

Contents

- Foreword
- Project Outline
- A&H Project Planning & Funding
- A&H Project Delivery and Practitioner Support
- A&H Project Marketing & Recruitment
- A&H Evaluation
- Appendices

This report was written by Tamsin Griffiths & Paul Whittaker (Four in Four) and would like to thank Melanie Wotton, Hannah Morland-Jones, Simone Joslyn, Tracey Brown, Nick Andrews, Helena Robertson Reid, Sharon Tear, Heidi Wilson, Cai Thomas and Sam Hindle for their knowledge and support.

2022

All images provided by Four in Four

Foreword

These guidelines have been planned & delivered in adherence with the principles of co-production and knowledge democracy.

“In Wales, the concept of co-production has featured prominently in key plans for different public services. For example, in health, one of the **principles of prudent** healthcare is to “achieve health and well-being with the public, patients and professionals as equal partners through coproduction” and under the **Well-being of Future Generations (Wales) Act 2015** involving people is embedded as part of the sustainable development principle.

In this context, Welsh Government describes co-production as “the concept of genuinely involving people and communities in the design and delivery of public services, appreciating their strengths and tailoring approaches accordingly... (it) is fundamentally about doing things ‘with’ rather than ‘to’ people.”

SOCIAL SERVICES AND WELL-BEING (WALES) ACT 2014, Planning, Commissioning and Co-production – Care Council of Wales

The six principles of co-production:

- Recognising people as assets.
- Building on people's capabilities.
- Developing two-way, reciprocal relationships.
- Encouraging peer support.
- Blurring boundaries between delivering and receiving services.
- Facilitating rather than delivering.

The concept of knowledge democracy acknowledges the importance of multiple knowledge systems, such as:

- Research knowledge
- Lived experience
- Practitioner knowledge
- Organisational knowledge

Notes about project partners:

- About **Four in Four**, FIF

FOUR Tamsin Griffiths & Paul Whittaker (FIF) are cross disciplinary artists that create participatory arts projects that blur the boundaries of art-forms and challenge perceptions about physical and mental health. With lifelong 'Lived Experience' of Mental Illness, they provide invaluable insight into the Mental Health Challenges people face in a Healthcare setting. Working in collaboration, they merge their expertise in visual arts, theatre, sound, creative writing, film, dance and physical performance to suit form and content.

- About **Arts for Health and Wellbeing Team, Cardiff & Vale Health Charity (C&VHC)**, CAVUHB

ARTS FOR HEALTH AND WELLBEING The Arts for Health and Wellbeing Team within the Cardiff & Vale Health Charity work to improve patient experience and staff wellbeing through the arts, working with a large network of artists, arts organisations and partners. The team supports an extensive arts programme, which seeks to provide opportunities for people to enjoy the many benefits that self-expression can bring and a platform to have their voices heard.

The Arts Team work to find innovative solutions which have the potential to reframe services, and to take forward an ambitious arts-in-health agenda.

The Arts team also work to build evidence of how we can improve our services for the future, working with clinicians, medical staff, nurses and the wider expertise within CAVUHB departments to embed the creative arts in support of inpatients, staff members, hospital visitors and those within our communities.

- About the **Recovery & Wellbeing College**, RWC



The Cardiff and Vale Recovery & Wellbeing College provides free educational courses on a range of mental health, physical health and wellbeing topics. Our courses take place online or in-person at venues across Cardiff and Vale.

We welcome anyone to enrol as a student, you may be:

- Someone with lived experience of mental health and/or physical health challenges.

- Supporting or caring for someone with mental health or physical health challenges.
- A member of Cardiff and Vale University Health Board staff or work in the public or charitable sector.

Peer support is at the core of our courses, all co-produced and co-delivered by health care professionals and peer trainers with lived experience of mental health and physical health challenges. Course leads use their experience to support others.

We believe clinical and lived experience expertise have equal value and our courses are a space where we can learn from one another and everyone's contributions are valued. We aim to bridge the gap between mental health and physical health and are developing a number of innovative partnerships to enhance the health and wellbeing of people across Cardiff and Vale.

- About **Barings**



We are an independent foundation which protects and advances human rights and promotes inclusion. We believe in the role of a strong, independent civil society nationally and internationally. We use our resources to enable civil society to work with people experiencing discrimination and disadvantage and to act strategically to tackle the root causes of injustice and inequality.

Values

Collaboration: we seek to build positive, purposeful partnerships with grant recipients, grantmakers and others in order to work together for socially just change.

Creativity and flexibility: we use our funds to strengthen civil society, responding creatively, flexibly and pragmatically.

Learning: we add value to our work by encouraging the development and communication of knowledge and evidence.

Openness and respect: we aim to be as accessible as possible within clear programme guidelines, treating grant-seekers and grant recipients with courtesy and respect.

Sustainability: we help to create enduring change both in the lives of those served by the work we are funding and by building the capacity of organisations to become more sustainable and resilient. The UN Sustainable Development Goals (SDGs) provide a framework for our work.

Voice: we believe in the importance of ‘speaking truth to power’ and use the independence and influence we have to amplify the views of civil society and the people it serves.

- About **Arts Council of Wales, ACW**



The Arts Council of Wales is the country’s official public body for funding and developing the arts. Every day, people across Wales are enjoying and taking part in the arts. We help to support and grow this activity. We do this by using the public funds that are made available to us by the Welsh Government and by distributing the money we receive as a good cause from the National Lottery. By managing and investing these funds in creative activity, the Arts Council contributes to people’s quality of life and to the cultural, social and economic wellbeing of Wales.



