AN OVERVIEW OF THE CREATIVE PRACTIONERS' ROLE WITHIN THE ARTS FOR HEALTH SECTOR AND THE ONGOING SEARCH FOR QUALITY

by

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BACKGROUND TO THE REPORT

As part of their ongoing commitment to raising the issue of quality within the arts and health sector and to continue the debate, PraXis Arts and Health Network invited creative practitioners to become Quality Champions. Their role was to participate in a series of virtual debates exploring what quality means in an arts and health context. These debates were to be lead by a Quality Facilitator and in March, 2011, Susan Purser Hope was appointed into this role. Susan is a glass artist specialising in working within the arts and health sector.

A number of practitioners from all areas of the health sector volunteered their time to become Quality Champions and the discussions started at a formal meeting which was held at the Custard Factory, Birmingham on 16th May, 2011. (See Appendix 1 for meeting minutes.) Following on from this, a number of informal conversations and small get-togethers took place at various events held by PraXis around the region. These were also backed up by ongoing e-mail communications so that the resulting report could be produced as a voice of those Quality Champions.

My thanks to the original Quality Champions:
Nicky Barron - Drama Therapist, Kate Duncan of City Arts, Rick & Julia Goldsmith of Catcher Media, Emma Marks from the Birmingham Solihull Mental Health Foundation Trust, Cathryn Ravenhall and Robin Wade of Escape Community Arts, Ali Rice Naylor from Rice Design, Deb Saunders – Consultant and Helen Ricketts of Working Arts Group who hosted our formal meeting.

In addition, Geeta Sarcar, Jackie Rankin, Tony Jones, Hayley Pepler, Laura Hickman and Fran Sibthorpe for their interest and advice.

A publication that was of great assistance in the production of this report was 'Five Ways to Wellbeing' – a report published by the New

Economics Foundation. A document issued by NHS Dudley, Creative CIC and PraXis Arts and Health entitled, 'A Guide to Commissioning Arts and Health Projects - Draft for Consultation' dated February, 2011 enabled a balanced view from both sides of the commissioning partnership of Commissioner and Artist.

The report was then further developed from points raised at PraXis events held after the preliminary report was issued. These were, 'Quality Debate' held on 14th December, 2011 at Wolverhampton Art Gallery and 'Towards a Charter for Arts and Health' held at the School of Art, Margaret Street, Birmingham, on 29th January, 2012. In addition, I had some sessions with the artist, Tom Jones, to discuss these events and their outcomes as represented by him in graphic form.

INTRODUCTION TO THE REPORT

Firstly – what is the general understanding of quality? The dictionary description is - *a degree or grade of excellence.* The immediate response to this is how do you decide what quality is and who decides what that grade of excellence is? The aim of this document is to try and set some guidelines for Creative Practitioners working within the health sector so that we may work together more cooperatively to create a standard response that is generally acceptable to both ourselves, the bodies within the health care sector that appoint us and to the individuals with whom we work.

As Creative Practitioners, we continuously question the essence of what we offer and why we are doing the work that we do. For most practitioners it is about sharing the skills and abilities that they possess to empower people when they at their most vulnerable - whether in physical or emotional trauma - in an uplifting and life affirming experience. In the health sector this covers the full gamut from the passing on of health information through to end of life experience.

There is still work to be done to raise the level of understanding of the therapeutic effect of arts within the health sector and to explain the role of the creative practitioner in promoting arts for health. As a consequence, it is difficult for the health professionals commissioning arts programmes, the creative practitioners carrying them out or the participants experiencing the arts programme to have a consensus of agreement over what quality means in an arts for health context. We

need a framework to make what we do understandable e.g. something similar to 5 steps to Wellbeing by the New Economics Foundation.

We propose to look at how we can provide quality through the perspective of the 7 Ps:
– Promotion
– Partnership
– Professional practice
– Preparation
– Process
– Product
– Persistence.

PROMOTION & PRODUCT PLACEMENT

– Why are we doing it? How do we promote ourselves to clients and the world?

As creative practitioners, how do we demonstrate the value of what we provide within the health sector? We can provide proof of and promote a respect for our level of professionalism but often creative practitioners do little research and marketing so we do not know how to promote ourselves to the health sector.

