



# **Art Lift, Gloucestershire**

## **Evaluation Report: Executive Summary**

University of Gloucestershire

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## Acknowledgements

We are extremely grateful to the Steering Group members who worked with the evaluation team to develop an evaluation approach, including the design and methods, which facilitated an effective evaluation of the Art Lift programme during its second phase.

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## Executive summary

### Introduction:

Art Lift is a primary care based art intervention where health professionals refer patients for a ten week art programme, usually delivered in a primary care setting. Patients are referred for a range of reasons (to reduce stress, anxiety or depression; to improve self esteem or confidence; to increase social networks; alleviate symptom of chronic pain or illness; distract from behaviour related health issues; improve overall wellbeing). The ten week intervention involved art activities delivered by eight artists within GP surgeries, including working with words, ceramics, drawing, mosaic and painting. The evaluation was a mixed methods design; the quantitative aspect investigated the nature of all referrals and the effect of the intervention on personal subjective wellbeing, whilst the qualitative aspect focused on the experiences and opinions of the artists, health professionals and patients involved in Art Lift.

### Research questions and objectives of the evaluation:

The evaluation of Art Lift had the following research questions:

1. What is the impact of the art intervention on the mental well-being of patients?
2. What are the associations between patient characteristics and their progress through the art intervention?
3. What are the experiences, opinions and perceptions of the art intervention for the patients, health professionals and artists involved?

These were reflected in the following objectives:

1. To investigate the impact of the art intervention on mental well-being of patients, using a validated measure (the Warwick Edinburgh Mental Well-Being Scale [WEMWBS], see Tennant et al., 2007) pre and post intervention.
2. To investigate the associations between patient characteristics (i.e., gender, age, referral reason, place of residence, deprivation) and their progress through the art intervention (i.e., attendance, uptake, completion and engagement).
3. To explore the experiences, opinions and perceptions of the art intervention for the patients, health professionals and artists involved in the intervention, for example:
  - Patients' experiences, attitudes and perceived role and outcomes from taking part in the art intervention
  - Referring health professionals' opinions and experiences of the intervention, the referral process, referral reasons and their personal involvement
  - Artists' opinions and experiences of the intervention and their personal involvement.

Data was collected for this evaluation from February 2009 until September 2010. Phase II of the Art Lift project (the phase for this research) ran from January 2009 until July 2012.

Results:

The quantitative phase investigated the demographics of those initially referred (n=202) and their progress through the intervention. The results showed that the majority of those referred were female (75%) and had a mean age of 53 ± 16 years. Of those who were referred, 77.7% attended their first session and 49.5% completed (the schematic below illustrates patient recruitment and progress through the intervention).

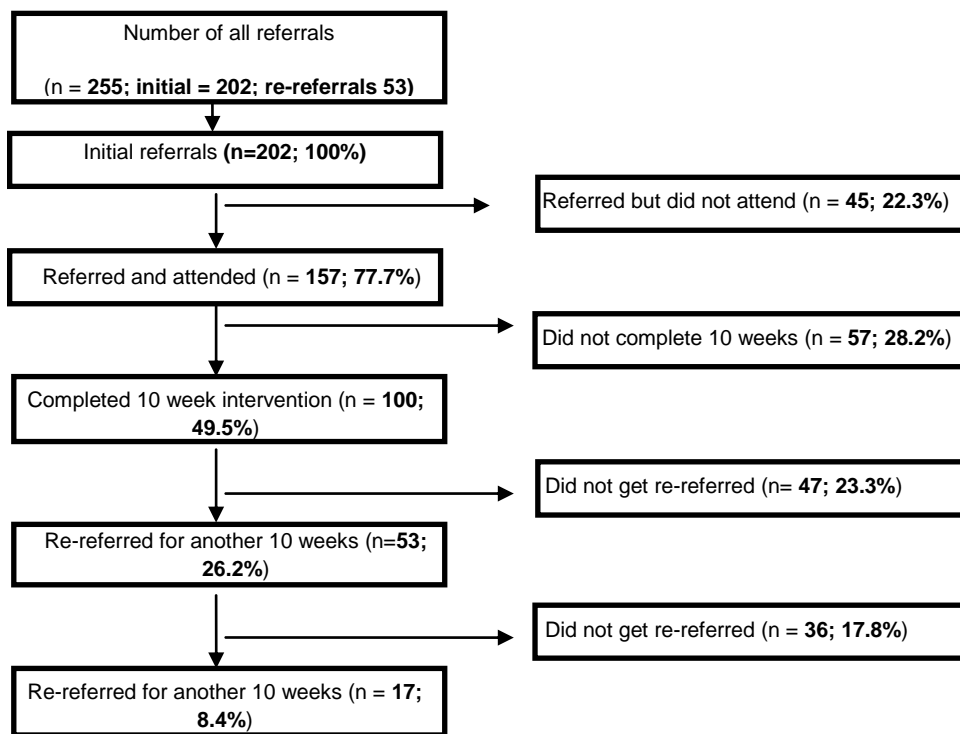


Figure 1: Patient recruitment and progress through the intervention

In Figure 1 it can be seen that 77.7% of those who were referred attended (i.e., attended the initial planned session) and 49.5% of those referred completed (i.e., attended the final planned session). From those who were referred and attended the first session of the intervention, 63.7% of these were completers. In comparison to other primary care based health referral programmes such as exercise referral schemes, Art Lift had better completion and attendance rates.

