



61% and smiling

Sharing the learning from the
Norfolk Arts & Wellbeing Programme
2013-2016

www.61percent.uk



**Norfolk Arts & Wellbeing
Programme 2013-2016**

61%

and smiling

is the percentage of people who demonstrated increased wellbeing as a result of taking part in the creative and cultural activities which were part of the Norfolk Arts & Wellbeing Programme.



Contents

Foreword	1
Programme Overview	3
Impact analysis	3
Consultation Findings	5
Evaluation Results	6
Warwick-Edinburgh Mental Wellbeing Scale results	7
Action Research Projects	
• Future Projects	9
• Creative Arts East	11
• King's Lynn Arts Centre Trust	13
• Musical Keys	15
• Norwich & Norfolk Community Arts	17
A Workshop Ecology : Dr Anni Raw	18
Reflection : Liz Falconbridge	20
Project partners	21
Personal Perspectives	
• Gillian Oaker	25
• Michelle Savage (Shelly Telly)	27
• Marion Catlin	29
• Dr Chris Price	31
• Anita Staff	33
• Jacky Mosley	35
• Dawn Rees	37
• Dr Chris Francis	39
Our learning so far	42
Acknowledgements and thanks	43
Doodle, colour and comment	44

Dedicated to the memory of

Mike White

*renowned arts and health researcher who
co-designed the evaluation framework for the
Norfolk Arts & Wellbeing Programme.*

*We are grateful for his insight, enthusiasm and
unfaltering support.*

Foreword

Throughout the last decade, statutory and voluntary health and social care provision has been through a fundamental restructuring nationally. Local authorities, which have also undertaken a challenging restructure – due to reduced budgets, radical new approaches to service delivery and greatly increased demand – are having to respond creatively and effectively to this change in the way health and social care is shaped and delivered.

Arts and cultural organisations are being encouraged to engage with and help shape this new landscape but, in a climate where both time and money are stretched, such collaboration requires specific skills and knowledge to navigate and, in many cases, firm evidence of the positive effect that arts and cultural provision can offer to the health and social care agenda.

The following pages outline the results from the Norfolk Arts and Wellbeing Programme 2013-16, an action research project attempting to evidence the positive impact of arts on the personal wellbeing of some of Norfolk County Council's key service users aged 16+.

As well as generating a single set of evidence of impact, the programme set out to trial co-produced arts services, foster greater synergy between arts and wellbeing professionals and begin a dialogue between them which could strengthen, evolve and continue in the longer-term to the benefit of the people of Norfolk.

We are pleased, proud and very relieved to have found that these endeavours have indeed contributed to the increased or maintained wellbeing of many of the service users who took part.

As a result we have a wealth of anecdotal evidence for the power of arts and culture on people's lives, backed up by locally relevant, sector-wide data collected against recognised and respected scales; all of which goes to prove that engagement with arts and cultural provision really does:

- Promote wellbeing
- Support early intervention
- Maximise people's quality of life

In addition to sharing the findings from the programme, for this publication we invited a small number of professionals from both the arts and wellbeing sectors, outside of the project, to submit short articles from their personal perspectives about what could help to bridge the gap between the arts and wellbeing sectors. Theirs are not the corporate view but borne out of years of experience and insight.

We hope that this publication will encourage you to join us in helping the arts and cultural sector to work more effectively and closely within a health and wellbeing context, and will provide you with some of the evidence and arguments to persuade your colleagues to be creative and try something different.

Natalie Jode
Executive Director, Creative Arts East
May 2016



Norfolk Arts & Wellbeing Programme

Overview

A major arts and wellbeing action research project for Norfolk, designed to support local arts organisations to pilot creative interventions for vulnerable older and young people (16+) in response to the needs of preventative, early or acute response health and social care provision and to evidence the impact of arts and culture on participants' wellbeing.

The work consisted of a county-wide consultation into the barriers to participation followed by five arts-led, co-produced, action research projects working with a range of sectors of the community identified as priority and hard-to-engage groups:

Creative Arts East worked with older people in care and/or living with dementia; **Musical Keys** worked with young people with learning disabilities; **Future Projects** worked with older people in sheltered housing; **King's Lynn Arts Centre Trust** worked with young carers and care-leavers. **Norwich & Norfolk Community Arts (NORCA)** worked with a younger cohort of school aged participants in Norwich's most disadvantaged areas. This project was set up under separate parameters due the younger age of the participants.

The core aims of the programme link directly into the policies of prevention and include:

- improving quality of life and promoting well-being
- encouraging and supporting independence
- developing confidence and self-esteem through participation
- enabling and supporting creative expression

Impact analysis

The data shown in this document was gathered by the partners who were working with participants aged 16+.

As part of the Evaluation Framework for the programme, designed under the guidance of Mike White and Anni Raw, arts and health researchers from Durham University, the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was used to enable organisations to collect quantitative data to evidence the effectiveness of the activities in improving participants' sense of wellbeing.

Alongside this, a range of additional supporting questions were asked in order to contextualise the findings. In some cases the standard WEMWBS questions were adapted to enable a more accessible mode of evaluation and where appropriate a distinction between the combined findings and the standard WEBWMS findings have been made throughout this publication.

This publication is a summary of the top-level findings from the quantitative data collected, which can provide an insight into the overall effectiveness of arts interventions. A fuller report, which includes qualitative findings, comparisons and recommendations for the future is available from Creative Arts East.

“ *It was fun and fun is a rare thing*”

Project participant

Analysis of key findings and evidence

Consultation findings

A range of creative consultations were conducted by seven arts organisations with key groups of service users across the county, alongside an open, online survey, the aim of which was to better understand people's interests in and barriers to participating in arts and cultural activities.

509 people completed the physical and online survey.

Of these:

53% would like to do more activities

32% would like to get healthier

31% would like to find new interests

31% would like to make more friends

25% would like to build confidence

With £20 to spend on creative or cultural activities:

33% would like to see a theatre show

26% would like to watch a film

23% would like to engage in arts and craft activities

22% would like take a music workshop

11% would like to take a dance workshop

When asked what prevents people from doing so:

28% said lack of transport

27% said no money

20% said lack of confidence

17% said nothing

14% said health problems

Evaluation results

At the outset of this programme, there was no purpose-designed evaluation framework or standard methodology for assessing the value and efficacy of arts interventions in health and wellbeing scenarios, making programmes such as these notoriously hard to quantify.

To support the ambitions of the Norfolk Arts and Wellbeing Programme a bespoke framework was co-designed with delivery partners by Mike White and Anni Raw of Durham University to enable comparative quantitative data collection and a set of qualitative reports which gathered the experience of involvement. This enabled all of the projects to be assessed in a coordinated way but even then, the range of different user groups made a standardised approach difficult.

Over 300 people participated in arts and cultural activities as part of the Norfolk Arts and Wellbeing Programme pilot projects. Due to the differing access needs of these wide-ranging participants, a variety of monitoring approaches, primarily adapted from the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), were applied to assess the impact of engagement with arts and culture.

When the results of all the variations of impact analyses are combined we find that 61% of the total number of project participants' demonstrated an increase in wellbeing as a result of their participation with arts and cultural activity.



Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. WEMWBS is a 14 item scale with 5 response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing*.

47 participants completed WEMWBS before and after their participation in arts and cultural activities, the specifics of which are provided further on in this publication.

Of these participants:

70% increased wellbeing

6% stayed the same

23% decreased wellbeing

Furthermore, we found that:

- 63% felt happier
- 43% felt connected
- 33% felt confident
- 30% felt inspired
- 28% felt educated
- 73% said that the activity supported them to feel less isolated
- 62% said their experience had helped to raise or maintain their confidence
- 59% said that they had communicated with new or more people as a result of the activity
- 69% said they would you like to do more arts or cultural activity as a result of their experience

*Warwick Medical School, University of Warwick
Available: www2.warwick.ac.uk/fac/med/research/platform/wemwbs/
Last accessed: April 2016



Research project one

Community Reporters

Future Projects

Training older people to be community reporters



What happened?

Future Projects worked with older people living in Sheltered Housing Schemes in Norwich training them to become Community Reporters using ipads, video, pictures and audio to tell their stories, giving them the opportunity to research and report on issues affecting them. They worked in partnership with Cotman Housing and Norwich City Council.

What were the activities?

The participants were shown how to use audio, video and photography and given training as Community Reporters. They used digital equipment and newly acquired skills to record some of their activities and a red carpet premiere of the video they produced was held at Cotman Housing. Participants were also taken on a variety of trips and outings, including a visit to the Theatre Royal, Norwich.

Who were the practitioners?

Future Projects is a registered charity which works from two housing estates in Norwich, but delivers services across Norfolk. They work with members of the community to identify local solutions which utilise the insights and experience of those people that are often overlooked or excluded from mainstream services. Future Projects employs 30 full time and part time staff and uses over 200 volunteers to provide programmes which aim to overcome social exclusion and enrich people's lives, often using arts and cultural activities. For this project Future Projects engaged their experienced delivery staff who are accredited community reporters and as such are highly skilled at engaging hard-to-reach participants.

What experience did the practitioners have?

Future Projects usually work with young people so this was a new user group for them. Their experienced delivery team were able to adapt to the different challenges of this particular group of participants to deliver a successful project and engage with a new audience for their work. They also have excellent audio-visual and radio skills.