Project Outline

The arts play a critical role in supporting the health and wellbeing of people in Wales, and can deliver innovative approaches within Wales' future health and care system.

The **Arts and Minds** programme was devised to support better mental health in Wales and is supported by the Barings Foundation, the Arts Council; of Wales and the National Lottery.

This programme allows the NHS Health Boards in Wales to work with artists and arts organisation to explore ways of improving the lives of people with mental health conditions.

As a part of Cardiff & Vale University Health Board's (CAVUHB) programme, Arts & Health company, Four In Four, (FIF) were engaged to look at how the sector can best support the mental health of Arts & Health practitioners and participants.

Based on their wealth of experience of creating and delivering Arts & Health projects in Wales, the UK and internationally, FIF have researched and devised a comprehensive set of recommendations for CAVUHB that could be used as a guide by Wales' policy and decision-makers to protect the mental health of all practitioners. These recommendations will also build and support the arts offer at the Recovery & Wellbeing College to contribute to a sustainable public-facing Arts & Mental Health programme in Wales.

Working with the Arts for Health and Wellbeing Team

C&VHC's ongoing partnership with FIF began in 2016 and includes ground-breaking exhibitions, interventions, associated discussion events and staff training sessions, – key aspects of FIF's unique empathic, sensitive and effective approach has led to 5 other projects with CAVUHB.

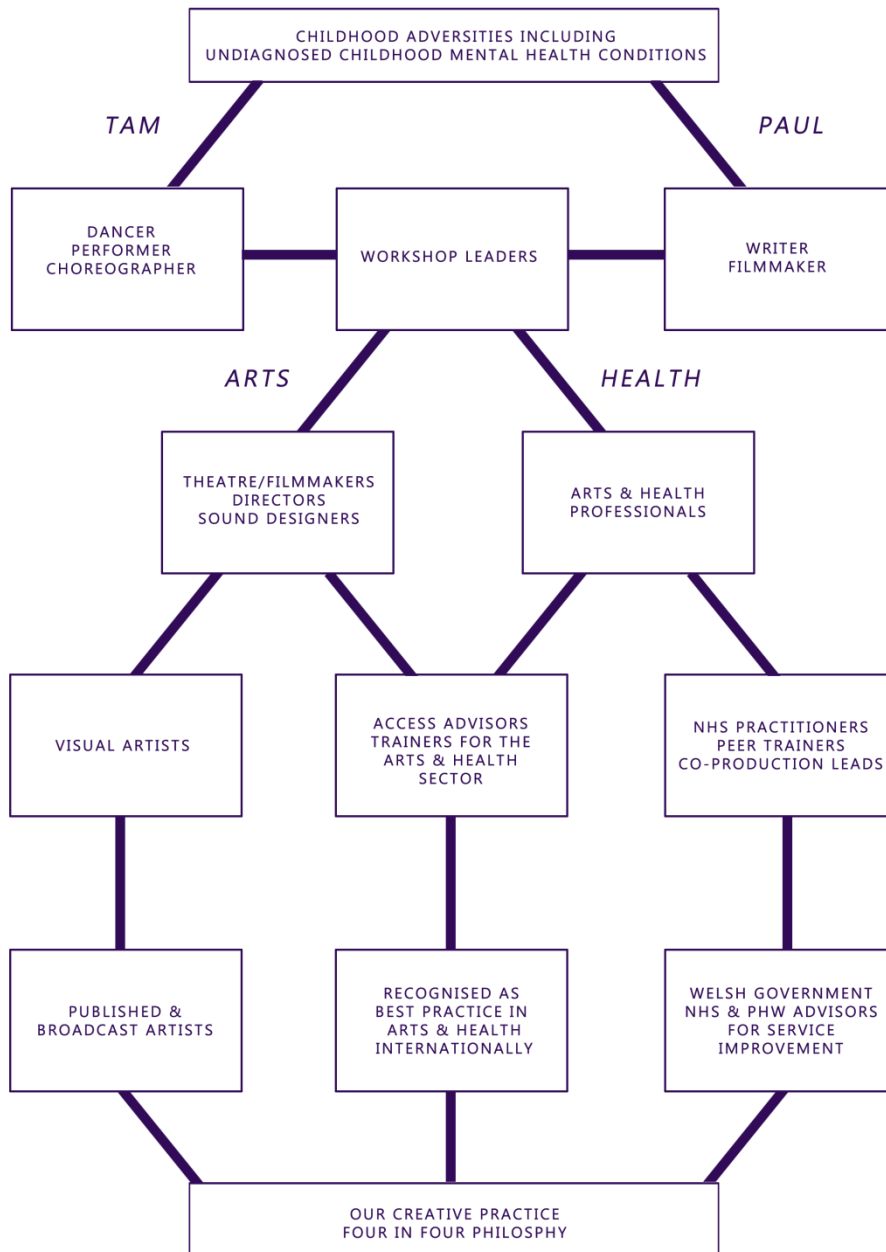
CAVUHB has previously highlighted opportunities for arts interventions based on FIF's unique interpretations, including a person-behind-the-diagnosis approach, we rely on FIF's knowledge of HB procedures and core values.

Who are Four in Four?