Consequently, to raise our profile an examination of our motives and the reasons why we wish to work in the health sector enables us to tell potential clients and partners what we believe in and why our beliefs are relevant to their work. To achieve quality, creative practitioners need a basic background knowledge of the broader healthcare setting in order to understand how their practice fits into and how their work can have an impact.

Who are we promoting ourselves to?

At present, we are living in 'interesting' times and there is a general feeling that everything is in flux whilst the Coalition government decides on the future of the NHS and what public health outcomes can be afforded. However, it is apparent that the provision of a range of health services will be put out to tender outside the NHS framework in the future. This opportunity is already happening and will develop over time with both third sector and private sector organisations bidding and tendering for the provision of these services.

By April, 2012, public health will have transferred to local councils and PCTs will nolonger exist. This is our window of opportunity with

creative practitioners ready to respond to the new situation as it develops. By keeping abreast of developments within the health sector we can understand what the changes are and how they can aid our involvement. There is already a big push within the health service towards health promotion and prevention, especially within GP practices. GPs already encourage lots of alternative programmes e.g. walking so art programmes may be the next step for them.

Whatever the government's final decisions, we will find ourselves talking to a range of different professional potential partners/ commissioners who often do not understand art and find it challenging as they feel that they are not good at it.

There is also a trend starting amongst Arts Co-ordinators and others who are sympathetic to the value of arts for health and who wish to promote and continue to provide it to patients whilst having their budgets cut. This is to offer volunteering positions to artists to work within their establishments. As artists, should we be asking themselves whether being expected and encouraged to provide their talents so freely devalues what they can offer? What other professionals would be asked to do the same? The long-term impact could be a turning away by artists who are committed to working within the arts for health sector and have great experience but who cannot make a living working for free. The resulting influx of inexperienced artists may lead to a lowering of quality and a reduction in the variety of creative experiences available to patients.

What are we promoting?

We are advocating the arts as a means of health and social engagement highlighting its impact on personal development and personal status. We also need to explain that what we provide is something that is not medical or medication based but enables people to move on. Why is this important? Because we are helping people to be the best they can be and consequently to enable our society to become healthier and lessen the financial burden of ill health.

As creative practitioners, an understanding of why we believe what we do is important and an ability to articulate this belief is vital. (See appendix 3 for Steps to Promote Ourselves.)

Where are the opportunities?

Is the arts sector too small to make an impact? To be most effective, creative practitioners will target their resources where they can make an impact by aiming creative projects at niche sectors which

establishment organisations find hard to reach. Examples of these are people over 75, rural isolation, disengaged young people, ethnic minorities, travellers, refugees, crime reduction partnership. Within these, consideration can also be given as to which are good avenues to follow and when - such as contacting Councils every January when they have underspend they need to use up, especially in the crime sector. With our knowledge and closeness to the ground, we are able to demonstrate to organisations why they are not reaching specific groups and how we can do it for them, professionally, competently plus providing value for money.

This is our opportunity to put forward a definite policy of changing hearts and minds – both of medical professionals and of patients. For example, it is known that walking is better for depression than drugs but doctors still dispense drugs. Is this because it's an easier solution for the doctor or the patient? The changes in the NHS could lead to a cultural change in the way that people make choices e.g. so patients prefer walking to tablets. Patients need to take responsibility for their own actions. However, we must be sensitive towards the personal choices of our customer/ patient but we can promote an arts based alternative. Being more proactive in our approach to GPs means offering a product and funding combination whereby we take project proposals to them, along with ideas of how they can be funded.

Patients will have their personal budgets for social care which they can spend as they wish and will include for social and arts based activities. However, potentially neither patients nor health staff have enough knowledge on what they can spend the money on. This is a great opportunity for practitioners to take before large companies jump onto the band wagon. Alternatively, these same large companies may also be a way into this market.

It is valuable to look at the websites of other creative practitioners and unrelated suppliers working in the field and see how they are promoting themselves and the language that they use. Consider the political outlook of pharmaceutical companies and their desire to promote themselves to the medical profession, their shareholders and the general public as caring companies committed to the betterment of society. An example of collaboration between artists and scientists can be seen in the Wellcombe Trust's funding policy. By researching into pharmaceutical companies and approaching them directly it is possible that they will be interested in fundinging projects relevant to the medical sector in which they specialise.

PARTNERSHIP

– How do we work with commissioners & other partners? How do we work with each other?

