability of small, geographically focussed individual projects, i.e. the basic REACH delivery model. In terms of serving as a learning point for the future, these concerns manifested themselves in various questions posed by the partners:

Was the project too unique to its location to be transferable elsewhere?
"*How transferable would the project be in other areas as other GPs are making decisions locally"* (Health Partner)
"*Making the locations used suitable for the demographics trying to reach but also getting professionals in that locality on board*" (Strategic Health Partner)
"*Need to allow the project to go the way it's going to achieve maximum success – flexibility required from funders*" (Voluntary Sector Partner)

Was the small scale nature of the projects inhibiting cost benefit returns?
"Understanding the cost-benefits of this kind of intervention would be a significant challenge of project moving forward" (Health Partner)

"*Money shouldn't be put into small projects – should be looking to develop something that is wide(r) – very often small projects benefit small groups of people with high cost – value for money difficult to demonstrate"* (Health Partner)

What happens when the projects finish?
"For artists there were concerns about raising expectations about short projects and what to do when it finishes" (Health Partner)
"It's difficult when working with vulnerable groups – from being involved in a group in a positive way then to have the rug pulled from beneath their feet can in some ways be worse, (we) need to make these projects sustainable after the project has finished (Arts Partner)
"'Don't start something that you don't know how it's going to end"
"*If projects are to continue – need to think about how participants would attend once project has finished"* (Arts Partner)

Would the short term nature of projects cause problems?
"*The short term nature of this project was problematic as was the timescale: the length of time allowed for the sessions only just allowed the artist to find the most effective ways of working with the groups and was only just sufficient to support an effective group process given the challenges that faced participants* (Arts Partner)

This issue was also raised in the artists' evaluation that noted: "Participants were frustrated by the length of the course and in both therapeutic and artistic terms it felt that a profound process had begun only to be abandoned… We partly addressed this by making the project sustainable, but this has only worked for about 50% and many of them expressed a sense of grief and mourning at the project ending after only 8 weeks – this felt premature. Having a visible outcome did, though, give a huge sense of satisfaction, achievement and completion and has encouraged people to continue being creative."

The Bristol evaluation report noted how this had been addressed in their locality:

"Where a project such as this is short and limited (one-off) planning the structure is important so that that timescales are managed and the project can be contained within its duration (in this case 12 weeks). This is important so as not to raise expectations about the continuation of a project when the sustainability of it is unknown. Consideration was given to creating sessions which maximised the timeframe, giving those involved (artists and participants alike) a sense of achievement and enjoyment in the process while it lasted. A half-way break allowed review and reshaping of the remaining project towards the end goal.

Consideration to the timing of sessions and time of year should be given to maximise attendance".

- Budgetary and resource matters
  While most partners reported that their projects ran to budget, they noted that an important lesson was the need to be very prudent and realistic in what they could deliver. Some emphasised that considerably more resources, in terms of time and in-kind input, had had to be put into their projects than had originally been thought necessary. Typical comments were:

  > "*No issues with budget, but had to be realistic with travel costs for the artists therefore put on two groups in same day rather than spreading them out* (Health Partner)
  >
  > "*Was initially worried about budget in terms of material but scaled it down to meet the budget"* (Arts Partner)
  >
  > "*There was slippage at the start of the project – didn't achieve funding that was hoped, but it (*Budget and outputs*) was adjusted accordingly"* (Health Partner)
  >
  > *"The need to budget for artists time in attending sharing events etc that are related but not part of core delivery time"* (Arts Partner)

The Devon local evaluation report addressed this issue at some length:

> *"The project was creatively and administratively complex which, whilst this made it a very interesting project to take part in, all three artists, the project manager and the community liaison officer, spent significantly more time working on this project than days allocated …*
>
> *"Locating and identifying participants, and then offering adequate support for them to become involved was a time-consuming and sometimes frustrating task. Because the artists did not work with a weekly organised group, each session with individuals or groups had to be separately negotiated, which easily fell through due to illness, change of plans or memory loss. Spaces to meet had to be negotiated in every phase, and support for individuals, which was sometimes onerous, had to be prioritised when needed. A duty of care to participants became at times, very time consuming…*
>
> *"To enable projects to be sustainable, artist, project management and community development time has to be more realistically budgeted for".*

5.2 The Future

The partners were asked about the "future" in terms of what they considered to be the best approaches for this type of work going forward and as to whether their project would result in any further arts and health work.