In addition to working with CAVUHB, FIF have worked on a range of bespoke Arts & Health projects with a range of partners including: *Sherman Theatre, Rubicon Dance, Literature Wales, Ffilm Cymru, the National Theatre, Unlimited, Disability Arts Cymru, the Mental Health Foundation, The National Centre for Mental Health, Public Health Wales, Welsh Government, Mind Cymru, Oasis (Refugees and Asylum Seekers) and Letterworks (Lagos, Nigeria).*

Their critically acclaimed stage play, *Gods & Kings*, and their Visual Arts exhibition, *Is it Science or Art?*, led to them working alongside health professionals and policymakers in the Mental Health sector, including: *Dr Tracey Cooper (Chief Executive Public Health Wales)*, *Dr John Boulton (Director for NHS Quality Improvement and Patient Safety/ Director Improvement Cymru)*, *Andrea Gray (Mental Health Development Lead for Wales)*, as well as the *All Wales Cystic Fibrosis MDT*, looking at service improvement.

Their trauma informed practice within the *Recovery & Wellbeing College* as Senior Peer Trainers & Arts & Health Leads has been recognised as Best Practice both nationally and internationally.



Methodology

Based upon their years of experience of working on Arts & Mental Health projects in health and community settings - Tamsin & Paul met with a number current and emerging Arts & Health professionals who are currently, or have an interest, in working in the sector. The main finding of these conversations with established A&H practitioners was that none of us had received any direct training in this sector and were primarily 'self-taught'. It was for this reason that Tamsin & Paul have created this guidance for the development & support of a skilled and sustainable workforce in the Arts & Health Sector.

Outputs

Four in Four, in collaboration with Arts for Health and Wellbeing Team and the Recovery & Wellbeing College staff, completed an initial scoping phase of the project during which they:

- Identified areas of their (Four in Four) Arts & Health working practice and expertise which would benefit Arts practitioners currently working in, or are interested in, working in Arts & Health.
- Established an approach to discussing Arts & Mental Health & the RWC with other arts practitioners / organisations that are unfamiliar with the sector, or use different terminology. These initial conversations shaped the content of all subsequent workshops and conversations.
- Met with several Arts organisations - *Literature Wales, Sherman Cymru, The Green Ribbon Festival, Mental Health Foundation, Disability Arts Cymru, Ffilm Cymru, The Wales Wide Training programme and Rubicon Dance* to assess their current understanding and their potential training & support needs:
 - Identified gaps for support in the sector
 - Identified the fears / barriers and lack of knowledge around MH support for practitioners and their participants
- Met with 8 established Arts & Health professionals to assess their training & support needs
- Piloted three workshops covering the principles of Arts & Mental Health work
- Piloted an Arts & Mental Health overview workshop to 9 emerging Arts Professionals.
- Piloted a bespoke Arts & Mental Health workshop for Youth Theatre Practitioners and Youth Theatre Participants
- Delivered an Arts & Health taster session for a Cardiff and Vale Action for Mental Health training event
- Panel participants for the Mental Health Foundation (Scotland) - 'How do we use the arts to explore mental health while safeguarding the mental health of artists and audiences?'

Outcomes

- Consultation with arts practitioners and arts organisations has highlighted the training & support that Arts & Health professionals require to support their Mental Wellbeing and that of their participants
- Consultation with healthcare professionals and the Recovery & Wellbeing College has highlighted the skills and training required to co-produce arts interventions across the sector
- Piloted three workshops, the findings of which will be used as the basis for the creation of the Year 1 training programme

- Brought together arts professionals as part of a wider working group who are exploring how artists can be supported to work in the wider mental health sector, and how creative arts support for mental health in Wales could evolve over the coming years.
- Collated the findings and established the themes of a potential training programme in the areas of:
 - Arts & Mental Health CPD
 - co-production
 - funding, safeguarding, governance
 - Arts based NHS induction training
 - peer mentoring
 - how to intentionally use lived experience of MH challenges to support others,
 - project / session planning
 - co-reflection
 - marketing & recruitment
 - how to manage your own Mental Health

“When questioning what Arts & Health truly is, we find ourselves wrapped up in unspoken thoughts, experiences, stories and emotive responses to the stories we hear, the connection to others and then at the tail end of all of that, the struggle to authentically capture what it really, truly means to others. Sometimes the nuance of a conversation or a person’s response to an experience cannot be captured in words alone or in a short statement that defines what Arts & Health means. It’s deeper than that.



Whilst definitions can be incredibly useful to us all in understanding what we are talking about, they are rigid and less open to interpretation than

other forms of communication. They can also act as a barrier to enabling us to understand the effect the intricacies and unique complexities of emotional experiences can have on somebody's development and recovery. Words can act as a barrier for communication as they are filters, and can therefore impact on the understanding of others around us in what we are trying to say.

Creativity and art can depict the complexities of the inner, help us find a voice and explore a common language between practitioner and participant. - Within the health sector this can be between patients and health care professionals, or an Arts & Health practitioner and the participants (both patient and health professional).

Arts & Health is a practice that is still relatively unknown and the joy of this way of working is that it is constantly changing, evolving and bringing to light new ways of working, new stories and experiences and highlighting how important these projects really are to all those involved. Time and time again we are witnessing the value that they bring to health care services and service design, artists & arts organisations, the participants and health care professionals. We also recognise the value of Arts & Health in settings that would consider themselves primarily arts practices. Every arts practitioner is exposed to the incidental mental health challenges that arise in a community dance class or a rehearsal room during a professional production.