Because there is a lot of misunderstanding by health professionals of what we do, building a legacy and trust with them is the way forward. We have to resolve any conflict of understanding between the creative practitioner and the health sector over the indefinable nature of our work. In addition, many creative practitioners are isolated and are not aware of the commonality between us. Through collaboration we are able to advocate more to change the medical perception of what we do and this type of proactively will secure our own future. As creative practitioners we must defend the work that is produced, as often it is shown poorly, and collaborate in the display process as much as possible.

There are also opportunities for us to collaborate such as looking at new business opportunities such as social enterprises which may be a model for the future. Commercial collaboration is any form has the advantage of giving creative practitioners a bigger voice and the opportunity to offer more choice to potential commissioners. It also provides cross-disciplinary learning amongst creative practitioners.

It is possible to find out what is happening on the ground by researching into local voluntary service and third sector organisations and local councils' health and wellbeing group and then going along to meetings or getting involved wherever possible. Also, we are able to foster networks and connections and use them in a positive manner such as attending network events set up by PraXis, West Midlands Participatory Arts Forum etc. Within the health sector, there are already established contacts so it is worth checking with organisations such as PraXis if they have contracts with GP consortiums and, if so, invite them to meetings so that we can talk together.

Many of us who have existing contacts with Arts Coordinators, know of their willingness to talk about the future and to provide advice. Commissioners in different areas also have different targets to hit and checking what these are on-line before contacting them is likely to produce more relevant information.

As the NHS increasingly outsources the provision of services, artists should look for potential partners within the private sector. These may not be the most obvious partners but there is an advantage in being

proactive and thinking both creatively and commercially.

PROFESSIONAL PRACTICE

As creative practitioners, we always need to place participants at the heart of our art and to give equal value to their requirements as to those commissioning it. Nevertheless, the Health Service is increasingly financially driven with cost per head being the major consideration. Consequently, commissioners are obliged to spend where they can see the greatest impact. In addition, there will soon be a range of partners involved in the acute and preventative health sectors.

This is where our ability to show the value of what we provide to all the partners involved is crucial. By demonstrating a range of different types of knowledge of why the arts are important we are able to convince others of their value. This is then backed up by our skill to supply a professional service that provides what we say it will and to an agreed budget whilst still enabling us to make a living.

Professionalism ensures that our practise has an embedded understanding of wider health issues and policies. Our work demonstrates integrity with each project encouraging all involved to reflect and critique on the quality process. In this way, we are able to explore the effectiveness of our work and to see if it does what we said it would.

This also encourages participants to feel engaged and part of a project, even if in a passive role, and leads to a building of trust. Through this, we can make certain that there is space for learning, ensuring there is room for both negative and positive reactions from the participants to their involvement. A dialogue then ensues amongst those involved which leads to an equality between and empowerment of the creative practitioner and participants with the latter demonstrating a desire to promote their positive experience to others.

An awareness of both health and creative outcomes can result from this process. The creative practitioner is also able to leave a legacy through skill building and a transfer of their knowledge to health staff. For all of us a long term goal is to build in sustainability at the core of our projects and through professionalism the philosophy and the practice can be embedded so that it exists beyond the life of an individual project.

Education:
As creative practitioners, it is only sensible to keep abreast of new approaches and ways of thinking within the arts for health sector. As new ways of teaching the arts within the health sector develop, we are able to explore how these could impact on the quality of our provision.

At one time the Arts Council was considering whether there was a need for qualifications in arts and health engagement in order to raise the general standard of creative practitioners' skills and professional development. Nothing came forth from this so any self improvement is now down to us. There are courses run by Staffordshire University as part of their Artist Professional Development programme, UCE's MA in Health and Wellbeing plus development workshops and conferences run by PraXis.

PREPARATION
– What do we need to do to before a project?

As creative practitioners we should feel confident in our own ability to be both responsive and reactive to any project when considering the creative process. How do we reconcile our personal requirements with the participants' needs? As creative practitioners, we can challenge our own expectations of what we are able to achieve to enrich the experience of all those involved in an arts for health situation.