5.2.1 The best approaches for work of this type going forward

Three main ideas were picked out by the partners as being opportunities for this type of work going forward:

- **Joint working**
  Echoing many of the comments made earlier, and reinforcing the need for a shared and clear understanding of what was needed, partners emphasised the value of the collaborative approach:

  > "*Shared understanding amongst partners"* (Arts Partner)
  > "*Developing networks – artists have an understanding of NHS agenda and NHS understanding impact issues for the artists"* (Health Partner)
  > "*Being open about what each partner wants from the project*" (Health Partner)
  > *"It is reliant on partnership working and funding. The model of the project is workable and works well but unless funding is secured then it can't happen"*
  > *"To have a genuine partnership – working where the partnership is sustainable and where there is an understanding of the needs to work in tandem"* (Arts Partner)

- **Alignment with national, regional and local commissioning opportunities**
  The partners felt that if arts and health initiatives such as REACH were to be taken forward then they needed to link into what commissioners were seeking and/or other existing opportunities, both in terms of funding and also demonstrating the value of being "something different" alongside existing provision.

  Several partners mentioned national or regional bodies who might provide funding, or the need to find out what was available, but it was recognised that tapping into these sources would not necessarily be straightforward:

  > *"Need to find out what's going on at a regional / national level in terms of similar projects*" (Voluntary and Community Sector Partner)
  > "*Needs to go through health and social care commissioner – this type of work can really impact significantly, but it's a commissioners business"* (Health Partner)
  > "*If Arts Council England chooses to do an initiative it's a good idea in principle, but need to do a lot more ground work"* (Arts Partner)
  > *"As an organisation the routes in are more likely to be directly with the NHS as opposed to local authorities – particularly in this financial climate*" (Arts Partner)

- **Thinking "outside the box" to address health issues**
  Some partners also emphasised the need for initiatives such as REACH to demonstrate that they were "different" and could offer something more than current health service provision did. Hence they merited further exploration and development:

  > *"REACH is one project that supports a strategic move …to involve several aspects of arts and health related initiatives. It has provided a focal point and discussion point for current and future partners to look at how the needs of young people and mental health issues might be addressed*" (Arts Partner)
  > "*Need some form of arts and health networking forum – thus allowing it to compliment not replicate what's going on"* (Voluntary Sector Partner)
  > *"Openness / willingness to see how a different approach can be valuable "stepping outside the box", rather than the traditional medical model*" (Health Partner)

The artists' evaluation also noted two further points not previously mentioned:

- Artists working together on delivering project can be very positive and provide:
  - Support between artists;
  - Different skills and knowledge;
  - Back-up if individuals need one to one attention;
- Artists are good at connecting with participants as we are 'all in the human condition together' and don't tend to create a professional/participant barrier

The three key points listed above (joint working, alignment with commissioning opportunities and thinking "outside the box") for going forward were endorsed by the local evaluations. They also noted various further points of importance for consideration:

- Building evaluation into the project activities from the beginning, giving a clear structure to learning elements;
- Giving clear briefings to participants at each stage, both to confirm instructions and to give "closure";
- Advocating around the benefits of the arts within the NHS community and social services departments;
- Artists having appropriate support networks that would enable them to focus on the essence of the work;
- Lead artists should not be appointed without significant experience of working within a mental health agenda and understanding of the potential implications; and
- An artist 'team', rather than a lone artist, albeit within a wider team, can significantly enhance the quality of the working process for both participants and artists.

5.2.2 Whether further arts and health work would take place as a result of the REACH projects

Partners gave mixed responses when asked whether REACH had already led to further arts and health work. While most expressed the sentiment that they wished for more similar projects of this nature, and were currently trying to raise funding, only one stated that it had definitely done so. Their replies included:

> *"(There is) potential to do more work – project involves tremendous good will – will look to address potential new projects in the New Year*" (Arts Partner)
> "*Hope so, in vague conversations with PCT – but no immediate knowledge*" (Voluntary and Community Sector Partner)
> "*Currently trying to raise funding – making every effort for the project to continue"* (Arts Partner)
> "*Yes, have every intention to continue the progress made locally, so that "people will have to sit up and take notice""* (Health Partner)
> "*Possibly – Active work going forward with third location*" (Health Partner)

One Arts partner indicated that they were looking to take the project forward and were building this into their plans. However they were not sure that the existing partnership was "correct" and if they did take it forward, would probably do so without the existing health partners. They would either look elsewhere within the health service for a more suitable partner(s) or would proceed without health input.