Depending on the setting we find ourselves adapting the Arts & Health approach we use, but our core practice is the thread that combines all Arts based projects. That thread is the recognition that we ALL have Mental Health, we ALL face emotional and Mental Health challenges and that our health and wellbeing drives everything that we do. Health is a priority to our survival and the arts can be an incredible tool for understanding ourselves, others and finding a common language to communicate and connect meaningfully with our environment and the people around us."

(Tamsin & Paul - Four in Four, 2022)

A&H Project Planning & Funding

Four in Four & CAVUHB recognise that diversity and inclusion helps to support creativity and innovation: they are essential ingredients in a successful arts project. We are committed to encouraging diversity and inclusion and to ensuring there is no discrimination in our projects. We want our projects to be truly representative of all sections of society. We want every employee and freelancer involved in our projects to feel respected and able to give their best.

We do not discriminate on the grounds of age, disability, gender, gender reassignment, marital status (including civil partnerships), race, ethnic origin, colour, nationality, national

origin, religion or belief and sexual orientation. We oppose all forms of unlawful and unfair discrimination.

All freelancers and employees, whether part-time, full-time or temporary, should be treated fairly and with respect. Selection for employment, whether as a member of staff or on a freelance basis, will be on the basis of aptitude and ability. Access to opportunities for promotion, training or any other benefit will also be on the basis of aptitude and ability. All employees will be encouraged to develop their full potential and the talents and resources of the workforce will be fully utilised to maximise the creativity and success of the project.

In order to best support the Mental Health of practitioners, Arts and Health programmes should be viewed as a professional addition to mainstream health care that can have therapeutic health and wellbeing outcomes. Currently many Arts & Health practitioners, organisations and Health Professionals are struggling to effectively bridge the gap between the arts and the health sectors which can lead to uncertainty and present a variety of Mental Health challenges such as anxiety, exhaustion and vicarious trauma.

In our experience, cross-sectoral planning and shared responsibility are crucial to providing affective and safe Arts and Health offers based upon a model of co-production with people with lived experience and the collaborative development of practitioner support for health, social care and community settings.

Intentional Arts & Health projects hold additional responsibilities for practitioners in terms of professional practice, safe guarding and upholding the values of the Health Board. These should be considered in project planning and funding if we are to increase the capacity of arts and cultural practitioners and organisations in the sector.

Arts & Health practitioners need to be fairly compensated for time & services and receive additional support and resources to value their professionalism. In addition, flexible and evolving evaluation models are needed to clarify health and wellbeing Best Practice and outcomes.

Planning

Arts & Health and Co-production within CAVUHB

This is an approach to public services based on equal and reciprocal relationships between professionals, people using services, their families and their communities.

A true co-production will engage in:

- co-commissioning

- co-design
- co-delivery
- co-evaluation of outcomes

Co-production is all about involving people in designing and operating services at all levels, and empowering people to produce innovative solutions. This means:

- Recognising people as assets;
- Building on people's existing capabilities;
- Promoting mutuality and reciprocity;
- Developing peer support networks;
- Breaking down barriers between professionals and recipients;
- Facilitating rather than delivering.

Working within Partnerships

FIF views every stakeholder in a project as a partner - including funders, commissioners, staff, participants and their support networks. From our experience, projects are most successful when all the partners have common aims agreed in advance which is why we work with the stakeholders to:

- define the project aims
- identify the barriers
- create the solutions
- consider the Access needs of all those involved
- decide the best method of delivery
- continually evaluate the outputs & outcomes and adjust accordingly

In addition we always look to see what extra value can be added to the project as this affects funding, sustainability and legacy

Knowing your partners needs

Every project we deliver for the CAVUHB is bespoke. Our Arts & Health projects can be delivered, in health & care settings, the community, or educational settings in person or online, and so we have to be flexible and responsive to adapt to each unique environment.

We know that One negative experience can put a participant or an organisation / partner / funder off from engaging in Arts & Health activity ever again.



Over the past 6 years we have developed a strong partnership with CAVUHB which has provided the basis for successful delivery and outcomes.

We achieved this by:

- Building a good relationship with the CAVUHB Arts in Health Project Manager, Mel Wotton
- Meeting the 'Team' before planning any project
- Building trust with the health care professionals
- Developing a common language between the Art & Health sectors through a process of open and honest conversation.

*This shared language is also a cultural one. The NHS is a **risk** adverse organisation whereas **risk** is at the core of our Artistic practice. It is not enough to share a language; we must also understand the cultural differences relevant to the learner's experience. For example, in British storytelling the fox is the animal commonly used to embody cunning whereas in Nigeria it is the tortoise. If we do not recognise these cultural differences we cannot establish effective communication.*

Throughout the planning process all partners are encouraged to discuss their needs, concerns, ideas, thoughts and plans.

- We ask what the team want and why? What's the value to them? What are their desired outcomes?
- We gain an understanding of their world / environment - what does a typical day for them look like?

- We set appropriate and achievable tasks with a time frame to keep the project moving and stop ambiguity and feelings of being in limbo
- We keep all partners posted with how the development of the project is going

Supporting your partners

A true partnership means that we are all invested in supporting every stakeholder to ensure that their needs and goals are met. This support is crucial to:

- test out our ideas
- protect everyone’s emotional wellbeing
- engage in constant evaluation of the project – what is working well / what isn’t?
- ensure adequate safeguarding– if a practitioner has any concerns about a participant who should they report it to?