Pre planning is vital for any project and it is helpful to consider the following questions:

- Who is the commissioning client and who is the creative practitioner's immediate contact on site? A basic understanding of the structure of the health sector or specific organisation within which the creative practitioner is running their project is a great advantage for a project to operate successfully.
- What are the objectives of the healthcare trust or organisation the creative practitioner is working for and how is the Client using the brief to fulfil these?
- Who are the artist's actual clients i.e. the participants? How does the artist find out more about the participants and increase their knowledge of the participants' area of health concern?
- What questions does the artist need to ask at;
- Interview e.g. names of contacts, liaison (clear roles and responsibilities), where the completed work will be located,

budget & plans for ongoing maintenance.

- On appointment e.g. what end results are expected?
- How does the artist work out a realistic budget and what should it cover?
- How does the artist plan a finished tangible outcome which is of quality into the process and who will judge what quality is for the specific project alongside the creative practitioner?
- How does the artist analyse the brief, extract from it what is relevant information and ensure they match those requirements? The artist needs to evaluate if they have the relevant skills to fulfil the brief. In addition, how does the artist build controlled variation into the brief?
- How does the artist handle problems and what could they be?
- How does the artist build on their existing skills?
- What additional value can the artist offer to the project? What lasting legacy can they provide e.g. quality product installed, staff taught techniques etc.
- How does the artist manage expectations of the end result? This involves the artist in evaluating the differing concepts that there may be of a quality end product when seen from the different viewpoints of the commissioner, funder and the participant. As part of this, how does the artist ensure that the finished artwork is worthy of the creative input of the participants?

PROCESS

– What do we need to do during a project?

Measuring quality involves thinking about several elements during the progress of the project. At the beginning, we are able to consider how our proposal can have impact in order to make the creative experience rich so different participants and stakeholders can engage at many levels.

An absolute tenet of any project is that the individual comes first from the beginning of any process. So how do we get to know participants and chart their progress? To do this, we can ask the same questions at the beginning and end of a project, without at anytime being patronising, in order to see how outlooks have changed. Accordingly, each project needs to be seen in the context of its surroundings – to be inclusive, engaging and sustainable with space for authenticity with each piece of work produced being of equal value to another piece.

Much of our work is about promoting self belief. By showing how the

value of this can be assessed, a quality project can provide a model for future projects. The involvement of stakeholders in the evaluation and documentation of projects ensures the validity and usefulness of the conclusions reached. Evaluation shows the results and how the project has achieved the goals laid down at the start. It is essential to agree upon realistic goals with all those involved in the project, especially the stakeholders. Accordingly, the core of our evaluations is assessing what everyone expects and what they actually receive.

By being mindful of ethics, we ensure equality and empowerment both for participants and the creative practitioner, acknowledging that everyone is different with different expectations. As part of the process, allowing for the unexpected to happen and valuing any unintended outcomes adds to the depth of our own experience. Part of our role is to allow risk taking within a secure environment. Most people are risk adverse as risks can result in mistakes and failure. This is a difficult fear to rise above but conquering it gives self belief.

Process encompasses both a collective and an individual experience. There should be a depth of emotion, of internal reach with bottom-up consultation so that the creative practitioner does not impose their own ideas but draws out the participants' thoughts. The object is to make participants feel valued through a responsive, supportive, demanding, careful progression. But how do we measure aspiration?

It is possible to promote the sustainability of projects by building into our lesson plans the passing on of teaching skills to staff so that they can continue where we leave off. We can encourage participants to continue the activities of their groups and provide them with the teaching tools to do this.

PRODUCT

– What do we need for a quality product?

The process is the journey travelled but the product is the defined, visible end result. This ought to be art not purely as a decorative object but as part of a thinking academic process. This results in an end product that is a well made, well put together object, valued for the story behind it as well as the finished object. It is something that is of value not only to the participants but to those who have commissioned the work and to those who were not involved but who view the work.

This product can be a one off such as a community story telling session, repeated like a play performance, transitory such as a site specific installation or a permanent artwork fixed to the wall. The very variety of the possible products that can be produced makes it difficult to define what a quality product looks like.

However, for a product to be of quality, it ought to fulfil certain requirements. Is it apparent that people have been involved in its production, that there is a sense that they have left a legacy, that it is sustainable with meaning, that it is an experience for them which reflects their experiences? Do participants feel a sense of ownership and pride in their finished product? The ideal conclusion is that commissioners and participants both view the product as proof of a positive involvement.