The Dorset project evaluation highlighted further arts and health work as being a key success of the project:

> *"All partners were very positive about the project and were keen to continue. Funding was sought from the West Dorset Partnership through their Communities for Health funding scheme. The bid was successful and REACH Further is now underway*".

6. Conclusions & Recommendations

Many of the partners made some additional comments about the REACH initiative when asked if they had anything further to add to the regional evaluation. These comments indicated that the partners had valued and enjoyed working on their REACH project:

> *"I really enjoyed taking part – great opportunity / fantastic, really hope to carry on the work already done*" (Voluntary and Community Sector partner)
>
> *"It was a positive and valuable experience"* (Arts Partner)
>
> *"It has been an absolute pleasure working on this"* (Health Partner)

The positive nature of these comments was shared by many partners, stakeholders and participants and reflected the success of the REACH projects "on the ground". This success was most clearly manifest in the desire for projects to continue.

The perceived successful nature of the projects in terms of the value of artistic and creative activities to health and wellbeing was reflected in each of the four local evaluations, with comments including:

> **Somerset**
> *"The arts give a time and cost effective way of engaging with people on many different levels, intellectually and emotionally, respecting individual identity and expression while also producing a group feeling that has general relevance and practical application.*"
>
> **Devon**
> *"It is possible, although complex, to create inspiring, challenging contemporary work within communities, whilst fully engaging participants within a health agenda. We believe we have delivered a highly successful arts and health project … incorporating a sensitive and open approach by the artists involved."*
>
> **Dorset**
> *"The letters provide a moving and impressive testament to the benefits to participants… the artists worked extremely well together… It would seem that the dynamic between them was very positive and they provided for different needs in the participants. The quality of the artwork was very impressive.*"
>
> **Bristol**
> *"Being engaged in creative activity, absorbed and distracted from other concerns generated feelings of happiness. Artists and host groups reported that participants had described that taking part in the activities and being with the group helped them to feel happier than they did at home.*"

6.1 Concluding comments

The regional evaluation assessed the REACH initiative as a model for delivering arts and health projects focusing on:

- The effectiveness of arts and health partnerships as a means of delivery;
- The lessons (successes and challenges) from the REACH model;
- Communication and understanding between the arts and health sectors;
- The process and end product in terms of artistic quality; and
- The potential for sustainability of the partnerships and further arts and health work.

6.1.1 The effectiveness of arts and health partnerships as a means of delivery

The evaluation found considerable evidence to demonstrate that arts and health partnerships can act effectively as a means of delivery for projects such as those covered by the REACH initiative. Many partners agreed that the successful management of such projects enabling delivery had often been allied with the development of close and equal partnerships in which all of the project partners had shared aims and objectives.

However, the need for arts and health partnerships to have such a shared understanding of direction, with clear roles and responsibilities agreed by all was widely recognised as being essential. It was apparent that the projects that did not benefit from this situation struggled to deliver effectively.

The key factors in enabling the development of productive arts and health partnerships in this respect were the need for partners to be:

- Open to discussion (and finding time to do so);
- Flexible over delivery;
- Working jointly to agree goals and objectives; and
- Clear over the roles and timing in delivery of the project.

In working to achieve an effective partnership, several important points can be drawn out from the experiences of the various REACH projects. Firstly, for the projects that did benefit from having a full and equal partnership, with a common understanding of direction, the allocation of sufficient time to allow the relationship to develop properly was a key factor in the process.

Secondly it was recognised that partners do not necessarily have shared aims and objectives when they join a partnership, but the desire to learn and to understand different roles and perspectives was essential if the partnership was to deliver effectively. Thirdly, enabling understanding of the manner in which other partner organisations or interests work was very important, i.e. for the Health sector partners to explain to the arts partners how and why PCTs work and for arts partners to explain to health partners their artists perspective on the matter in hand. In both instances there were mistaken assumptions of the other "side" understanding insider jargon.

6.1.2 Communication and understanding between the arts and health sectors

The regional evaluation encountered some diverse views on the level and type of communication together with the degree of understanding that had been achieved between the arts and health sectors across the REACH projects. Some partners felt that there had not been "*too many challenges*" in relation to communication and they were pleased by how well partners had connected with each other.