Within our working partnership we are available to support each other professionally, emotionally and engage in constant reflection. If a practitioner does not work with a partner they can ask for support from the funder, the commissioner of the project or they can create a mutual support network with other practitioners.

Recommendations for successful A&H partnerships

Consider the following:

- Think about who the immediate partners and extended partners are to a project.

For example:

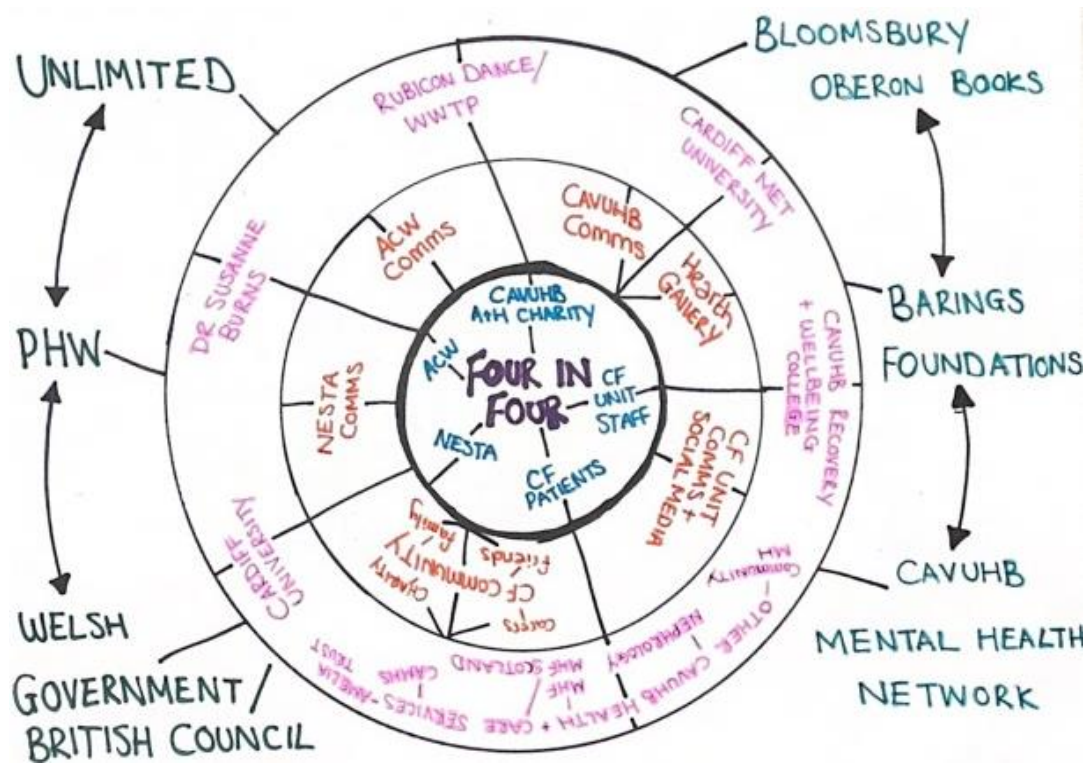
Immediate – CAVUHB, Four in Four, Recovery & Wellbeing College

Extended – Barings, ACW, Welsh Government

- Think about the bigger picture - who could the potential partners be to increase its impact and legacy?

For example:

Third Sector organisations, Arts & Cultural organisations, Universities, Media



Example of potential partnership planning for Four in Four's *Voices* project

Access

Access is a term that includes physical, emotional, cultural, lifestyle, financial, language & literacy and technology. An open to all project based on the Health Board's core values should not create barriers for travel, restricted access to venues or language/digital inequalities. Successful project planning should respect all the stakeholders' needs, including the practitioner's.

We always agree on workshop locations/times that do not prevent participants from attending sessions as this is impractical and may appear punitive. To further overcome any barriers, we offer one-to-one sessions and the possibility of tailored groups to address the cultural and emotional needs of the participants that may arise during the project.

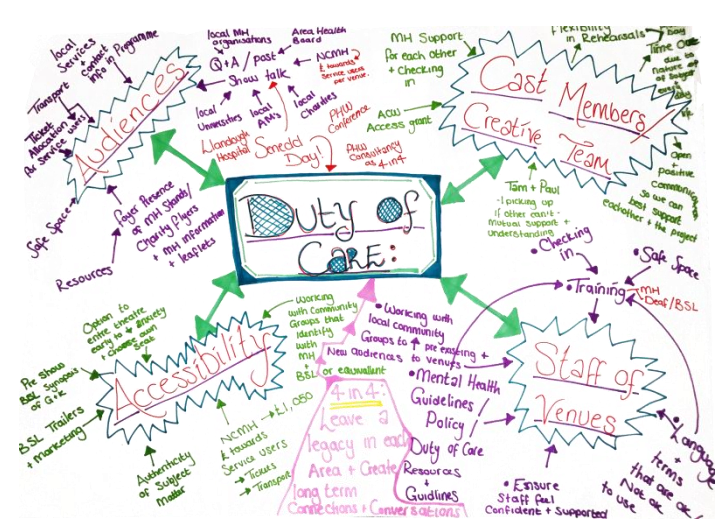
When planning a project you should:

- respect all the attendee's Access needs including mental, physical, financial and language / literacy
- respect people's differences including the nine protected characteristics

- acknowledge and respect people’s different personal, political & religious beliefs even if they clash with our own; especially if they are not directly related to the activity
- arrange locations and times that do not prevent people attending due to existing commitments e.g. drug regimens, child care, work, study, ward rounds
- always consider the practitioners Access needs

Safe Guarding

Safe Guarding is important. It protects the practitioners and the participants. Practitioners should always follow the safeguarding guidelines of the organisation they are working with. If the practitioner has been engaged as a freelancer then they must seek out advice from stakeholders and if they have any concerns about a participant they should know the protocol for reporting those concerns.