Research project two

Creative Arts East

Working with older people in care or those with early stage dementia and their carers



What happened?

Creative Arts East piloted two new models of activity; the first aimed at reaching older people in care and partnering with service providers Norse Care and Healthcare Homes to tour live performance directly into care home settings across the county.

The second titled 'Our Day Out' worked with people with early to mid-stage dementia who were still living in the community with their carers. Supported by additional funding from Breckland District Council the project piloted a year long-term programme of creative sessions within three market towns.

What were the activities?

Using the model of Creative Arts East's rural touring scheme, Garlic Theatre was commissioned to visit care homes and present tailored or adapted puppetry performances. These performances took place in 13 different locations, a mixture of nursing homes, residential homes and a day centre for people with dementia.

The 'Our Day Out' programme scheduled monthly sessions in dementia friendly community settings. Activities included theatre and music-making, live via satellite cinema screenings, drumming and specialised dance workshops, visits to museum and heritage sites and other creative and cultural activities.

Who were the practitioners?

Creative Arts East employs a small team of experienced cultural project managers and commissioned many highly skilled and specialised arts and cultural practitioners to support the delivery of the projects.

What experience did the practitioners have?

Creative Arts East has been designing, organising and commissioning arts and wellbeing activities for over a decade, with a particular focus on older people. Through being part of the Norfolk Arts & Wellbeing programme their team were able to expand on their knowledge of this agenda, taking this opportunity to access training, attend conferences and network with organisations working in similar ways.



Research project three

Musical Keys

Working with learning disabled young people and those experiencing rural and other kinds of isolation



What happened?

Musical Keys trialled two new models of delivery, one of which engaged with a new group of people to the organisation (those living with late-stage dementia) and one with disadvantaged and vulnerable young people aged 16 – 24 with a particular focus on young people in transition from Children’s Services to Adult Support Services, particularly those with disabilities and additional needs.

They partnered with NANSAs (Norfolk & Norwich Scope Association), BUILD, Assist Trust, Julian Hospital, Urban Youth, Children with Disabilities (CWD) Team, Norfolk County Council, West Norfolk Autistic Society, Nature by Nurture and OPEN.

What were the activities?

Musical Keys worked with participants through music. Their intention was not to produce musicians necessarily but to use participation in music-making and music composition to engage attention using traditional and digital musical instruments. A number of participants composed original pieces of digital music inspired by Bjork’s Biophilia project and the Norfolk landscape, which formed an album titled Norfolk’s Nature.

Who were the practitioners?

Musical Keys, a professional organisation with appropriate administration, oversight, policies, safeguarding and governance, employed a range of qualified music-making practitioners.

What experience did the practitioners have?

Their team had a wide range of experience delivering participatory music sessions for people with disabilities and additional needs.

Participants said:

“I get to experiment and not be bossed about”

“It’s fun and I get to be imaginative”



*“Things bring me down, but I’m never alone,
Things may seem hard, but I’m still holding on,
I’ve been through darkness and now for the light,
Everything’s changing but I’m taking control of my life”*

*Lyrics to original composition by young people
working with King’s Lynn Arts Centre through the
Norfolk Arts & Wellbeing Programme*

Research project four

King's Lynn Arts Centre

Working with young carers and care leavers



What happened?

King's Lynn Arts Centre worked with referral partners to engage young carers and young people in transition from care. Participants were given a redeemable 'bond' of £150 to spend over a 6 month period on their own cultural engagement at the venue. They were given advice and support from the Arts Centre to tailor a programme of experience that fitted their aspirations. The Pick & Mix approach allowed them to buy tickets for shows and events, materials for their own work, form groups within their pilot to buy in expertise from artist practitioners, take their Arts Award, get a training session, hire a space for an exhibition and so on.

What were the activities?

A series of day-long interactive taster art and music sessions were tailored to help the group to develop their initial interest in taking an Arts Awards accreditation. Art forms covered were visual arts, drama, music, dance, animation and clowning. A drama practitioner was employed to develop and direct the participants' interest in creating a theatre piece as a final cabaret performance which showcased their newly-honed talents and included an original song composed and performed by two of the participants.

Who were the practitioners?

The experienced team at King's Lynn Arts Centre worked with specialist freelance art practitioners and professional performers to deliver the activities and performances on offer at the centre.

What experience did the practitioners have?

King's Lynn Arts Centre are experienced in delivering projects to marginalised people, though these two particular groups were not regular users of the centre's services. They were able to trial new ways of delivery which enabled these vulnerable young people to have their own voice and space within the centre and to curate their own activities, giving the Arts Centre a better understanding of how they might engage these groups in the future.

A participant said:

"I learnt that everyone has a talent"



Research project five

Norwich & Norfolk Community Arts

Working with children and young people who face barriers to participating with arts programmes



What happened?

NORCA delivered a music technology based activity to two groups of hard-to-reach young people in two different city locations. Their aim was to explore the potential for alternative arts and cultural activities to reach a younger, potentially pre-NEET, participant who had access to established arts provision within their school or area but who were not presently taking part. One strand of work was aimed at 8 to 11 year olds and was delivered after school at Norwich Primary Academy over a period of 12 months. Another strand focused on 11 to 15 year olds and ran every Saturday afternoon for six months. This project was completed using different parameters from other projects in the programme, mainly relating to the younger age of the children.

What were the activities?

The music technology-based sessions took place on a weekly basis. They focused on developing live performance skills using music technology that could be integrated with other music performance, in particular their Sistema orchestra. Both groups of young people performed at least once as part of their participation in this project.

Practitioners and evaluation

NORCA employed a range of long-serving, specialist music tutors and freelance practitioners to deliver this work. As well as monitoring the wellbeing of their young participants through a variety of mechanisms, they also undertook separate evaluation with the University of East Anglia to explore the impact of their work on all the young people taking part in the 'teen' Sistema, which included the older digital group.

Data was collected using both qualitative and quantitative methods to measure change in the participants across a range of dimensions, including (self-evaluation) wellbeing, sociability, emotional intelligence and transferable skills, with evidence of the efficacy of the programme for the participants across these measures. There was significant improvement for measures of wellbeing and sociability and evidence of transformation and a growing self-awareness of individual strengths and weaknesses.

A participant said:

'It's helped me be more confident - I used to be a shy person sitting in the corner and now I can actually talk to someone and I don't have to hide... '

The 'Workshop Ecology': Bridging the gap, with an explanation of the core mechanisms of participatory arts and health practice, across art forms, and beyond national boundaries.

Dr Anni Raw, Durham University, and University of Leeds, UK

This is a brief description and explanation of the elusive, often intuitive processes engaged by participatory artists, working in arts and wellbeing projects. It is relevant to and recognised by performing arts and music practitioners, visual, 3D and media artists, writers, hip hop or carnival arts practitioners... in fact specialists in any art form, who work in community settings in numerous countries worldwide, using collaborative, participatory workshop practices.

The challenge of obscurity

'So, *what* is it that you do, and *how*, exactly, do you do it??' Once again, that exasperating moment of hesitation, and bracing yourself to deliver the long, and sometimes stumbling, explanation of a practice so subtle, multi-faceted and built on intuition that, no matter how many years on the clock, you can barely fathom it yourself; and knowing that your questioner (already decidedly sceptical) will inevitably give up listening and glaze over, suspicions apparently confirmed that it's all a bit 'woolly'. We've all been there... And the impact of repeated experiences such as these can cause a subtle erosion of practitioners' own grasp of their practice and its validity, or even their own professional competency. Not having a clear language, that can be understood by others – especially others with no arts-insider knowledge – to describe the work we commit years of our lives to, is a dangerous form of obscurity.

Writing in 1984, Owen Kelly saw a socially engaged arts movement – though made up of many highly principled practitioners – in which practitioners preferred to avoid contentious debate about their work; leaving the crucial detail unarticulated, based on trust and intuition (Kelly, 1984, pp. 2-3). 'Socially engaged' or 'participatory' arts and health as a sector today is splintered into multiple strands with different labels, making it harder still for those outside the work – and potentially seeking to commission it – to understand what this practice consists of. If it were possible to agree on a single clear, underpinning description of what is happening in participatory arts and health practice, this obscurity might be reduced, bridging the gap between the applied arts sector and the health and wellbeing sector.

A unifying articulation, emerging from international research

I am fully aware of how provocative it is to propose a single practice model, which claims to unify practitioners across a diverse sector, and suggests similar creative impulses despite different art forms and different participant groups, different specific project objectives and different settings. After all, the creative practice field (whether participatory or mainstream arts) encourages practitioners to gauge their own value and reputation in relation to creative originality – the unique idea, the cutting edge approach, the excitement of the new: a creative solution in an impossible situation... This is what gives us our kicks! Ideas that are original – the very signifier of creativity itself. So would recognizing a single, common model render our practice uncomfortably homogenous – and each project narrative devoid of creative originality? I propose that such an articulation is possible, a shared articulation providing a frame within which different projects can recognise descriptions of their work.

In findings from my research (Raw, 2013) I propose that highly effective participatory arts practitioners all use the same sophisticated, multi-disciplinary arts and health model. The study suggests that, (despite immense and delicious diversity), they work with these same fundamental elements to shape a productive and creative arts and health '**workshop ecology**' – the place where it all happens.