There is also a final group who profit from a quality product. These are the onlookers, the community within which the product is either performed or exhibited. They may be visitors to a health centre where a piece of artwork created by patients with cancer is displayed or the family of someone with mental health issues involved in a performance. This group may not have been involved in the process but, as the community, they can be profoundly affected by the product. It can create elation, a feeling of hope, be thought provoking or simply restful. Whatever the reaction, a quality product appeals to those who have commissioned it, participated in the process and responded to the final product.

PERSISTENCE

– How do we make sure it's made a difference?

One concern has always been the short-termism of projects offered by health commissioners although there does seem to be some movement towards the granting of three year contracts. However, we are concerned about how to build sustainability into our projects during planning. This may be achieved through teaching skills to staff or participants, it may be by encouraging a continuing arts programme involving other creative practitioners with different art forms or it may be through encouraging others to make grant applications to continue the work.

Ongoing evaluation throughout the project provides a bedrock of evidence, covering not only the participants' experience but also that of staff and the creative practitioner. In this way, everyone learns

from the process, there is documented information to support the completed project and to support other applications for funding and it raises the profile of arts in health generally.

Ongoing evaluation enables consideration not only of what is successful but why some interventions are less successful and why people drop out. This is a way in which to improve the quality of what we provide. It would also be instructive for all concerned to establish a system to track projects once they are finished in order to evaluate their long-term effect. This would benefit the ways in which creative practitioners are employed to have most impact and the effective dispersal of dwindling funding.

Next steps:

It would be ideal to develop and disseminate a quality framework for creative practitioners in arts and health. This could be a step by step toolkit on the progression of a project. For this to be successful, it would be necessary to ensure that local health associations and GP consortiums sign up to it so that everyone is singing from the same hymn sheet.

This tool kit would provide;

- Basic information for creative practitioners on the health sector plus professional training for creative practitioners on health sector, bidding, grant applications etc. There would be a range of documents that could be used for project such as lesson plan sheets and these could be co-ordinated into similar documents already in existence such as Dudley NHS's guidelines.

Creative practitioners should also support and assist advocacy organisations such as the amalgamation of PraXis and Creative Remedies into the West Midlands Arts Health & Wellbeing Network to promote arts in health to health professionals. This can be done by providing information on case studies and assisting in collating a wide range of work onto their website. We can support and encourage this new organisation in its creation of one place for health organisations and practitioners to go to for source information on the sector and a database of creative practitioners working in it.

This is relevant for the West Midlands but it should be linked to similar organisations around the country so that there is a national database and a national voice for arts and health in this country in order to raise its profile, ensuring that society is aware of its potential and importance.

This document is part of an ongoing debate in the search for quality within the arts for health sector. Since this report was started, two important events have taken place; 'Quality Debate' held on 14th December, 2011 at Wolverhampton Art Gallery and 'Towards a Charter for Arts and Health' held at the School of Art, Margaret Street, Birmingham, on 29th January, 2012.

As part of these events, Tom Jones was invited to develop visual interpretations of the discussions held at these events and to record these. These visuals put into succinct images what would take many pages of words to convey and are now available to view on www.westmidlandsartshealthandwellbeing.org.ukl, along with details on the events.

PraXis is one of ten regional organisations that are working together to establish a new National Alliance for arts and health. This report will form a part of PraXis' annual report adding to the discussions on the development of a Charter to set out the mutual values for those working in arts, health and wellbeing and embody the founding principles for a National Alliance.

APPENDIX

- PraXis Quality Champions - Meeting Minutes 16th May, 2011
- Some steps to promote ourselves

1. PRAXIS QUALITY CHAMPIONS - Meeting Minutes 16th May, 2011

Attendees:

Nicky Barron	Drama Therapist	nickybarron@googlemail.com
Kate Duncan	City Arts	kate@city-arts.org.uk
Rick Goldsmith	Catcher Media	rick@catchermedia.co.uk
Emma Marks	Birmingham Solihull Mental Health Foundation Trust	emmammm@hotmail.com emma.marks@bsmhft.nhs.uk
Cathryn Ravenhall	Escape Community Arts	kandyjane@hotmail.co.uk
Ali Rice	Rice Design	ricedesigns@hotmil.com
Helen Ricketts	Working Arts Group	elenihellas@yahoo.co.uk
Deb Saunders	Consultant	dek.saunders@virgin.net
Robin Wade	Escape Community Arts	robinwade@clayworks.co.uk

Facilitator:

Susan Purser Hope	Purser Hope Glass	susan@purserhope.co.uk

Over view of creative practitioner's role & what is required to upgrade it:

- There is often a high degree of ignorance of the therapeutic effect of arts within the health sector.
- We need to demonstrate the value of what artists provide within the health sector. To do this, we should provide proof and promote a respect for our level of professionalism.
- As artists, we need to collaborate and know why we believe what we do is important. We also need to be able to articulate this belief.
- In order to obtain funding, artists should know how to research into and evaluate what are applicable funding streams. They then

need to be able to speak the correct language when applying for funding.