Recommendations for successful A&H project planning

Consider the following:

- What partners are involved and how can you engage with them and include them in the project. Who can help you take the first step?
- What are the desired outcomes?
- How would you adapt your project to their world / environment?
- Set appropriate and achievable tasks
- Consider Access, safe guarding, reducing barriers
- How will you keep all partners posted with how the development of the project is going?

- What are the different steps you need to take before starting your activity? What considerations need to be made at each stage
- Who needs to know about the project? e.g. nurses on the ward, security, head teacher, dinner ladies, caretaker...
- Access needs for your participants and yourself?
- Duty of Care / safeguarding - How can you ensure a safe environment for you and your participants? - physically and emotionally

Funding

A vital part of any successful A&H project is foundation building and this takes time. FIF are proud of the ambition of our projects, and view them as longer-term initiatives so that everyone benefits from the learning and the innovations embedded in the project. Certainly, making and building relationships within CAVUHB requires trust & time, and in addition, the Covid-19 and relentless winter pressures from Autumn 2021 onwards showed how challenging sessions involving NHS Cymru staff members can be hard to schedule when they are time poor.

Funding is not just about budgeting. Incompatible funding scheme deadlines and outcome criteria can ultimately limit a projects success if not properly addressed in the planning stage.

During a previous project it took an average of six weeks to arrange meetings with the Health Professionals involved in the project. This was understandable as culturally the staff tends to focus on the wellbeing of their patients over non-clinical activities, but it did have a dramatic impact on the project timelines. Our solution was to identify key members of the team to be involved in decision making, delivered sessions during their pre-scheduled staff CPD and met out of hours.

Being honest about the reality of timescales and desired outcomes during the planning phase can help to minimise their impact on a project but sometimes it is worth considering that not all A&H projects and funding schemes are compatible.

Recommendations for successful A&H project funding

- More flexibility in funding timelines to recognise the timelines of Health Professionals
- When applying for funding for Arts & Health projects we recommend that the budget should include funding for:

- Two workshop leaders
- Time for additional training in the values of the service
- Time for workshop planning
- Time for workshop delivery
- Time for co-reflection
- Time for evaluation
- Practitioner’s Access costs

To read an Arts & Health Project Planning Case Study please view the appendices

“As an Intern Fundraiser I found their breakdown of what to budget in a funding application so helpful – pre and post meeting etc and not just budgeting for the actual delivery of work. Apply for what you need – don’t be cautious! I also picked up on when writing a funding application everyone in the project should be involved with the content.”

-A&H project planning workshop participant

Arts & Health Project Delivery - supporting the Mental Health & Wellbeing of the Artist and delivering a successful project.

Four in Four’s take on the true essence of Arts & Health:

“When questioning what Arts & Health truly is, we find ourselves wrapped up in unspoken thoughts, experiences, stories and emotive responses to the stories we hear, the connection to others and then at the tail end of all of that, the struggle to authentically capture what it

really, truly means to others. Sometimes the nuance of a conversation or a person's response to an experience cannot be captured in words alone or in a short statement that defines what Arts & Health means. It's deeper than that.

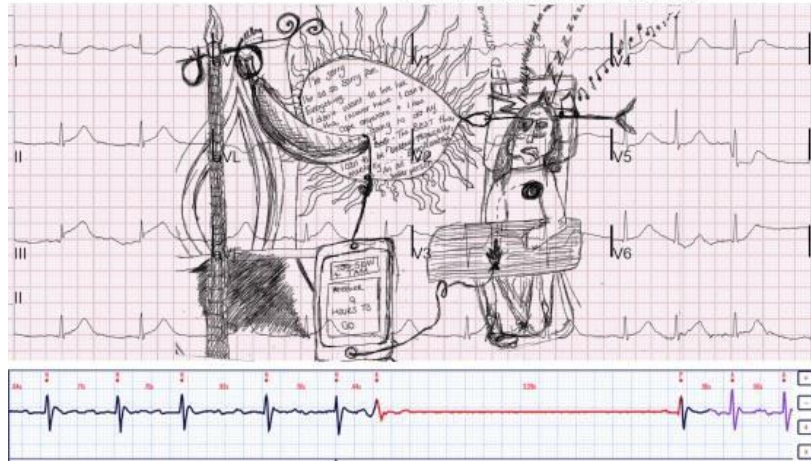
Whilst definitions can be incredibly useful to us all in understanding what we are talking about, they are rigid and less open to interpretation than other forms of communication. They can also act as a barrier to enabling us to understand the effect the intricacies and unique complexities of emotional experiences can have on somebody's development and recovery. Words can act as a barrier for communication as they are filters, and can therefore impact on the understanding of others around us in what we are trying to say.

Creativity and art can depict the complexities of the inner, help us find a voice and explore a common language between practitioner and participant. - Within the health sector this can be between patients and health care professionals, or an Arts & Health practitioner and the participants (both patient and health professional).