A productive workshop ecology is achieved by practitioners working with six inter-dependent and organically interacting elements, fields in which they are experts: 1) **intuition** (the 'glow' of acute attention, attuned to the moment, but drawing reflectively on prior experience), 2) **strong commitment** (to quality, to people, to persevere), 3) **strong ethics**: humanitarian values and principles of social justice, 4) **affirmative, asset-focussed relationships**, 5) **spatial expertise** – in several dimensions, and 6) the **core mechanisms of creativity** itself. These aspects of the practice interacting together, create an environment and process capable of catalysing health and wellbeing transformation.

Each element named here is of course complex and multifaceted. The 'spatial' expertise, for example, encompasses skilled work with physical space (such as that in which the activity takes place, but also with 'affective' space (atmosphere, mood), as well as expertise in enabling participants to access the creative space of their own imagination.

The imaginary world is regular territory for artists, but for many people, though this space is a powerful healer, it is seldom creatively explored beyond their childhood years. Then the complex and elusive use of 'intuition' is described as a sophisticated workshop mode: a particular facilitation capacity, drawing on a highly flexible and empathetic imagination (artists are athletes of the imagination), combined with an ability to draw (in the moment) on previous experience, and a freedom and skill to improvise.

According to this articulation, the element of the practice that is central, and is an area of expertise specific to artists, is practitioners' skilful introduction of generic (rather than artform-specific) creative devices and experiences. Working through their own specialist art form (music, drawing, photography, dance, radio etc) but using mechanisms present in all arts practices including metaphor, playfulness, risk, the power of story and suspension of disbelief (among many others), arts and health facilitators open up protected spaces of creative experimentation, in which participants can try out fresh ways of being themselves, and engage in transformative social relationships, and new reflection on their everyday realities. This is the 'ecology' that can catalyse transformative change for those involved.

In my view, having seen so many wildly different and exciting expressions of this same arts and health practice model in action, across different sites in contrasting countries, using different art forms and working within different project contexts, there is an articulation here that is well worth sharing. Not just between arts and health practitioners, but with other sectors who may want to work with artists, but are not sure what it is they might be getting into!

Kelly, O. (1984). *Community, art and the state: storming the citadels*. London: Comedia.
Raw, A. (2013). *A model and theory of community-based arts and health practice*. (Doctoral Thesis), Durham University. <http://etheses.dur.ac.uk/7774/>

This article, the full version first published in the March 2015 edition of Animated magazine, is reproduced by permission of People Dancing. All Rights Reserved. See www.communitydance.org.uk/animated for more information.

Dr Anni Raw has a background as a singer and community musician, and has worked in community and participatory arts for over 25 years. Now a practitioner/academic, she is currently Research Associate with Durham University's School of Applied Social Sciences and Affiliate of the Centre for Medical Humanities (CMH), where she completed a PhD exploring community-based arts and health practice of the type seen in this programme; and Visiting Fellow at University of Leeds, School of Fine Art, History of Art & Cultural Studies.

Her doctoral project involved intensive ethnographic study with over 50 expert arts and health practitioners across the spectrum of arts disciplines, including practitioners in the UK and in Mexico, and she writes, publishes and presents in the UK and internationally. Her thesis 'A model and theory of community-based arts and health practice' is available online: <http://etheses.dur.ac.uk/7774/>

Reflection

Liz Falconbridge (formerly, Director, King's Lynn Arts Centre Trust)

In his speech on 13 April 2016, entitled, 'Local Authority Support for Art & Culture', Sir Peter Bazalgette (Chair, Arts Council England) called upon us all to advocate for the transformative power of arts and culture. I am pleased to confirm that we are already well on the case, as this project epitomises that edict. It goes without saying that when I entered this whole process, it was with an absolute conviction about the positive role the arts can play in bringing about a state of wellbeing.

This was borne out by my personal involvement over more than 25 years at a regional arts venue, instigating and delivering social inclusion projects, not to mention an associated dossier of evidence and case studies garnered along the way.

The consortium model presented an interesting opportunity to share experiences and expertise with geographically disparate Norfolk partners across a diverse sample of client groups. By the same token, the robust attitude towards evaluation offered the often neglected benefit of both an objective and an academic stance, that promised to be invaluable in terms of gaining advocacy and the potential for sustainability.

In particular, our tender for working across a combination of Young Carers and Young Care Leavers provided scope for organisational development and relationship building, since we had limited experience of working with either group. We were fortunate to employ a transitional Care Leaver at the time of this project, whose input was both invaluable to our organisation and seminal to his own personal and professional development.

The early thinking towards planning was to consider the commonalities in these two groups, so as to best tailor an approach that matched the expectations and needs of both. This was informed by specialist partner agencies already working with these categories of young people and by the experienced delivery team's speculation and projection about their challenges. In both cases, these young people faced a burden of responsibility and a need to adopt adult behaviours developmentally earlier than would be expected as a norm. On the one hand, the Young Carers were taking on a commitment of caring roles within their families from an early age, whilst Young Care Leavers were having to adapt rapidly to the increased independence of life beyond the residential home. In both cases, these circumstances took no account of their individual levels of maturity.

Thoughtful, considered planning was key and the modus operandi for the delivery team of artists was to be flexible and responsive at all times. Reflection and review were built into every session, both for the group of participants and for the delivery team, which ensured that expectations were met, issues resolved and young people felt empowered and in control of their destiny.

It became apparent that we were dealing with the unpredictable and chaotic nature of the lives of these young people, irrespective of their commitment to participating in the sessions. The Young Carers, when released from their caring duties, tended to grasp the opportunity with both hands and were avid and enthusiastic, whereas the Young Care Leavers were generally more guarded and less confident to integrate. Despite this, the overall outcome was exciting, moving and humbling and saw our mixed group performing a stunning cabaret evening entitled, 'This is What Made Me' before the Mayor and invited guests, a testament to the journeys in personal development for these young people, achieved through patient, professional guidance, determination, teamwork and encouragement, crucially using the arts as a vehicle for their expression.

It is somewhat ironic and pertinent to note that the King's Lynn Arts Centre, one of the longest established centres of its kind, closed in December 2015. As a cultural community resource, it was providing an invaluable service and a tremendous return on the investment and making a significant contribution in terms of a hidden subsidy to other statutory services. The rigour of the evidence-based approach of this project demonstrates this perfectly and should provide an advocacy model for other venues facing similar challenges.

Partners involved in the Norfolk Arts & Wellbeing Programme

The programme delivery partners are all members of the Creative Communities Consortium (CCC), a pilot consortium model for arts organisations in Norfolk.

Programme Delivery Partners

Future Projects is located in Mile Cross, Norwich and worked with:

Theatre Royal Norwich, St John's Maddermarket through the Churches Conservation Trust with Norfolk Archive Centre and Bridewell Museum, Cotman Housing (Sheltered Housing Schemes), Norwich City Council Housing (Sheltered Housing Schemes), Institute of Community Reporters, 'Wise-Archive'.

www.futureprojects.org.uk

Creative Arts East is based in Wymondham and worked with:

Healthcare Homes, Breckland District Council, Alzheimer's Society, Attleborough Day Centre, Garlic Theatre, Admiral Nurses, NORSE, The Gramophones Theatre Company, Laboratory Media Education, Curwen Print, Blast from the Past, Norfolk Museum Service, Norfolk County Council Adult Education, Anna Mudeka Foundation

www.creativeartseast.co.uk

Musical Keys is based in Colegate, Norwich and worked with:

Julian Hospital, Urban Youth, NANSAs (Norfolk and Norwich Scope Association), BUILD, Assist Trust, Norwich Mind, Children with Disabilities (CWD) Team, Norfolk County Council, Acromas Healthcare.

www.musicalkeys.co.uk

King's Lynn Arts Centre is located in King's Lynn and worked with:

Benjamin Foundation, Crossroads East Anglia, The Garage Norwich (Phonic Project). King's Lynn Arts Centre is now closed.

Norwich and Norfolk Community Arts are based in Colegate, Norwich and worked with: *Norwich Primary Academy, Laboratory Media Education, Norfolk County Council Children's Services.*

www.norcaarts.co.uk

Delivery Partners for Consultation Phase

Writers' Centre Norwich, based in Norwich.

www.writerscentrenorwich.org.uk

Seachange Arts based in Great Yarmouth.

www.seachangearts.org.uk

Other Creative Communities Consortium members

Cultureworks East, The Garage Norwich, Sheringham Little Theatre, Norwich Puppet Theatre, The Atrium, CMedia, ERM, Theatre Royal Norwich, Norwich Playhouse, Sing Your Heart Out, The Belfry Arts Centre.