Those who completed were found to be significantly older than those who were non-completers and non-attendees ( $56 \pm 15$  vs  $49 \pm 17$  vs  $51 \pm 16$  years respectively;  $t = -2.258$ ,  $df = 145$ ,  $p = 0.025$ , two tailed). The effect of the art classes on the participants' personal subjective wellbeing was measured by administering a wellbeing scale (WEMWBS) pre- and post-intervention; a significant improvement in wellbeing was found pre- and post- the ten week intervention (7 item:  $19 \pm 5$  vs  $22 \pm 5$ ; 14 item:  $38 \pm 10$  vs  $44 \pm 9$ ;  $t = -6.961$ ,  $df = 83$ ,  $p < 0.001$ , two tailed). Therefore, for those that completed there was a significant improvement in wellbeing, after the ten week intervention. (NB Statistically significant means that, in this case (i.e.,  $p < 0.001$ ), there is a less than 1 in a 1000 chance that this finding occurred by chance)

The qualitative strand had three parts. The first part comprised of interviewing patients who took part in Art Lift to explore their experiences, attitudes and outcomes of being involved in the programme; three focus groups with patients ( $n=2$ ,  $n=2$  and  $n=3$ ) and three one to one interviews were conducted with patients (total patients,  $n=10$ ). The second part comprised of a focus group with artists ( $n=5$ ) and the third part was telephone interviews with referring health professionals ( $n=3$ ). Each interview/focus group was transcribed verbatim then analysed through a series of coding, grouping and memoing which provided an in-depth examination of content, revealing emergent themes.

Table 1: A summary and brief description of themes from Artists

<b>Main Theme</b>	<b>Description</b>
Background of Users	Participants mainly had mild mental health conditions but some in each group had secondary mental health conditions.
Being an Art Lift Artist	Being a professional artist gave them credibility with health professionals. They perceived their role was to help participants engage with the arts and build trusting relationships with other participants and referrers. Artists enjoyed being part of a group of artists and opportunities for interaction with other Art Lift artists, but felt they could have had more opportunities to share practice with each other.
Perceived Benefits	Artists felt that participants benefited through therapeutic benefits of art, relaxation, social interaction, relaxation, developing skills and confidence, and having a new focus in their lives.
Experiences and Opinions	A wide range of experiences with regard to the project itself, publicity and the type of art. Artists had opinions that they put in more hours than they were paid for but that it was a worthwhile use of their time, and that the project needed to be more widely publicised. In their experience they did not feel that the specific art type mattered when doing an Art Lift session.
Setting and Structure of Art Lift	The artists felt that there were both positives and negatives associated with holding Art Lift in a surgery but that links and informal contact with health professionals were important. Artists felt that sustainability was crucial and that there needed to be clearer routes of progression after the intervention.
Referral Processes	Artists opinions of the referral process and form was that they were efficient, however although the re-referral option was welcomed it was not always practical.

Table 2: A summary and brief description of themes from Referring Health Professionals

<b>Main Theme</b>	<b>Description</b>
Perceived Benefits	Positive benefits to patients were noticed such as improved mood.
Experiences	Included experiences of the art type, the artist and patient feedback.
Setting and Structure of Art Lift	Location of the Art Lift sessions and the duration of the programme.
Referral Process	A straight forward process and importance of re-referral aspect.
Role of Art Lift	To make patients less dependent on health professionals, provide social contact and health benefits and be a more holistic approach to treatment.

Table 3: A summary and brief description of themes from Patients

Main Theme	Description
Background of Participants and Reasons for Attending	<ul style="list-style-type: none"> <li>• Some interest in art</li> <li>• Many experiencing mental health problems for some time.</li> </ul>
Expectations	Initial apprehensions but expectations of social interaction and improved health.
Referral Process	Appreciation of artists contact prior to attending, felt that Art Lift made their GP more holistic and that re-referral option was important.
Health Professional Knowledge of Art Lift	Some felt that health professionals needed to know more about Art Lift and had a lack of interest in finding out about patients progress. Participants liked the security of it taking place in the surgery.
Experiences	Participants experiences of Art Lift and the artists were mostly positive. Participants enjoyed the art types available but felt that visual arts were more sociable for a group setting.
Funding and Sustainability	Concerns regarding continuation and funding of the project in the current economical climate, but hoped it would continue. Participants suggested a contribution system could be incorporated despite that charging might be perceived as a barrier.
Setting and Promotion of Art Lift	Publicity of Art Lift was commended but suggested it could be more extensive, and that the setting was appropriate but at times small.
Outside of Art Lift	Participants were often creative at home and as a consequence of Art Lift some had gained confidence to start public arts courses, whilst others have had volunteering opportunities open up to them through taking part.
Benefits	Art Lift provided improved confidence to be creative and challenge themselves, which in turn gave them more confidence. Participants got enjoyment out of doing the art, socialising with people and working with the artist. Participants have gained an interest in art which has given them a hobby or something new in their lives. Participants also felt therapeutic value.
Social Interaction	Participants developed friendships through taking part in Art Lift and enjoyed being in a group, although some made negative comments with regards to some people in their groups.