However, other partners reported significant challenges in this respect. These ranged from practical issues, such as some health partners not attending sufficient meetings for an understanding to develop to more theoretical concerns over whether arts partners understood the need for health monitoring.

Some partners noted that the level and quality of communication had varied over the course of their project. A central issue was the need for time to establish communication protocols and thereby having an effective means of ensuring a shared understanding.

Thus a similar key point emerged from the evaluation in regards to effective communication as for the development of effective partnerships – namely that the allocation of sufficient time at the beginning of a project to allow communication and understanding to develop fully was an essential component in the process.

6.1.3 The lessons (successes and challenges) from the REACH model

The regional evaluation identified a range of successes and challenges associated with the REACH projects. The successes are detailed in each of the local project evaluations although the partners identified two major successes:

- Improved self-confidence and esteem among participants; and
- The high quality of the art produced.

In terms of the key lessons learnt, the regional evaluation found a degree of antipathy between partners on the matter – with arts partners suggesting mainly lessons *for health partners* to learn, while health partners suggested mostly lessons *for arts partners*. While both groups accepted that their "side" had lessons to learn from the projects, it was clear that in many cases there was still very much a "them and us" perspective.

This is a key lesson from the evaluation – and a challenge for any future arts and health partnership. Both sets of partners agreed that working to fully "*understand each other*" was absolutely central to the success of any future joint initiative. This meant not only being prepared to share commitment levels, meeting and communicating regularly and devoting sufficient time to nurturing and developing relationships, but also more crucially being flexible, open and pragmatic about objectives and the means of delivering them.

In terms of the suggested lessons for Arts partners, the Health partners highlighted that:

- Arts input needed to deliver something extra or "more" that could not be delivered by Health partners themselves;
- Health partners should not be seen as a source of funding/cash;
- Any arts work should be done in a manner that allowed good practice to be identified and used elsewhere; and
- Arts partners should recognise that any artistic course might well be part of a *wider spectrum of treatment* that the participant was receiving.

Health partners acknowledged that they needed to better recognise that the arts can be used to help understand people and their motives. The arts partners emphasised that an important component of this was the acceptance that it was not simply "doing art", but doing high quality art that was integral to success.

In addition, the evaluation identified some general lessons for future initiatives:

- More time for advance planning
- Motivating participants
- The sustainability of the delivery model used for REACH
    - Were the projects too unique to be transferable elsewhere?
    - Was the small-scale nature of the projects inhibiting cost benefit returns?
    - What happens to participants when the projects finish?
    - Would the short-term nature of projects cause problems for participants?
- Budgetary and resource matters: prudence over what could be delivered

The engagement of individuals
The evaluation found that difficulties were faced by most projects in engaging with or recruiting sufficient 'hard to reach' participants. Some solutions proposed were:

- More time for engagement and identification of participants;
- Be aware of the perceived stigma attached to mental health when planning and managing projects, and introduce themes appropriately and with sensitivity;
- Using word of mouth through existing/previous participants;
- Using self referral linked with GP advocacy; and
- Collaborating with Third sector delivery organisations to broker engagement.

6.1.4 The process and end product in terms of artistic quality

The arts and health partners participating in the Regional Evaluation were all extremely positive about the quality and diversity of the art produced during the projects. As mentioned, the high quality of the art produced was cited by many partners as one of the two main successes of their project, alongside the improved self-esteem of the participants.

Various partners and stakeholders from arts, health and Voluntary and Community Sector backgrounds said that the work had often exceeded the expectations of both the artists and especially the participants themselves. The arts partners also emphasised that producing high quality art was an essential component of a successful project.

The Artists Evaluation found the most successful aspects of the projects were:

- **Collaborative working processes**
  Allowing the achievements of all to be celebrated equally, whilst still recognising individual input. Providing support, an opportunity to share practical, artistic and social roles and to share ideas.
- **Artists acting as guides and enablers**
  The role of the artists was seen as being principally to take "participants on a journey from 'I can't' to 'I can' and to enable them to make artwork that has quality, value, resonance and significance".
- **Using new and experimental mediums**
  Working with new and experimental mediums can be exciting for participants and for the artists – it can be a two-way learning experience.
- **Including participants from all backgrounds**
  Some participants had art degrees, art training or attended previous writing classes while others had little or no experience of the arts. This added to the richness, variety and diversity of the projects.
- **Techniques to overcome feelings of intimidation and inferiority**
  The diversity of background led to some feelings of intimidation and inferiority. These were overcome by using a range of inclusion techniques such as: working expressively; participating in each other's exercises as a group; and sharing work.