KING'S LYNN
ARTSCENTRE



National Centre for Writing



Lead partner

“*Medicine attends to the body, but the arts cares for the person. It’s clear that the health service now has to put greater resources into prevention. But this is a wholly beneficial imperative. The national and local government spend on arts and culture is around one 50th of the NHS budget. But it’s a small sum that does a lot of good. Not least for health and wellbeing.”*

Sir Peter Bazalgette (2014). ‘Use the arts to boost the nation’s health’. Guardian Sunday 28 December. www.theguardian.com/commentisfree/2014/dec/28/arts-boost-nations-health-nhs-funding-arts-council

“*A healthy society is a loud and colourful one, a society that makes noise, music, beautiful objects, not simply pre-tax profits.”*

Andrew Marr (2016). ‘To Make is to Live’ page 6. Create, Perspectives on the value of art and culture, produced by Arts Council England

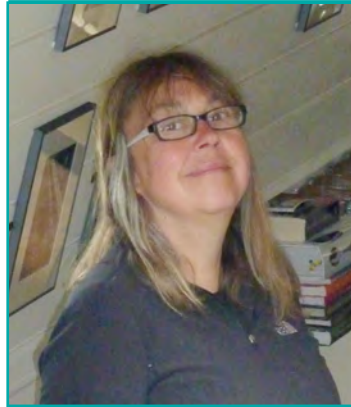
Gillian Oaker, Michelle Savage, Marion Catlin
Dr Chris Price, Anita Staff, Jacky Mosley
Dawn Rees, Dr Chris Francis

Personal perspectives

We invited a selection of professionals (who were not directly involved in the Norfolk Arts & Wellbeing Programme) from the local arts, health and wellbeing sectors to write short guest articles reflecting their personal perspectives and insights on what might help to bring the arts and wellbeing sectors closer together and make it easier to work effectively to improve people's lives.

“ Access to arts and cultural activity is vital to our lives in all kinds of ways – including enhancing our health and wellbeing, helping to increase people’s confidence, ambition and aspirations and as a great means of strengthening our communities”

Mary Muir, Arts Officer, Norfolk County Council



Personal Perspective

Gillian Oaker

Former NHS Chief Clinical
Psychologist specialising
in adult mental health in
Norwich

“Mental health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” World Health Organisation

“ I worked for 30 years as a NHS clinical psychologist in Norwich in adult mental health.

In the early 2000's I was privileged to work with City mental health team alongside the WHO and the National Institute for Mental Health England. This project was entitled the “Whole Life Project”, the aim of which was to promote mental wellbeing by enhancing understanding and communication across all agencies especially those people who used our services. Together with the City Council, Julian Housing, Mind and social care we attempted to collaborate and develop a new ways of working together.

One of the many outcomes was the development of a number of innovative and creative projects, many inspired and led by people who used mental health services. These included the making of films, music, creative writing, painting and design which not only enriched the lives of those involved and gave them a sense of agency or control, but also allowed those workers within institutional services to develop different and more equal relationships with the service users.

Creative Thinking

Overall this project led to some major changes in how we all thought about each other. It helped break down some of the barriers and misunderstandings, and reduced the somewhat prejudicial thinking and actions that had arisen in recent years.

Constraints

Foundation NHS Trust and Local Authority structures and monitoring systems impact on the possibilities of working closely together for the greater good of the local community as each organisation has to focus on nationally set targets. This prevents leaders from being as flexible and dynamic as they would wish in other words ...*Too much process and not enough action.*

Barriers

Rarely do the services have an opportunity to meet together for creative thinking and discussed shared action. There is often a poor understanding of the pressures, values or motivations of people who work in the various sectors. Consequently this often leads to stereotypical views and inertia. Some people who work in the public sector need 'permission' that it's OK to work differently without the threat of criticism or punitive action.

Opportunities

Liberation of constraints enables greater creative thinking, the 'permission' to work differently needs to come from flexible and dynamic leaders who are prepared to shoulder the criticism or punitive actions. By enabling people from all sectors to meet together and develop services that are meaningful and respectful not only do people who use the service gain a greater sense of wellbeing but so do the workers.

Suggestions

Flexible and dynamic leaders within the established institutions need to move outside of the usual process driven machines, in other words, have a go and try out something other than the 'norm'.

Outside these structures do not get distracted by the institutions. If you have an idea how to change things, try it and try and take your colleagues with you - it really can work and make a difference.

Gillian Oaker worked as Clinical Psychologist in Norfolk for 30 years within the NHS working with people who had experienced trauma in their lives. She was a member of the team that set up the doctorate in Clinical Psychology at UEA, worked within the NHS as the Project Director for the implementation of the National Service Framework for Mental Health. As the Lead Clinician for Norwich City she worked to develop the Whole Life project and also visited Albania with the World Health Organisation to support mental health colleagues in that country. She has published several academic articles and contributed to a book on women's health.

For her own health and wellbeing Gill enjoys her friends, social life, gardening, exercise, cruising the canal system in a narrowboat, travelling, music, reading and politics



Personal Perspective

Michelle Savage

Community film-maker
and trainer

“If you want to build a ship, don’t drum up people to collect wood and don’t assign them tasks and work, but rather teach them to long for the endless immensity of the sea” Antoine de Saint-Exupery

“ I’ve just finished an exhilarating nine months coordinating the ABCD Project for the NHS South Norfolk Clinical Commissioning Group, funded by the NHS East of England Strategic Clinical Network. The brief was to use ABCD (Asset-Based Community Development) to work with people with mental health issues to map the support available in the community to help them. We were given license to interpret this in ways that worked best for the people and the communities involved – for example, it might mean we developed a website; it might not. Whatever we created needed to be sustainable eg there was no point creating a website if it went out of date as soon as the project finished.

We learned pretty quickly from our ABCD training that the best way to create something sustainable is to find out what people are passionate about. In the words of Antoine de Saint-Exupery: *“If you want to build a ship, don’t drum up people to collect wood and don’t assign them tasks and work, but rather teach them to long for the endless immensity of the sea.”*

I like this quote because it sums up one of the key tensions in the project. The NHS is focused on outcomes and is brilliant at problem solving (I know this because I live with a nurse!) but creative people tend to be much more interested in the process, the journey and seeing where it leads us. It can be a complete clash of cultures and it requires huge amounts of patience and mutual respect to work together. I think we achieved this on the ABCD Project. Partly because I have a unique combination of people skills from my learning disability years and creative skills from my filmmaking; mostly because we know that ABCD works and has been transforming communities from the inside out all over the world since the 1980s.

What I love about ABCD is the little sayings that say everything. For example ABCD asks: *“What’s strong with you?”* not *“What’s wrong with you?”* i.e. *“What are your skills, talents and gifts?”* not *“What’s your diagnosis or label?”*

This meant that we dumped labels and job descriptions from the start. We built a crew of human beings who had a passionate interest in making their communities healthier, happier places. We didn’t ask people to identify whether they were a ‘professional’ or a ‘service user’; we accepted that every single human being has capacity to experience mental health issues and that our physical and mental health needs are completely entwined. I learnt that this was called ‘parity of esteem’. This leads me to another great source of tension – language.

In ABCD we say: *"Why have a meeting when you can have a party?"* i.e. if you want 'real' people to engage with you in your work, make it fun. Why would anyone go to a meeting if they didn't have to or weren't paid to? We had lots of meetings on the ABCD Project but we disguised them as tea parties and festivals and celebrations. And we also went to the places where we knew people gathered – we talked to people at the Wayland Show, Mulbarton Fireworks, Diss Christmas Lights Switch-On. We went to where people were having fun.

From the beginning I knew the project was going to end in January and I know this can be the most testing time of year for our mental health so I wanted to end with a really brilliant, heartwarming event. We organized a Winter Wellbeing Festival in Attleborough from 10am to 10pm on Saturday 30th January. People said *"why 12 hours? why not just do a day?"* and *"why a Saturday? professionals won't come."* As Sabrina, my co-worker, said *"When you're experiencing mental health issues, you don't just have them Monday to Friday 9-5pm - weekends and evenings can be the toughest times of all."* To professionals, I said *"if it helps you get permission from your boss to go, call it a major stakeholder event"*. They were delighted and wrote that down.

So I think a key thing needed in any project that brings together health and wellbeing is someone who is fluent in both languages – or a really good dictionary! I found a lot of my time was spent translating NHS jargon into every day language and vice-versa, for example 'stories' became 'case studies'. I ended up employing Paul to make documents 'easy read' with simple language and pictures. I also employed artist Eloise O'Hare to be graphic reporter and she drew pictures during the meetings and created wonderful posters to entice people to our events.

And what about the outcomes? What did we achieve? We decided to use £2000 of the budget to give out eight £250 awards to people who were promoting wellbeing in their community. These 'We Can' awards funded things like puppet shows promoting wellbeing; Equality Soup evenings; photographers going on 'Wonder Wanders'. Every idea that came through had people creating things together. It seems we instinctively know that being creative is at the heart of good mental health. We commissioned artist Allison Bradnock to create a beautiful map capturing all the things people told us keep them well where they live. Every time you look at it you see something different. And what about a website? Well, we discovered that Norfolk County Council were developing the Norfolk Directory, a community-led website that aims to capture everything happening across Norfolk. We found the wheel before we wasted money reinventing it.

If there's one word that sums up ABCD, and also what we need to do bridge the gap between arts and wellbeing, it is CONNECTING. It's about finding ways to connect people, and once people are connected, magic things start to happen and keep on happening. We can get through the culture clashes and the communication breakdowns if we are creative and committed to celebrating one another's skills, talents and gifts.

My name is Michelle Savage but most people know me as Shelly Telly. I'm a community filmmaker and trainer. I have a background in learning disability and a degree in film studies from UEA. When I began working as Shelly Telly in 2000 my plan was to combine my skills and make 'videos for the voluntary sector'. I'm also well known for setting up and developing Norwich Pride, the celebration from the LGBT community for everyone; and lately for being the coordinator of the ABCD Project. I'm a natural connector – I love bringing people together and seeing what happens.