- This understanding of the use of language applicable to different scenarios is vital to persuade others to invest in the arts. We need to speak both languages - health and arts.
- We must advocate arts as a means of health and social engagement, its impact on personal development and personal status.
- We also need to explain that what we provide is something that is not medical or medication based but enables people to move on. We are helping people to be the best they can be.
- As artists in the present and future economic climate, we need to look at the ways in which we offer our services.
- Ali, Deb, Kate and Sue are all setting up social enterprises. This may be a model for the future. Collaboration is any form has the advantage of giving artists a bigger voice and the opportunity to offer more choice to potential clients. It also provides cross disciplinary learning amongst artists.
- We should foster networks and connections and use them in a positive manner.
- At one time the Arts Council was considering the need for qualifications in arts and health engagement. It was felt that there was a need to improve artists' skills and professional development. Is this still a possibility or should we be discussing such a development with PraXis?
- One concern has always been the short-termism of projects offered by health commissioners. However, there is a definite move towards the granting of 3 year contracts.
- Artist needs to be responsive and reactive. They should consider the creative process and how they reconcile their personal requirements with the participants needs. As artists, we need to challenge our own expectations of what we can achieve.
- Evaluation should consider not only what is successful but why some interventions are less successful and why people drop out. This is a way in which to improve the quality of what we provide.
- Now there are new ways to teach arts within the health sector. Exploration of these could impact on the quality of our provision.
- Organisations need to ask why not reaching specific groups.
- The Health Service is financially driven with cost per head being

the major consideration. Consequently, commissioners are obliged to spend where they can see the greatest impact. This is why we need to ensure that we can prove the value of what we provide. We need a range of different types of knowledge of why the arts are important to be able to convince others of their value.

- We also need to place participants at the heart of our art and to give equal value to their requirements as to those commissioning it.

The position of the Health Sector now & Artists' response to it:

- There is a general feeling that everything is on hold whilst the Coalition government decide on the future of the NHS. This also applies to what public health outcomes will be.
- The future does appear to offer opportunities for other organisations to bid and tender. These could be from the 3rd sector as well as the private sector. This also offers opportunities for artists.
- There will be a window of opportunity and artists need to be getting ready to respond to the new situation as it develops but they need to know what it is they are getting ready for.
- Arts organisations have the advantage of being flexible and adaptable and have specialist knowledge of working in communities.
- Artists need to demonstrate to GP clusters the quality of what we offer. However, translating our message into an understandable format for GPs may be challenging. Nevertheless, GPs already encourage lots of alternative programmes e.g. walking so art programmes may be the next step for them.
- However, GPs will tend to talk to those who they know and they have little knowledge about the 3rd sector or the arts sector.
- This will mean that introducing ourselves and getting our voice heard will be a big challenge. But we need to vocalise our contribution and put our argument over in such a way that we convince and change opinions. We will need to prove that we provide value for money for the number of people that we can engage.
- There needs to be a definite policy for us of changing hearts and minds – both of medical professionals and of patients. For example, it is known that walking is better for depression than

drugs but doctors still give out drugs. Is this because it's an easier solution for the doctor or the patient? There needs to be a cultural change in the way that people make choices e.g. so patients prefer walking to tablets. Patients need to take responsibility for their own actions. However, we must be sensitive towards the personal choices of our customer/ patient.