Arts & Health is a practice that is still relatively unknown and the joy of this way of working is that it is constantly changing, evolving and bringing to light new ways of working, new stories and experiences and highlighting how important these projects really are to all those involved. Time and time again we are witnessing the value that they bring to health care services and service design, artists & arts organisations, the participants and health care professionals. We also recognise the value of Arts & Health in settings that would consider themselves primarily arts practices. Every arts practitioner is exposed to the incidental mental health challenges that arise in a community dance class or a rehearsal room during a professional production.

Depending on the setting we find ourselves adapting the Arts & Health approach we use, but our core practice is the thread that combines all Arts based projects. That thread is the recognition that we ALL have Mental Health, we ALL face emotional and Mental Health challenges and that our health and wellbeing drives everything that we do. Health is a priority to our survival and the arts can be an incredible tool for understanding ourselves, others and finding a common language to communicate and connect meaningfully with our environment and the people around us."

Name Tamsin Griffiths 12 Lead 3 HR 65bpm - Abnormal ECG Unconfirmed**
 ID: 04675945613 - *** MEETS ST ELEVATION M CRITERIA***
 Patient ID: PR 0.170s - Sinus Arrhythmia
 Incident ID: QT/QTc: 0.394s/0.402s - Left anterior fascicular block
 - Anterolateral ST elevation CONSIDER ACUTE FARCT
 - Inferior ST-T abnormality nonspecific
 - Tall waves - consider acute ischemia hyperkalemia
 P-QRS-T Axes: 46° -49°
 aVR



When I saw the EEG and ECGs. These are things that I routinely look at as unanimated representations of health related statistics but there s life to them now. I look at this and it s almost like a personified version of an ECG. Even those little strokes there means so much to the person. It kind of relates you more to who the person it belongs to actually."

Dr Kahn

RULE #1 DO NOT EAT THE DAFFODILS
 I used to think everybody else they...
RULE #2 DO NOT TRUST ANYONE YOU HAVE NOT SEEN CRY OR MAKE BLEED
 It makes me think my life...
RULE #3 DO NOT BE PRESENT
 I am a person who has...
RULE #4 DO NOT FIGHT IN THE GRAVEYARD
 I am a person who has...
RULE #5 NEVER APOLOGISE
 I have had my...
RULE #6 TAKE YOUR MEDICATION EVERY DAY
 I am a person who has...
RULE #7 NEVER GET YOUR HAIRCUT IN THE VILLAGE
 I am a person who has...

This exhibition is going to inspire people because these days participatory art is something we all need. You can write and respond and add your feedback and this is the type of thing we all need in this sort of environment because you learn to evaluate and learn how to progress in the world!"

Service User

What is Arts & Health?

“Arts & Health operates from the principle that the arts are integral to health and healthcare provision and that everybody, regardless of their health status, should have access to the arts.

Arts & Health is founded on a principle of equal partnership between the arts and health sectors. It embraces a range of arts practices occurring primarily in healthcare settings, which bring together the skills and priorities of both arts and health professionals. It is characterised by clear artistic vision, goals and outcomes that seek to enhance individual and community health and wellbeing. Improving quality of life and cultural access in healthcare settings is at the heart of arts and health work.”

(The framework for Arts and Health practice in Ireland is guided by the Arts Council’s Arts and Health Policy and Strategy - 2010)

What is an Arts & Health Practitioner?

When the Arts sector and the Health sector talk about “Arts & Health practitioners,” it’s not always clear what is meant by the title. Sometimes the practitioners are considered artists who work in health and social care settings who deliver regular arts based sessions that have physical and emotional health benefits; others are categorised as therapists who use arts based interventions for therapy and therapeutic benefits. Then there are the practitioners who run community arts based sessions that have incidental health and wellbeing benefits.

Four in Four’s practice combines all of these categories and also pushes the understanding of what Arts & Health Practitioners are even further.

When we (Tamsin & Paul - Four in Four) refer to Arts & Health practitioners in this document, we mean:

- Practitioners who intentionally use the arts and creativity within Health & Social Care settings as well as community settings to improve the physical health, mental health and well-being of the participants.
- Practitioners who use their creative skills, knowledge and lived experience to impact on and influence changes within health & social care services.
- Practitioners who intentionally use the arts and creativity within Health and Social Care settings as well as community settings, as a means of improving the communication of emotional and mental health challenges faced by the participants to others.
- Practitioners who intentionally use their lived experience creatively within Health and Social Care settings as well as community settings, with the aim of aiding in the Recovery, understanding, self - care and connection of the participants; building a

feeling of hope, control and opportunity, which are recognised as the key Recovery Principles.

- Arts Therapists - Practitioners who intentionally use the arts as therapy and for therapeutic purposes.
- Arts practitioners who use their artistic / creative discipline intentionally to improve the physical and emotional wellbeing of patients in a clinical setting and in the community.
- Community Arts practitioners who find themselves in a situation that has incidental impact on the participants health and wellbeing.