Personal Perspective

Marion Catlin

Creative and cultural producer and communications specialist working primarily in Norwich and the East

“As artists we need to think about how we can work with people as our medium and not just involve them in our artform. We need to improve our understanding of the way that the health and wellbeing sectors function and develop our ‘services’ to make it easier for referrals and recommendations to be made - we need to work closer together and become colleagues in adjoining worlds”

“ I have been formally involved in the arts and cultural sector for over 15 years although I have been creatively active all my life. In that time, I have formed a number of thoughts and opinions, especially about the impact and effectiveness of arts/cultural development which I would define as the *instrumental* effect that the arts have on people and communities rather than the development of *intrinsic* artform itself.

So for a developing artist or creative person, wanting to earn a living in a creative practice, there are two paths - one is to develop their medium - their ‘art’, their skill, their craft, their ideas and thought processes and combine them into a ‘thing’ - a performance, a ceramic pot, a painting, a musical score, a dance - and any number of other outputs.

The other, and that is what I am really talking about here, is to develop their skill in working with *people* as their main medium instead. The artform becomes secondary, a vehicle or tool for the changes that can be made to a person’s life, a family’s wellbeing or a community’s cohesion - more concerned with the process of taking part in an activity rather than the artistic product itself. And of course, there is a huge overlap of both options.

In arts and cultural development, we are thinking more about the *outcomes* than the *outputs* but there is a poor understanding in the arts sector about this difference in approach. We need to inspire and equip more practitioners to see this as a really viable and exciting career path which needs a different way of thinking to, for example, making a living as a painter or theatre director, and it requires a real passion for making a difference to people’s lives - not just an income stream because another has dried up or been cut. To really boost artists’ development we need to recognise the value, provide training and insight for people at art student stage and also to talk about the difference in terms of practice so that it is better understood across the board.

How can we expect the medical, health, social care sectors to understand what we have to offer when it is not clearly understood or expressed in our own sector?

What can we do to make this better?

The term 'artist' is loosely used - to some people it means a painter or sculptor and to others, it means someone who thinks and works creatively. Traditionally creatives have been thought of as 'scatty', unreliable, maverick, disorganised, fluffy. This view, if it was ever true is changing. There is a professionalism invading the arts - partially through necessity as artists and arts organisations have had to compete with others for funding and income (most arts organisations are now creative businesses) but also through strategic investment into the arts and cultural sector in the early part of the Millennium when the Labour government realised that there is a significant social and economic impact to be gained by fostering the arts and that the UK was in desperate need to capitalise on its 'culture'.

This investment spawned a whole cadre of professionals and cultural leaders who started to think very deeply and strategically about how they could lever the most effect from the least resources both in economic and social impact terms.

Bodies such as the Arts Council have been tasked with involving people who have low levels of participation - taking artistic work to places where there is little cultural provision and low numbers of 'art-hungry' population. Organisations (such as Future Projects, The Garage and NORCA here in Norwich) have developed specifically to work with hard-to-reach communities, attracting and motivating participants by offering interesting and inspiring activities that 'make life worth living', often with very measurable and significant results. It is evident that people benefit from doing something constructive, by feeling connected and by succeeding in learning something – that is the value of creative activity in our sense of wellbeing. It is commonly recognised that for good quality of life people need financial and economic security (a job), adequate shelter and living conditions (a home) and good physical health but if all of those conditions are met, what then? For a truly fulfilling and happy life, and a sense of wellbeing we need interest, a feeling of belonging, inspiration and signs of achievement to make life worth living, as humans, we need not to be bored and feel that life is pointless – and that is where the value of arts and culture comes in.

As a sector, we have been tasked with measuring and evidencing that value – and we all know that it is difficult to do. It is easy to count how many people turned up at a theatre performance or visited an exhibition or took part in a workshop or activity but much harder to assess how visiting that exhibition or making a clay pot has made someone's life better – mostly because it happens progressively over a period of time and it is often one experience building on another that makes an ultimate difference – building confidence to take part in more and more and the motivation to make sure that they have access to interesting things to do and see with results showing in terms of getting a job, furthering education, volunteering or simply feeling happier and well.

We now have some very compelling case studies, reports and advocacy material which we need to share more effectively with the wellbeing sector. We need to communicate with each other as equals, recognise each other as professionals and to understand each others' worlds, the language, the processes and adapt on both sides much better than we do currently - we have much to offer each other.

Marion graduated from Norwich School of Art & Design (now NUA) in 1990. After a variety of design roles she worked for Norwich City Council as the Cultural Development Officer which included leading two City of Culture bids. For five years she has had a freelance practice of cultural development and communications. She is also the regional coordinator for Arts Development UK, an association for professional development.

For her own wellbeing she cycles and plays korfbal, makes 'things', cooks, reads and attends as many arts and cultural events as she can, especially new theatre at the many excellent arts venues in Norwich.



Personal Perspective

Dr Chris Price

Former chair of Norwich
Clinical Commissioning Group
and General Practitioner

“Prozac has side effects, drink gives you hangovers, therapy’s expensive; for a quick and effective relief for all your emotional ailments try a poem - for however bad it is some poet will have been there too”

From ‘101 poems that could save your life’, edited by Daisy Goodwin

☞ Why doesn’t the NHS, and clinical commissioners in particular, have more interaction with the arts and culture sector?

Using insights from my (recent) former role as chair of the Norwich Clinical Commissioning Group (CCG), I am sharing some of the barriers to commissioning arts ‘services’ from a commissioner’s point of view.

Apart from well-publicised shortages of funding, the NHS funding formula is somewhat of a lottery and there are inevitable consequences to having to spend budgets within a single financial year – this makes longer term and more ‘slow burn’ interventions more difficult to start, manage and maintain.

Money is very tight and tricky to allocate but that isn’t the only barrier to entry into the topsy turvey world of commissioning. CCGs have exacting standards around patient safety and quality (that’s reassuring!) but these can be a showstopper for a small provider trying to get the NHS to buy their service.

If the NHS and the Arts are to have a more fruitful relationship, it is unlikely to be through more commissioning. Instead, it would be better to focus on other aspects of CCG work. CCGs are membership organisations and have local and national networks.

What about NHS Trusts? Some of them incorporate the arts in their work. Increasingly, they are forming alliances or partnerships with third sector organisations in order to win and deliver contracts.

Is it possible to give the next generation of healthcare professionals more exposure to the arts during their training?

Finally, could greater exposure to the arts help medicine to move away from, or at least update its explanatory model which is very much based on the scientific tradition?

Other models are just as relevant, including the naturalistic tradition that underpins sociology and the complexity models that emphasise the importance of the interaction between the parts rather than a reduction to parts.

A change in approach to training GPs and social care professionals could be effective in the longer term and change the prevailing attitudes and habits of people who working directly with people on the front line.

Chris Price was a GP for more than 30 years until his recent retirement. He combined this with a career in NHS management and held posts as a primary care adviser, medical director and CEO of a primary care trust. Most recently he was chair and chief clinical officer of Norwich CCG. Chris also trained in public health medicine - a speciality which, amongst other things, does economic evaluations of healthcare interventions.

Outside of work, Chris has had a lifelong interest in the performing arts. He is a supporter of local theatres and spent many years in amateur dramatics. The pinnacle of his time treading the boards was playing Rene in 'Allo' Allo!



Personal Perspective

Anita Staff

Community artist,
photographer, painter and
works for the Mancroft
Advice Project

“Some may ask, “How does participating in an art project better someone’s health or improve their lives”? But using the arts as a tool, can be a powerful model for prevention and support the physical, mental and social needs of a wide demographic of people”

“ For example, if you are suffering from a mental health illness or have a condition or life situation, which has caused depression, you may find it impossible to communicate how you feel. This could be the first step to change. Working visually allows them to do this.

When I am approached by an organisation – and asked to help facilitate a project – each one is unique. The process incorporates a huge range of elements beyond just producing visual art, film or text.

The projects involve building skills; learning to interpret and discuss images and express opinions about pictures; to edit and caption images and to sometimes work as part of a group. Some people coping with mental distress or an illness find it hard to express what they are dealing with. Playing with visuals allows participants to find new forms of expression. All these elements are equally important.

I mainly use photography and film - using stills, collage using photographs and text, through a series of specially designed workshops, using a range of themes to motivate and trigger thought. The participants are encouraged to experiment with their camera, to take pictures to represent and articulate what they think and feel. This enables them to enter into a dialogue. This visual dialogue is a crucial part of the creative process. Through this, they find a way to express what they want to say.

In other projects, the participants might be the subjects of the photograph and the photo shoot becomes the workshop, using their own personal stories on a one to one basis, we work together to produce images and words for their expression.

Using one project as an example - ‘Mental?’ saw the launch of a unique film commissioned by the Early Intervention Team challenging mental health stigma through the eyes of young people. The participants, who experience psychosis, were aged between 15 and 25 and worked together with me to create thought-provoking images and text that challenge the stigma surrounding mental health.

The visual dialogue is an important part of this process of creativity. Film and photography provided an alternative visual language and playing with images and words together for the making of the film, enabled them to work and share as a team and build support

networks. In between shoots or within the same session, the participants would be encouraged to engage in dialogue about the pictures they have produced and what they represent.