- Commissioners are already using examples of arts intervention as part of a growing body of evidence for the value of the use and preventative arts programmes. These can be used alongside medical outcomes.
- Local authorities have protected budgets for health promotion whilst the Arts Council are now only match funding projects funded by NHS.
- Many artists are isolated and are not aware of the commonality between us. We need to collaborate and advocate more to change the medical perception of what we do.
- There needs to be more clarity of what we can achieve in a project and we can use successful projects as cumulative evidence.
- We can be much more proactive in our approach to GPs for example we could offer a product and funding combination whereby we take project proposals to the GPs along with ideas of how they can be funded.
- We will be talking to a professional audience who don't understand art, find it challenging and feel that they not good at it. We can demonstrate the impact of the process and the advantage of achieving an end product.
- We need to talk about creative intercession, benefits, outcomes and hitting targets. We need to demonstrate how those commissioning us will hit targets, comply with their strategic plan, provide value for money - bang for buck and engage with those sections of community they need to hit.
- Artists do little research and marketing so they don't know how to sell to health sector. It would be useful to examine how those already selling into the health sector promote themselves. For example pharmaceuticals sell, not by describing what is in a tablet but the beneficial effects of what it does.
- As applications rise up through the health sector hierarchy, projects are often reduced down to a small statement. Consequently, we need to be able to make a clear, concise written

impact in a condensed way.

- We need to use the contacts we have:

  PraXis – does it have contracts with GP consortiums? If so, invite them so that we can talk.

  Local voluntary service: 3rd sector organisation. Every council has health and wellbeing group – get onto it

  Ask arts coordinators that we know how we get to talk to GPs.

- By next April, 2012, public health will have transferred to local councils. By April, 2012, PCTs will no longer exist.
- Is the arts sector too small to make an impact? Arts need to be more targeted, so creative projects are aimed at niche sectors which are often hard to reach by establishment organisations. Hard to reach sectors such as people over 75, rural isolation, disengaged young people, ethnic minorities, travellers, refugees, crime reduction partnership
- Every January councils trying to get rid of any under spend especially in the crime sector and these might be good avenues to consider approaching.
- With direct payments for patients becoming personal budgets which will include for social activities, the onus will be on artists to promote themselves. Artists will need to research into Arts Council bids and how they are written so that artists can develop projects and bid to generate income to fund long-term proposals.
- We need a framework to make what we do understandable e.g. something similar to 5 steps to Wellbeing. www.neweconomics.org/projects/five-ways-well-being.

What we as Artists consider is Quality:

- We do we do? Much of our work is about promoting self belief. We need to show how the value of this can be assessed. A quality project can provide a model for future projects.
- The individual comes first from the beginning of process. So we need to get to know participants and chart their progress. To do this, we must ask the same questions at the beginning and end of a project. However, we must be careful not to patronise.
- We must be mindful of ethics and ensure equality and empowerment both for participants and the artist.
- We need to acknowledge that everyone is different with different

expectations. Accordingly, we need to evaluate what everyone expects and what they actually receive.

- As part of the process we must allow for the unexpected to happen and to value unintended outcomes.
- Part of our role is to allow risk taking within a secure environment. Most people are risk adverse as risks can result in mistakes and failure. This is a difficult fear to get over but conquering it gives self belief.
- There also needs to be a system to track projects once they are finished in order to evaluate their longterm effect.
- To achieve quality, artist need background knowledge of their practice within the broader healthcare setting in order to understand the impact of what they do.
- As artists we must defend the work that is produced as often it is shown poorly. We must ask what this says about people's attitude to what has been achieved by the participants.
- Because there is a lot of misunderstanding by health professionals of what we do, we need to build legacy and trust with them. We have to resolve any conflict of understanding between the artist and the health sector over indefinable nature of our work.
- We can promote the sustainability of projects by teaching skills to staff so that they can continue where we leave off. We can also encourage participants to continue the activities of their groups.
- To measure quality we need to consider several elements:
- Context – Inclusive, engaging, sustainable, space for authenticity. One piece of work is of equal value to another piece.
- Impact - make the creative experience rich so different participants and stakeholders can engage at many levels.
- Process – both a collective and an individual experience. Depth of emotional, internal reach. Bottom up consultation of not imposing own ideas but drawing out from participants. Making them feel valued through a responsive, supportive, demanding, careful progression. How to measure aspiration.
- Product - Art, not as a decorative object but as part of a thinking academic process. An end result that is a well made, well put together object that is valued as is therefore the participant.
- Professionalism – an embedded understanding of wider health issues and policies. Integrity, reflective practise.