6.1.5 Potential for sustainability of the partnerships and further arts and health work

The evaluation examined two main issues in terms of the sustainability of the partnerships and further arts and health work:

- The best approach for work of this type going forward; and
- Whether further arts and health work would take place as a result of REACH.

In relation to the best approach going forward, three ideas were emphasised:

- **Joint working –** the need to develop and grow collaborative approaches;
- **Ensuring "fit" with existing commissioning opportunities;** and
- **Thinking "outside the box" to address health issues imaginatively**

The evaluation found a strong desire for more projects of this nature and evidence of a range of efforts to raise further funds. However in only one instance was further work already being funded, although other arts and health work was currently being done on a self-help basis.

6.2 Recommendations

This regional evaluation report contains much detailed information that can be used to help enable the arts and health sector to develop good practice for future arts and health initiatives similar to the REACH projects. The key lessons that were identified through the four REACH projects and from the regional evaluation are summarised overleaf in tables listing the recommendations for any such future initiatives.

These recommendations and associated actions are grouped under three headings:

1. Developing productive arts and health partnerships
These recommendations are aimed at establishing fully productive arts and health project partnerships working together to achieve a common goal, with clarity over roles, responsibilities and intended outcomes.

2. Achieving successful project delivery
This set of recommendations focuses on some of the key practical aspects of project delivery, such as on-going project management, participant recruitment and the quality of the art produced by the participants.

3. Working towards longer term project sustainability
These recommendations are intended to help address the issues raised in relation of the short-term nature of the REACH projects, in terms of achieving greater sustainability and self-sufficiency for future individual projects.

Each of the recommendations has been prioritised using the following system:

High: *these recommendations are central to a successful project;*
Medium: *these recommendations will significantly improve delivery; and*
Low: *these can be addressed when resources are available.*

These recommendations are focused on "action points" intended to inform and guide the establishment, delivery and sustainability of similar future arts and health initiatives based on partnerships.

While the main achievements of the projects have reflected their aims and goals, in terms of improvements to the wellbeing of the participants alongside the high quality of the art produced, it may well be that the most significant benefits from the REACH initiative come from implementing the lessons that can be learnt from it. If the enthusiasm and commitment demonstrated by the partners, artists and participants in the four projects could be combined with the key lessons identified in any future initiatives then the benefits and value to health would be significantly increased.

Table 6.1: Developing productive arts and health partnerships: recommendations

Objectives	Recommendations	Priority
6.1.1 Joint agreement of aims and objectives	- Identify overlapping priorities in relevant strategies and plans; - Allow sufficient time at project planning stage to debate and agree aims and priorities; - Focus on agreeing means of overcoming areas where there are differences in priorities.	High
6.1.2 Understanding of other partners perspectives	- Allow sufficient time at project planning for explanation of each partners agenda and needs; - Each partner to be responsible for informing other partners about their perspective; - Each partner to be responsible for informing their replacements in future (if any).	High
6.1.3 Establish clear roles and boundaries	- Agree roles, responsibilities and inputs required within partnership; - Identify where there is flexibility and where there is not; - Clarify intended timetable, targets and any alternatives.	High
6.1.4 Agree on-going partnership working plan	- Identify core members and attendance requirements; - Specify meeting dates, aims and required input in advance; - Identify alternative representatives for core partners in the event of their absence.	Medium
6.1.5 Agree monitoring and review period and coverage	- Agree monitoring and review process: • Timing/coverage of process; • Conduct and reporting of process; • Recognition of different monitoring needs and how they can be addressed; • Procedure for addressing under/over performance of project; • How any unanticipated positive impacts can be capitalised on; • Areas where aims and objectives are not shared and process for progression.	Medium