The workshops and studio were the anchor for the group to meet. This enabled us to create a safe space for self-expression, resulting in a belief in their opinions and raised self-esteem. The flexibility of the project plan and the gain of the participants trust are of paramount importance for this to happen. As is, sufficient training in this field to ensure that boundaries are used to protect the participants. I cannot express this enough, training programmes are essential for artists wanting to work in this field.

Photography can offer opportunities to explore how people see themselves, how others see them and how they wish to be seen. As a medium, photography can offer respite from distressing symptoms and a distraction/tool to purge thoughts. Within this photographic project, the participants became photographers and remained in control of their own activities. The project was client-led and the young people made all decisions, including how the film and photographs were edited.

The stigmatisation and discrimination surrounding mental health issues can add to negative self-perceptions – this project has empowered the individuals to communicate with the public and bring about social awareness to help address the stigma. Feedback from the participants and their families and audience was very positive.

You can see the film here: www.mentaleast.org.uk. For this particular project, the outcome is an immensely powerful message around the stigma associated with mental illness. An even bigger achievement is the way the group came together to achieve the end result and the sense of confidence and self-esteem this has invoked.

“This is a fantastic way to demonstrate the reality of living with poor mental health. Fantastic creativity, I need to see it many more times. Thanks for getting it out there”.

One of the participants said *“I was able to take pictures and release feelings in that way... I got to express how I felt in a new and enjoyable way. I didn't have confidence to try things before but with photography you can do it in your own time, and you are in control – it's made me want to get into photography and I am about to start on a photography course”.*

Also, after watching the film, the impact on some of the families involved enabled a different understanding of the challenges their loved ones face. One parent said *“Very moving, a huge impact on my views”.*

Why do I do it?

I am genuinely interested in people, connect with them and feel honoured to work in this industry. I get to meet some incredible people. I see bravery, empowerment, humour and watch people blossom with creativity. Ultimately, I see positive change in people's lives and that is the best reward you could ask for!

Anita designs and facilitates participatory projects that bring about positive change, address stigmas and perceptions and support people to express themselves using visual arts. She is trained and experienced with working vulnerable groups and in 2012, she won the Education and Community Award' at the Norfolk Arts Awards, for “her work with disadvantaged and hard to reach members of the community, using photography and film to help them break down stigmas”.

Anita was also nominated for 'The People's Choice Award', which was a huge achievement, being the only independent, non-funded nominee. She is currently writing about the experiences of designing and facilitating participation projects for her book 'The Brave'.



Personal Perspective

Jacky Mosley

Specialist Community
Public Health Nurse (formerly
known as Health Visitor) at City
Reach Health Services Norwich

“The important thing is that I have been supported to work holistically and offer the support that is needed, across sectors and services, including the arts”

“ I have worked as a health visitor in the NHS since 1980 and have been very fortunate during this time to be able to practice in this role in the way I was trained. I mention this now because when reflecting on the request to offer my insight into what is needed to help ‘bridge the gap’ between arts and wellbeing I recognised that this is a function of health visiting and that my colleagues at City Reach and I spend most of our work time bridging gaps between patients and every other sector including the Arts. I thought it might be useful to describe how and why we do this and to highlight the four principles of health visiting which guide our practice:

- Searching for health needs
- Stimulating an awareness of health needs
- Influencing policies affecting health
- Facilitating health-enhancing activities

City Reach is the NHS primary care service in Norwich for people who have difficulty accessing mainstream care including refugees and the homeless and I became involved with the start up of City Reach in 2002 when I was ‘stimulating an awareness of the health needs’ of the Gypsy Traveller population in Norwich and Norfolk.

My role for the last five years has been to assess the health needs of asylum seekers and refugees who are sent to Norwich by the Home Office as part of the national ‘dispersal policy’. We have been able to develop the service we offer at City Reach from a functional initial physical health screen and support to register at a GP practice, to a service that now enables relationship-building and active support to better increase wellbeing and help with integration.

The majority of our clients have fled their countries because of war, persecution and poverty and may have suffered torture and rape. They are all separated from friends and family and having to exist in an alien culture. It is not surprising that mental health problems are prevalent and indeed added to by the often damaging asylum process.

We have found that the establishment social and mental health services are not able to meet these needs. We now know that by supporting people to access environments where they can socialise and build their own connections, exercise or be creative and distracted from their problems can visibly improve their wellbeing in a concrete way.

We have found a wealth of arts and voluntary organisations, charities and creative caring individuals within Norwich who when made aware of people's plights are keen to offer those much-needed environments.

Bridge building requires the builder to know where to start and have some idea of where it needs to reach. To cross the bridge in foggy conditions, individuals need support from someone they can trust, be confident that the route is possible and what they will find on the other side is good. As bridge builders and supporters we have worked with a number of these organisations including the Sainsbury Centre for Visual Arts, The Garage, New Routes, The Red Cross, St Martins Housing Trust, English Plus, Bridge Plus to both create new projects by supporting funding bids and by introducing people to their services.

We are now able to inform new arrivals in Norwich of a number of venues and activities they can attend and participate in and have a network of volunteers to accompany them and show them the way.

I started with a reflection about how lucky I have been in my work with the NHS to be able to do the job the way I knew it should be done. Bridge building takes time and skill and we have only been able to do this within the NHS under current financial constraints because of flexible and encouraging management and thoughtful evidence building.

After 4 years of uncertain funding the asylum team now benefits from establishment funding but ironically it was secured not on the bridge building work which takes up most of our time and we know has the best outcome for wellbeing but on our collected 'hard' evidence related to TB screening which had a set financial value to it.

It is not so easy to evidence or 'count' the benefits of social and arts interventions but we nevertheless have good stories to tell and examples of positive outcomes - such as these from recent collaborative work with the Sainsbury Centre for Visual Arts:

- 'Intercultural Dialogues' a project funded initially by the Heritage Lottery Fund offering English and cultural exchange as well as creative art opportunities resulted in them employing a former asylum seeker who has settled in Norwich as their organiser.
- A Congolese refugee, while taking part in sessions about the exhibits, was able to identify the origins and function of one of the African masks which he was able to tell the SCVA about - which gave him great pleasure and increased his confidence.
- SCVA has been able to provide an environment that has meaning for different cultures and which they experience as welcoming and relaxing and wish to return to.

Making people feel better does not seem to have an agreed financial value and is of course a challenge to measure. Sometimes the effects are apparently small but are in fact very powerful. The Arts and Health sectors should rise to the challenge and work together to provide the evidence of what we know, in our hearts, to be true.

Jacky graduated with BA in Nursing in Newcastle Upon Tyne in 1979, trained as a Health Visitor and worked in that role in Sheffield, Rotherham and Norwich. She served as a City Councillor in Sheffield between 1984-89 where she chaired the Health Committee. Jacky moved to Norwich in 1989 and worked as a health visitor for many years in the Mile Cross area. She studied for an MA by research at UEA in 1997. During her time working as a health visitor she has undertaken research into the health needs of Gypsy Travellers and was seconded to the UNICEF Gateway Programme for the resettlement of refugees which welcomed mainly Congolese refugees to Norwich. Jacky also served on Norwich PCT (when it existed) as a clinical member.

For her own wellbeing Jacky has played korfbal and netball but has recently taken up ballroom dancing because its better for the knees and is more enjoyable. She also enjoys the theatre and cinema when she can and dining with friends.



Personal Perspective

Dawn Rees

Director of The Rees Consultancy, policy advisor on children's mental health and Chair of Sistema Norwich

“Art washes from the soul, the dust of everyday life” Pablo Picasso

“ What do you do when life gets you down or you are struggling to stay on top of everyday life? I know that what helps me is to read, or listen to music that I find uplifting or soothing, or I cook, or I sing, or I go to the beach and trudge along the sand, working out the solution to my problem. Most of us have the capacity to look after ourselves in ways that need not necessarily involve going to the doctor. And we often instinctively know what will help. The problem is usually getting easy access to the thing that will be most helpful!

Most of my working life has been spent working with families – as a nurse, or as a social worker – or as a senior manager leading change and developing policy in organisations that are supposed to be there to help people. However, I know that my most successful work has been relationship-based – by which I mean developing a relationship with people at difficult times in their lives and using that relationship as a medium to lever some change which will be helpful. It's what happens in the 'helping professions' all the time. People who use services consistently tell us that what makes the most difference to them is being enabled to help themselves so they feel in control of what is happening; the relationship with whoever is helping them is vital to their recovery. As is trust.

I remember working with families in very difficult circumstances not far from here and talking with them about a football club or a pizza making class for children in the community centre down the road, a singing group for women at the school and a 'men's shed' group for dads living apart from their children. These small, local, non-stigmatising opportunities were life-changing for some families and it helped develop very local (same street) community cohesion as friends drew in other friends, and people supported one another. Those simple activities gave families a sense of belonging to the community and caring about it. They built social capital without even knowing what it was! It is a clear example of bonding opportunities in small localities, of the potential for bridging activities from small localities to neighbouring areas and of linking social capital incrementally across a wider area.

Arts and wellbeing projects frequently grow from very localised need and those projects become community assets that begin to make inroads on tackling health inequalities and building sustainable and resilient communities. Economic growth is not the most important measure of success – the fair distribution of health, wellbeing and sustainability are important social goals and the Marmot Review of Health Inequalities in 2010 suggested we look beyond economic growth toward measurements of wellbeing as a positive sign of growth of a society.