The quantitative and qualitative results were integrated and combined to gain a deeper understanding of the success of the project. The qualitative results added more depth to the wellbeing changes and suggested some explanation for these improvements, through perceived benefits such as enjoyment, a new interest, improved confidence, distraction, therapeutic value and social support. The importance of continuation and sustainability for participants was also evident. The combined findings highlighted the different aspects of the success of the project and the potential that these programmes have for health improvement in primary care.

## Conclusion and Recommendations:

The main findings are:

- High attendance and completion rates when compared with other primary care based health referral programmes such as exercise referral schemes.
- For those that completed, a significant improvement in wellbeing after ten weeks of art sessions. The significant improvement in wellbeing from the pre- and post- WEMWBS data was from a sample size of 84; a larger sample size than other published arts for health project evaluations to date.
- Successful recruitment of people from a broad range of socio-economic backgrounds. In particular, quite a high percentage of people referred were from more deprived areas, and those from more deprived areas had good adherence levels.
- Patients revealed self reported benefits with regard to increased confidence, distraction from illnesses and everyday life, enjoyment, a new interest, offering therapeutic value and providing social interaction and support. It was also apparent that continuation was vitally important to some participants and they felt that the opportunity to be re-referred was a necessity as the initially prescribed ten week intervention duration was not long enough.
- Artists revealed that a high level of flexibility and motivation was required when working in health care settings. Enhanced support for artists who were not working in health care settings was also needed due to the nature of the referrals; i.e., many of the referrals had long-term mental health problems.
- Referrers' interviews confirmed that Art Lift is perceived as a valuable resource for health professionals and felt it should be a commissioned service. Art Lift was deemed a useful service for certain patients groups in primary care, and it helped health professionals respond with a holistic approach to health problems.

Findings from this mixed method evaluation support the calls for arts interventions for health and have demonstrated the value that these programmes have for those that take part, and the positive perspectives on their potential for health improvement, both from those who refer into them and those who deliver them. The findings from the present study suggest that arts interventions could have a role in the plethora of interventions for health improvement in primary care and, through their high attendance, completion rates and improvements in wellbeing, support calls for their commissioning.



However, the study also identifies the need for further evidence in this area. For example, the evidence base would benefit from further observational longitudinal studies on the beneficial changes for patients, and specifically for different client groups with differing needs. For those with chronic long term conditions, there is a need to examine the potential of arts interventions for the maintenance of health and wellbeing as a way of supporting these individuals and improving quality of life. There is also a need to investigate the cost effectiveness of arts interventions.

In terms of informing the development of evidence based practice in arts for health interventions, the following recommendations are suggested:

**Recommendation 1:** Ensure the promotion of arts interventions is sufficient to attract potential participants and referring health professionals. Consider the use of surgery waiting areas to promote the intervention and the local media using the art forms produced from the project. The positive findings from the present evaluation could also be used to further enhance profile within health professionals and potential commissioners of health promotion interventions in the future.

**Recommendation 2:** The referral protocol and associated forms ensured a professional and efficient referral process for referrers, artists and patients. The protocols also allowed for an efficient method of data collection for the purposes of the evaluation. The use of similar protocols is therefore recommended in the future to ensure the smooth and efficient process for patient referral. This will also allow for a rigorous evaluation of the patients at the point of entry and their progress through the pathway.

**Recommendation 3:** Consider the current 10 week duration of the intervention as many patients and health professionals felt it could be longer. This could be achieved through either increasing the initial ten week period, maintaining and promoting the re-referral option or developing a built in follow-up programme that enables patients to 'graduate', but still have a weekly session to attend.

**Recommendation 4:** Consider introducing evening and weekend sessions to increase the accessibility of the project to the wider community. This may also mean that if Art Lift were

delivered in a surgery setting there may be more spaces available which are not so accessible in the day.

**Recommendation 5:** The locations of the Art Lift sessions need to be considered with regard to available space, access issues, numbers of people taking part and sustainability. Promoting the usage of facilities in larger local health care settings, may enable space issues to be overcome.

**Recommendation 6:** The provision of support and training for artists appears vital for them as a professional group to develop skills and competencies when dealing with patients with mental health issues, especially when sessions are held outside of the surgery. Future arts for health interventions should ensure this training and support is an integral part of the intervention process, as it was with the Art Lift project. The consideration of 'on site' professional support should be also considered for artists who are not based in a surgery setting.

For a full explanation of the evaluation and its findings please refer to:

Crone, D., O'Connell, E., James, D.V.B., Tyson, P. and Clark-Stone, F. (2011). *Art Lift, Gloucestershire: Evaluation Report*. University of Gloucestershire, U.K.