- Project needs to be self reflective with the possibility to criticize
- Effectiveness – does it do what it says it would?
- Engaging – people feel part of it, even if in a passive role. Building of trust.
- Dialogue –all those involved are able to promote the work to others.
- Sustainability – built in so philosophy and practice exists beyond the life of the project.
- Space for learning – during project ensure that there is room for both negative and positive reactions.
- Ethics – equality between and empowerment of artist & participants.
- Outcomes - awareness of both health outcomes & creative outcomes.
- Legacy – skill building for health staff.

Next steps:

- Decide how to develop and disseminate a quality framework for artists in arts and health. Ensure that local health associations and GP consortiums sign up to it.
- Provide basic information for artists on health sector plus professional training for artists on health sector, bidding, grant applications etc.
- Check if there are any similar documents already in existence that can be used.
- Develop advocacy for artists in this field and for work going on in West Midlands as PraXis is doing.
- Promote arts in health to health professionals. This can be done by developing case studies, collating a wide range of work.
- Research more into PraXis' strategy for promoting to health professionals in West Midlands.
- Create one place for health organisations and practitioners to go to for source information on the sector and artists working in it.
- Continue conferences between all players within health sectors for information exchange and networking.
- Monthly meetings in the short-term for Quality Champions.

2. SOME STEPS TO PROMOTE OURSELVES

- Be knowledgeable about the health sector. Read papers, listen to the news, look up local NHS and PCT websites, check websites such as PraXis, talk to health sector contacts.
- Look at the ways in which we offer our services as creatives practising in the present and future economic climate. Individual creative practitioners and arts organisations have the advantage of being flexible and adaptable and have specialist knowledge of working in communities.
- Learn from those already selling into the health sector. How do they promote themselves? For example pharmaceuticals sell, not by describing what is in a tablet but the beneficial effects of what it does. We could follow suit.
- Introducing ourselves and getting our voice heard will be a big challenge. But we need to vocalise our contribution and put our argument over in such a way that we convince and change opinions. We will need to prove that we provide value for money for the number of people that we can engage.
- Creative practitioner need to demonstrate to GP clusters the quality of what we offer. However, translating our message into an understandable format for GPs may be challenging as GPs will tend to talk to those who they know and they have little knowledge about the 3rd sector or the arts sector.
- Try not to compete with or be compared with what we are not – we are not medical but what we offer can be therapeutic. This should appeal to GPs and local authorities who are looking at health from a long term preventative aspect.
- Demonstrate the impact of the process and the advantage of achieving an end product.
- Be more pro-active in proposing projects and obtaining funding. To do this, we need to research into and evaluate what are applicable funding streams. Creative practitioners need to research into both Arts Council and other charitable trusts bids and how they are written so that they can develop projects and bid to generate income to fund long-term proposals. Many trusts have examples of the types of projects that they fund on their websites.
- Learn to speak the correct language when applying for funding and talking to potential commissioners. Understanding the use of language applicable to different scenarios is vital to persuade

others to invest in the arts. We need to speak both languages - health and arts. Consequently, we should talk about creative intercession, benefits, outcomes and hitting targets.

- We need to demonstrate how those commissioning us will hit targets, comply with their strategic plan, provide value for money - bang for bucks and how we can engage with those sections of the community they need to hit.
- There needs to be more clarity of what we can achieve in a project and we can use successful projects as cumulative evidence. Indeed, as applications rise up through the health sector hierarchy, project information is often reduced down to a small statement. Consequently, we need to be able to make a clear, concise written impact in a condensed way.
- Commissioners are already using examples of arts intervention as part of a growing body of evidence for the value of the use of preventative arts programmes. These can be used alongside medical outcomes. Creative practitioners could help by providing evidence themselves and promoting their work wherever they can. This promotes both the cause of arts in health and also raises the individual practitioner's profile.
- It is also useful for practitioners to read up on these examples of arts intervention to learn what is being done, how it is described and how we as artists can use this information to present out own work more successfully.
- With the merging of PraXis with Creative Remedies, there will be a larger, unified body representing arts for health. Artists can place case studies on their new website and use this to promote ourselves to potential commissioners – in both the public and private sectors. Being represented on such an influential website gives an artist associated kudos.
- Learn to be savvy about whom to approach and with what. For example local authorities have protected budgets for health promotion whilst the Arts Council are now only match funding any projects, including those funded by the NHS up to a maximum of 50%.