The impact of involvement in community arts projects – or simply improving access to the arts and humanities – now has a significant evidence-base which should be of interest to local commissioners as the Department of Health looks for evidence of good health outcomes from investment. Why is this important? Because local commissioners are asked to measure the outcomes of their investment.

The ‘consumers’ of public health services are frequently told that their views matter; indeed the Health and Social Care Act 2012 made it quite clear that the local population should be asked what sort of services they want. One of the biggest difficulties for statutory providers and local commissioners is being able to respond genuinely to what the local population wants and to think in a radically differently way about what services they will actually use. This is an important distinction. We hear a lot about people ‘using services inappropriately’, going to A&E instead of going to the GP, or ignoring significant worries and symptoms and I wonder if this might be, in part, due to more being offered choice but the choices being wrong, or located in the wrong place for the user.

One way of engaging the local population is for commissioners to work much harder to provide a range of early intervention, prevention and health promoting activities that get people more engaged with keeping themselves well. One example is Jigsaw, the LGBT arts project in Waterloo; another is Cartwheel Arts in Wigan (www.cartwheelarts.org.uk), Kent Creative Arts (www.kentcreativearts.co.uk) or the Well Centre in Streatham (www.thewellcentre.org), developed by under 25s and funded by the local CCG. And there are many more examples to be shared including in Norwich and Norfolk.

It is difficult for commissioners to sustain the economic argument for early intervention and prevention services including arts projects, where the social and the wellbeing value might be evident in five, ten or fifteen years’ time and the acute pressures on the local health economy have a habit of making early intervention a hostage to fortune. And therein lies the rub.

A strong evidence-base is essential to inform intelligent commissioning of arts projects and it is wise to build in appropriate simple outcomes measures to project planning and the outcomes should be monitored through contract governance. Commissioners’ activity should be informed by a strong Public Health approach in this context; they should genuinely understand the impact of early intervention and, for example, the social benefit to the individual and the cost-benefit of reducing visits to GPs through creative commissioning that includes arts projects.

Finally, commissioners should listen to what local people are saying, and appreciate the changing nature of the service-user as ‘consumer’ from the cradle to the grave. Most people have an idea about what will help them – they just need to be asked.

We are human. We need the relationships that can provide the bridge between illness and wellness. And we need a full range of opportunities to engage with our communities. Arts provide that bridge.

Dawn Rees is founder and co-director of The Rees Consultancy Ltd. She worked in the public sector for 40 years, in front line health and local authority services, as a senior manager, leading national health and wellbeing programmes and in strategic roles for the Department of Health and Department for Education. She is also Chair of the Sistema in Norwich steering group. She has a particular interest in the psycho-social development of children and young people and how families develop resilience – a fundamental component of wellbeing, in her view.

For her own wellbeing she cooks, walks, grows things, reads, listens to music and looks after the many and various parts of her family.



Personal Perspective

Dr Chris Francis

Former GP and Clinical
Commissioner

“Don’t wait for the big structures and processes to catch up - just do what you can to try some different ways of working, find those who will do it with you and share what works with others”

Dr Chris Francis



There remains little doubt that health, well-being, happiness and contentment for people depends not just on personal physical and mental condition but the social milieu in which one lives – from friends and family, social interaction, meaningful work and work relationships, an adequate level of enjoyable physical and cognitive activity, good food and nutrition, safe and secure shelter/housing, protection from excess heat and cold and clean air, water and access to the natural world but also a fair place and opportunity in whatever society one finds oneself.

There is abundant evidence that wealth inequalities, loneliness, social isolation and marginalisation etc are all as detrimental to both physical and mental health as the more obvious environmental, genetic etc. factors. A healthy work/life balance and good social interaction in both are critical particularly to good mental health but also affect such physical factors as pain perception, fatigue and many others.

Increasingly in the developed world much chronic poor health stems from issues of modern living – such as being overweight (arthritis, diabetes, heart disease etc) inactivity, smoking and alcohol excess, stress, increased inequalities, social and family breakdown and so on.

As a GP for over 30 years it has become increasingly obvious to me that for many chronically unwell or unhappy patients an ability to prescribe holidays, fun physical activities, social company or new meaningful hobbies or interests can do far more to improve health than the usual antibiotics, antidepressants or whatever!

Indeed in many cases GPs have been able to prescribe, as an example, things such as gym membership but increasingly we are having to rely on the charitable and voluntary sector to provide activities such as allotments and gardening, working with animals, learning to play a musical instrument and many other life-enhancing, motivating and confidence-building activities. And it is not always easy to know where to find these services and which are good.

The barriers to addressing the fundamentals of good health are now legion – stark and getting worse, especially nationally. Health planning and politics is increasingly short term and process and target driven, with targets measured in hours, days and weeks rather than years.

Health spending is not keeping pace with demand and within this public health, primary and community care and mental health and learning disability services effectively are facing squeezes whilst acute hospitals and specialist services increase their share of the spend due to targets and the payment mechanisms.

It is becoming crashingly obvious that health spend is not keeping pace with demand and demographic change whilst health is increasingly picking up the cost and workload of the severe real cuts to social care, welfare benefits, social housing, arts, community sport, museums etc.

The ideological experiment of increased competition and privatisation in health care is failing - there is no real market when money is so squeezed. One could argue that overall the division into providers and commissioners has not been a success, most of the NHS reorganisations of the past few 40 years have concentrated on the commissioner (purchaser) side without delivering a model that captures all the issues cited above.

So what can be done? Nationally even in times of 'austerity' the politicians seem to accept that increased integration of health and social care and cooperation rather than competition between providers and between providers and commissioners may be part of the answer. Forcing commissioners to use fines, market testing and legal levers on providers has probably had its day.

Locally we aren't helped by two-tier government structures (perhaps soon to be three tier in East Anglia!) with various determinants of health and well-being, social care, children services, housing, public transport, sport and leisure, cultural services etc. being divided between Norfolk County Council and seven different district councils and five very different CCGs who run health spending in such a way that Health and Wellbeing Boards have little power, a huge number of members and no real budget responsibility. It makes the landscape of medical and healthcare services very complicated and hard to navigate, and it works in huge blocks of administration.

So its little wonder that small arts, green, voluntary, charitable organisations etc often have little idea where to turn. For individual clinicians and other professionals the organisations within which they practice can seem increasingly remote as they all hunker down to spending cuts, rationing and centralised 'control' leaving little time or energy to explore and try out new resources, especially if they do not conform to regular norms.

In the longer term we need a national recognition of all the determinants of ill-health and poor well-being and a planned integrated investment into all of them and not just health services, so joined up national and local government into a National Health and Wellbeing service. I won't hold my breath but at the very least health and social care should be integrated budgets - with public health back to working across health and local government.

We all look with interest at the Manchester model with all organisations, providers and purchasers pooling budgets and having the same goals. There is no good reason why that couldn't happen in Norfolk, it would be good to have something happening locally and not just assume it could only work in metropolitan areas.

On a local level most of the CCGs have made great progress with joint work between themselves at their (not yet co-terminous!) district councils and social care from the County Council has integrated itself a lot more with the Community trust locally - plenty of other examples and often predicated on needs-must because of budget restrictions but all remains very complicated and piece-meal even for those like myself heavily involved for many years - and not helped by government and NHSE instructions for yet more different structures and processes (System Resilience Groups anyone?!) A significant problem remains of NHS provider trusts on large geographical areas not seeing themselves as part of any co-operative local goals.

So a solution could be for all parties to come together across a geography that is meaningful to all with real agreed goals and vision, genuinely pooled budgets and clear accountabilities to deliver.

We already have some good public and patient involvement and some local democratic involvement but in Norfolk it seems to be difficult to be proactive and innovative, not helped by a myriad of different organisations, widely divergent politics around and ongoing changes of leaders.

However I've long felt something could be done differently in Norwich or a 'greater Norwich'. We have done great things around adult mental health, community and social care services etc but they are often deflected by finance issues, central diktat, commissioner reorganisations, leadership changes or the like before becoming fully and properly embedded practices.

I've felt for a while that providers coming together is the answer – GP practices, Community Trust, community mental health and a broad range of other organisations on a Norwich basis is a solution, allowing the big monopoly providers – NSFT and NNUHFT – to concentrate on doing what only they can. A&E and hospital beds are not the place for many of the users nowadays and keeping people well, content and engaged in their own homes and communities is the only long term answer.

Commissioners could of course help facilitate, but they, local government and the larger providers are being starved of management funding, struggling with cuts and central must-dos. Individual clinicians too are increasingly overworked, suffer staff shortages, increased inspection and media and legal overview. It is a less happy world to be in but needs a new generation of people to come together to think '*What if? What could be better?*'.

And we need some kind of directory so that we can find and link together the best of arts and cultural services, individuals and organisations - by and large, we have no idea how to access the expertise that is available to us as medical professionals.

So my advice is to use conferences and informal gatherings, personal contacts etc. and make connections to and between people within local CCGs and councils. Be clear about a local geography – none of us can change Norfolk or East Anglia overnight and perhaps choose one health/social area to work on together be it mental health or children or older people for example but use some of the freedoms that have come with supposed devolvment to 'do different' - I feel as though the tide is changing!