Table 6.2: Achieving successful project delivery: recommendations

Objectives	Recommendations	Priority
6.2.1 Recruiting sufficient participants	For recruiting participants, ensure: • Sufficient time is allowed for identification and engagement of participants at start; • Awareness of the perceived stigma attached to mental health when planning and managing projects and introduce themes appropriately and sensitively; • Word of mouth referral through existing /previous participants is available; • Self referral linked with GP advocacy is promoted; and • Collaboration with Third sector delivery organisations to broker engagement.	High
6.2.2 Motivating participants	For motivating participants, ensure that: • Participants are allowed input and ownership of course content and outputs; • Course aim is agreed with participants, i.e. preparing art for celebratory event at end; • Project is run in a group focused, supportive manner; • Achievements of all are equally celebrated in any outputs; • Artists work as guides and enablers, as well as "artists"; and • Inclusive techniques are used so that "non" artist can fully participate.	High
6.2.3 Providing something more than existing offer	- Project must offer provision that is "beyond" what is already available from NHS; - Assess existing provision and study best practice from elsewhere to avoid any duplication; - Ensure project offers new and stimulating environment/mediums to work in/with.	High
6.2.4 Work in a manner that allows good practice to be formulated	- Project methodology should be carefully planned and any changes to delivery noted; - Techniques used need to be recorded and success/failures reported via monitoring process; - Process needs to be evaluated at end to enable lessons to be learnt and good practice identified.	Medium
Continued over		

Table 6.2: Achieving successful project delivery: recommendations (ctd)

Objectives	Recommendations	Priority
6.2.5 Identify "wider spectrum of treatments" that project maybe part of	- Identify all relevant associated treatments that participants might be receiving; - Ascertain potential role of project input in relation to these treatments; and - Ensure no overlap or contradictions in project methods and techniques.	Low
6.2.6 Ensuring that the opportunity to produce "quality art" is fully facilitated	- Making available the appropriate materials and facilities to enable quality art; - Dealing professionally with participants to generate confidence and stimulate creativity; - Communicating clearly and relevantly reflecting different levels of participants' experiences.	High
6.2.7 Measuring health benefits	- Active consideration of what is achievable and measurable in context of project timing/budget; - Consideration of alternative means of measurement of health improvements; - Identify examples from elsewhere for any appropriate models.	Medium
6.2.8 Establishing effective communication protocols	- Work to identify best means of regular communication for everyone associated with project: partners, stakeholders, participants, artists, deliverers, etc; - Change methods if initial contact not successful for achieving project aims .	Medium
6.2.9 Identify budget constraints and what can realistically be achieved	- Use previous REACH projects and similar initiatives as baseline for budget assessment; - Identify core objectives and focus budget on achieving them; - Pinpoint potential shortfalls and overspends in advance to take necessary preventative actions.	Medium

Table 6.3: Working towards sustainability: recommendations

Objectives	Recommendations	Priority
6.3.1 Use approaches based on joined up working and collaborative ethos	- Identify appropriate partners with compatible aims and objectives; - Agree areas of commonality and areas needing compromise; - Follow recommendations in sections 6.1 and 6.2 for collaborative working.	High
6.3.2 Ensure project aims "fit" with commissioning opportunities	- Map proposed project targets and goals onto commissioning agents targets and goals; - Confirm fit and any associated caveats with commissioners; - Ensure project can provide necessary robust evidence to validate achievements.	High
6.3.3 Assess project size, value for money and continuation; "*Think bigger and longer term*?"	- Consider the proposed project cost per head – would it decrease substantially from greater numbers of participants? - Consider the degree to which a short-term project can deliver health benefits? - Consider what will happen to participants after the project – will they return to the same situation or be better/worse off?	High
6.3.4 Think outside the box to offer "something completely different"	- Use brainstorming and other "blue skies" techniques with target groups to identify possible new means of working with them; - Make sure project does not offer something already provided; - Seek evidence from elsewhere for authentication of "new" approach.	High
6.3.5 Identify existing similar provision/support that can be built upon	- Map out all local public, Third sector and private healthcare provision; - Identify provision with similar target audiences and/or methods; - Check for possible overlaps, economies of scale, joint working, sharing arrangements, etc.	Medium
Continued over		

Objectives	Recommendations	Priority
6.3.6 Identify broad base of support and potential for assistance	- Identify agencies, stakeholders, support groups beyond immediate "close partners" who might benefit from success of project, i.e. Social Services from reduced benefits claims or local Third sector groups from reduced call for their services.	Low

Appendix I: Regional evaluation depth interview questions

Project Management

1. Have the arts and health partners been 'full and equal project partners'?
    a. Why/why not?

2. Does your organisation have any aims that were not shared by the partnership or vice versa?
    a. How were any related issues that arose overcome?

3. What has your project experienced as the main challenges to communication and shared understanding between partners?
    a. What would you say were the differences between what your organisation looked to get from the project and what your partners were looking to achieve?
    b. Could you describe a bit about your partners aims?

4. What have been the key issues linked to project delivery and achievement of overall aims and objectives?

Impact

5. What have been the key successes and outcomes in terms of the impact of the project?
    a. i.e. new ways of delivering health interventions, changes to participant's well-being
    b. Think about both arts and health outcomes
    c. Were there any areas where impact **was not achieved**?
    d. What evidence/experiences have you based these perceived successes & issues on?

6. Can you describe any outcomes that have been achieved outside of the REACH aims and objectives? E.g. 'added value'
    a. i.e. new sustainable partnerships, training of artists, awareness raising with funders
    b. Did the project seem to be good value in the context of other local health initiatives?

Sustainability and the Future

7. What are the main lessons that can be learnt from your specific project?
    a. To what extent would these successes and issues have happened anyway?
    b. Did the project run to budget, any issues with the budget? (get amounts / costs etc)
8. What key lessons can be learnt from integrating arts work into health services generally?

9. What would you say would be the best approach for work of this type going forwards?

10. Do you think further arts and health work will take place as a result going forwards?
    a. How does it fit within the context of local authority developments in your area?
    b. Has REACH helped raise awareness among potential funders of arts / health work?

11. Are you aware of any potential funding opportunities that could help to roll out the project and / or further arts and health work beyond the end of the REACH programme?
    a. Has any progress been made in trying to obtain more funding?

Local Evaluation Data

12. And finally, what data has been collected for your project's local evaluation that could be beneficial to the overall evaluation we are conducting?
    a. Participant data & feedback / artist feedback, etc – what has been collected?

Appendix II: Regional evaluation feedback forms

1a) Effectiveness of Partnership Structures

- **How effective do you feel the REACH arts and health partnership structure has been?**
  - Were the roles and responsibilities to deliver outcomes clear and agreed?
  - Was there sustained commitment in place from all partners?
  - Did the health partners consider themselves to be full partners in the projects?

1b) Management & accountability

- **Have there been robust management and accountability procedures in place?**
  - Did all partners have a clear understanding of the objectives, outcomes and constraints?
  - Was the project delivery plan clear, agreed by all partners and balances expectations and capacity?
  - Was project progress regularly reviewed and adjusted?

1c) Partnership Delivery

- **What would you say have been the main challenges and issues in terms of communication between the partners involved in the REACH initiative?**
  - Were there shared territories / challenges to communication?
  - Were there shared objectives / diverse objects?

2) Impact

- **What have been the key successes and outcomes in terms of the impact of the REACH initiative?**
  - i.e. new ways of delivering health interventions, changes to participant's well-being, engaging with individuals who might not have otherwise have sought help
  - **Think about both arts and health outcomes**
  - Were there any areas where impact **was not achieved**?
  - What evidence/experiences have you based these perceived successes & issues on?
  - Can you describe any outcomes that were achieved **outside of the REACH aims**?

3) Counterfactual

- To what extent do you feel that the successes and issues of the REACH initiative would have taken place anyway?
  - Did REACH bring in partners new to arts and health?

- Were there partners that would not have otherwise engaged in arts and health work without the REACH initiative?

4) Lessons Learned

- **What are the key lessons to be learned from your experience of the REACH initiative for future arts and health initiatives?**

5a) Sustainability and the Future

- **Do you think further arts and health work will take place as a result of the REACH initiative?**

- **What contribution can REACH make in terms of the wider funding situation?**
  - Do you think REACH has helped in terms of raising awareness among potential funders of future arts and health work?
  - Are you aware of any potential funding opportunities to develop similar projects going forwards?

Thank you for your feedback.

Please save your completed version of this form to your computer and then send the saved document as an email attachment **to both** of the following email addresses kate.grimes@hotmail.co.uk and nigeltremlett@yahoo.co.uk

Appendix III: References

A Prospectus for Arts and Health, Arts Council England, April 2007.
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REACH Devon Final Local Evaluation report, Aune Head Arts, June 2010

REACH Dorset Local Evaluation report, Alex Coulter, May 2010

REACH Somerset Final Evaluation report, Annabel Jackson Associates, August 2009

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