Dr Chris Francis was a GP in Norwich for nearly 30 years of which 22 years as a partner and principal in a city practice. He was also an NHS Clinical commissioner in various senior positions in a range of local commissioning organisations from local health authority to Norwich PCG, thence PCT, Norfolk PCT, to finally Norwich CCG as a Board member until 6 months ago. He primarily specialised in mental health commissioning.

For his own wellbeing he enjoys gardening, travelling, politics, collecting and exploring via narrowboat on the canal system.

So, what have we learnt so far?

Through the five action research projects, we have learnt that working with people in groups and in different ways according to their specific needs and interests we can inspire and motivate people to take an interest in enhancing their lives and to find the wherewithal to think about and act on ways of making improvements to the quality of their lives, no matter at what stage in life they are - young, old, with dementia or physically disabled, in rural isolation or urban deprivation - a large proportion of people were keen to do more.

We also learned that projects and/or their approach to standard monitoring systems need to be adjusted to be fit for purpose - as people engage with them, individual preferences or access needs emerge and it is necessary to be flexible and adjust the provision to fit the purpose - this could be compared with the approach to prescribed medication, just as one drug may cause side-effects or not suit a patient whereas another works well - so we need to acknowledge that a bit of experimentation is fine provided the ultimate purpose or outcome is the end goal.

We learned that language is very important and that 'the arts' is very specific in some people's minds, whereas in others it is a broad spectrum of reference and really means any imaginative, person-centred activity which enables people to be active, creative and involved. Perhaps we should re-think how we refer to arts and artists when working in the health and wellbeing context?

We learned that if you work with people creatively and from a person-centred, co-production starting point they love it and generally want more. If it is executed well and led by people who have professional or experiential skills in unlocking people's confidence and drive they become hungry for progression and their aspiration improves.

We learnt that the path to making a real difference to people's lives comes in stages - one activity building on another - and small steps are fine, gradually building into something bigger - and you can never tell when and how someone will turn a corner.

Through the Personal Perspectives, we learnt that the health and wellbeing sector is huge and very complex, and that the funding models make it hard to run longer term interventions, but that in spite of these kinds of barriers, there is a realisation that models of working have to change. There is a receptiveness to different approaches but the arts sector needs to move closer and make it easier for commissioners, GPs, care providers, psychologists, nurses, occupational therapists etc to access appropriate concepts, programmes and work of a creative or cultural nature.

Artists and arts organisations need to improve their practice to work in the health and wellbeing sector, to research and question the status quo and the outcomes of their endeavours, to learn the language and structures of the health and wellbeing sector and become experts - not simply 'turn their hand' to running a related workshop when they need some income.

We learned that there is a receptiveness on both sides of the 'gap', as though each sector is waving to the other but not quite knowing how to most effectively bridge the gap to the 'other side', but that more and better working in this area will pay dividends for both, and most importantly their users and participants, in the longer-term.

Ultimately we learned that each of us needs to have the courage and commitment to go ahead and make a difference, forge new ways of working and do our bit to change and develop working practice and not decide that is 'just all too much'. Commitment to arts and wellbeing is very worthwhile, as 61% will tell us.

Acknowledgements and thanks

Programme Advisory Board members

David Button, Norfolk's Older People's Strategy Board and Norfolk Council on Ageing
Jon Clemo, Community Action Norfolk
Michael Corley, Norfolk and Norwich Festival Bridge
Vicky Cowap, NorseCare
Sharon Fradley, Children and Adult Services Norfolk County Council
Darren Grice, The Garage Norwich
Steve Holland, Adult Social Services Norfolk County Council
Natalie Jode, Creative Arts East
Chris Knighton, Healthwatch Norfolk
Celia Makin-Bell, The Garage Norwich
Veronica Mitchell, Community Services (Adult Care), Norfolk County Council
Mary Muir, Arts Services Norfolk County Council
Samantha Patel, Breckland District Council
Marcus Patteson, NORCA
Lorna Payne, Norfolk County Council Library and Information Services
Paula Sanchez, Theatre Royal Norwich
Karen Searle, Virtual School for Children in Care
Helen Selleck, Norwich City Council
Nicky Stainton, Creative Arts East
Catherine Underwood, Norfolk PCT
Elly Wilson, Creative Arts East

Evaluation Partners

Dr Anni Raw and Mike White, Centre for Medical Humanities, University of Durham

Article contributors

Gillian Oaker, Michelle Savage, Marion Catlin, Dr Chris Price, Anita Staff, Jacky Mosley
Dawn Rees, Dr Chris Francis, Dr Anni Raw, Liz Falconbridge

The Norfolk Arts and Wellbeing Programme was funded by

Arts Council England, Norfolk County Council, Breckland District Council, NorseCare

Copyright Creative Arts East 2016

The data contained in this publication is the copyright of Creative Arts East and its partners. Permission granted to reproduce for personal and educational use only. Commercial copying, hiring, lending is prohibited.

*Creative Arts East, 19 Griffin Court, Market Street, Wymondham, Norfolk, NR18 0FU, UK.
www.creativeartseast.co.uk*

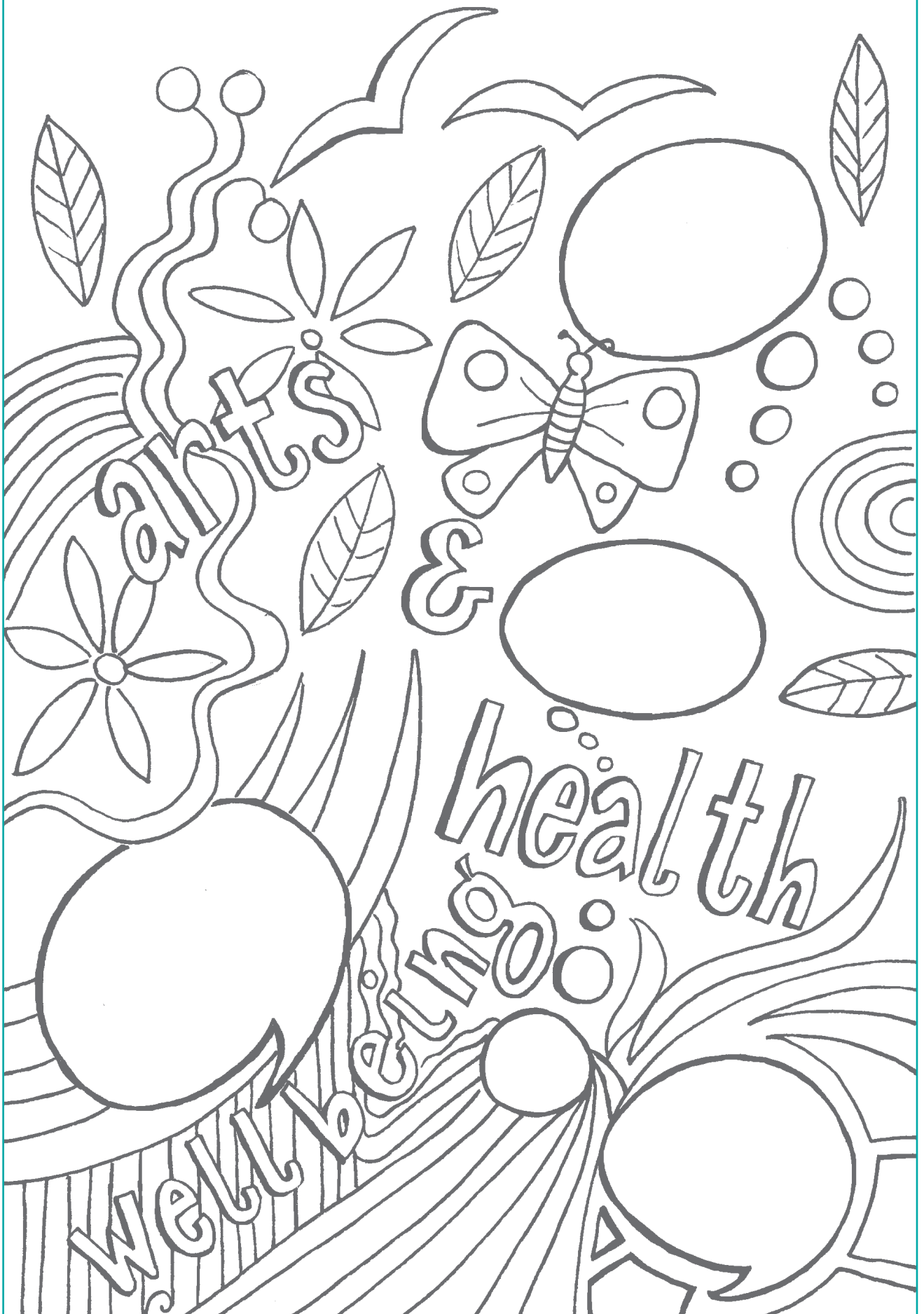
www.61percent.uk

Photographs: Anita Staff www.anitastaff.com (except pages 2 and 14)

Publication: Marion de Mello Catlin www.theshiftnorwich.org.uk

Printed by Micropress, Suffolk

Doodle page - please colour, doodle, make notes and let your creative mind wander - it frees your thinking, aids concentration and relieves stress







61%
and smiling

Sharing the learning
from the Norfolk Arts
& Wellbeing Programme
2013-2016

www.61percent.uk