Implementation of the Project

So much consideration goes into our project delivery and our planning. Whilst there's a considerable amount of cross-over, for the purposes of this report we have compartmentalised them for clarity. There are many considerations needed for project delivery which fall under 4 key categories:

- 1. The project should Support the Mental Health and Wellbeing of Arts & Health Practitioners.**
- 2. Arts & Health Practitioners need training & access to continuous mentorship / supervision / support.**
- 3. Workshop / Session delivery in Health & Social Care settings – The key considerations and Recommendations.**
- 4. Recovery College Workshop preparation & delivery – The key considerations and Recommendations.**

1. The project should Support the Mental Health and Wellbeing of Arts & Health Practitioners.

Arts & Health practitioners should feel enabled and empowered by the organisation they are working for to understand the structures that are in place to safeguard the participants, but to also supply a Duty of Care for the mental health and wellbeing of the practitioner themselves.

It can feel like a difficult and awkward conversation to have between an organisation and the Arts & Health practitioner delivering on a project, however it can be an incredibly important conversation to have at the very beginning of a project. Implementing positive health and wellbeing considerations and support structures for an Arts & Health practitioner can help in the longevity of the practitioner and also create a feeling of belonging, being valued and respected which will create a more sustainable Arts & Health industry in the long run.

To support the Mental Health of Arts & Health practitioners all sessions should:

- Be delivered/supported by 2 members of staff

This could be 2 A&H practitioners, or a combination of 1 Arts & Health practitioner and a Health or Social Care professional / workshop assistant / teaching staff / teaching assistant / appropriate volunteer...

- Funded for workshop planning
- Funded workshop delivery
- Funded for reflection time
- Funded for evaluation
- Funded for personal Access costs

A&H practitioners should: (creation of an A&H induction scheme & ward specific inductions)

- Know what is expected of them and to be given clear information
- Have clearly specified lines of support and supervision from staff
- Have safe working conditions
- Be free from discrimination
- Know what their rights and responsibilities are if something goes wrong
- Be aware of safeguarding policies and how to report safeguarding concerns/complaints
- Be provided with a thorough induction and provided with any initial training required to meet the responsibilities of the A&H role.
- Be provided with adequate and flexible supervision and support
- Where possible, should be protected from all forms of unjustified and inappropriate behaviour from patients, relatives and visitors
- Have the standards we expect for CAVUHB services explained, and to encourage and support the A&H practitioner to achieve and maintain them
- Be provided with a named person who will meet with the volunteer regularly to discuss their role and any problems
- Be offered opportunities to experience professional development
- Be provided with adequate training in support of the health and safety policy via CAVUHB's mandatory training
- Be made aware of their Duty of Care
- Be made aware of the Data Security and Confidentiality Agreement
- Be made aware Using Social Media and Mobile Technologies and Maintaining the Dignity and Privacy of Individuals Policy

2. Arts & Health Practitioners need training & access to continuous mentorship / supervision / support.

Arts & Health practitioners should be offered support & training on understanding:

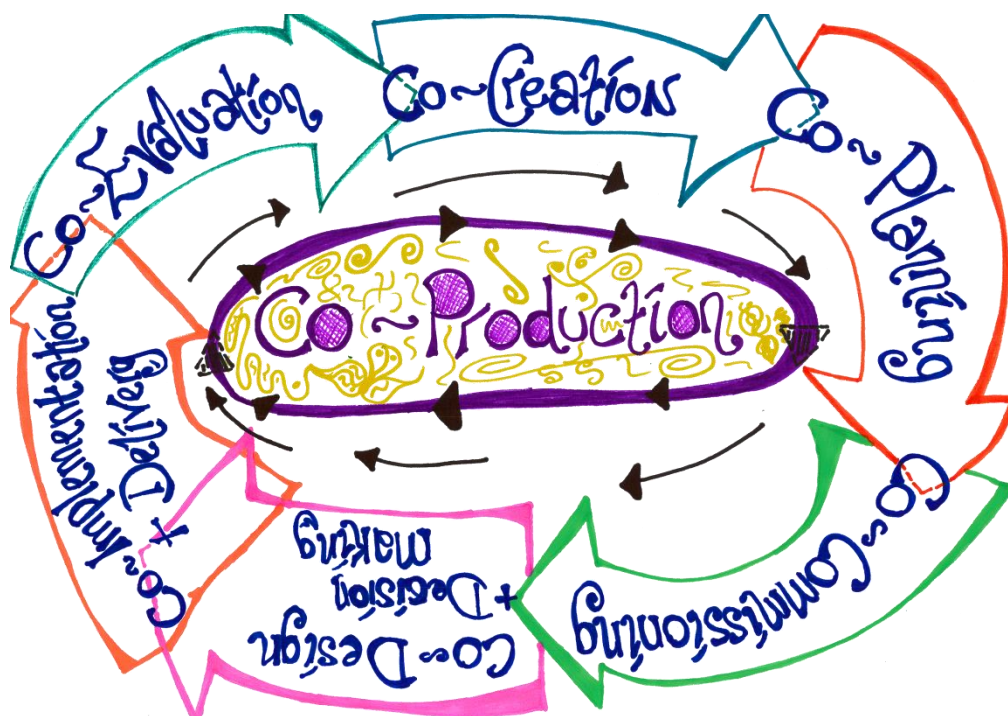
Co-Production

Four in Four on Co-Production:

We believe a best practice approach to a true co-produced project starts and ends with **co-evaluation** that is continuous and iterative and should involve all partners involved in the project, including the funders / commissioners, and the A&H practitioners involved in delivering the workshops.

Arts & Health practitioners should be involved in all aspects of the project, including application writing and what funding is needed - this include the financial commitment needed to fully support them in the project, this phase involves, **Co-Creation, Co-Planning & Co-Commissioning**. This is also the starting point of the evaluation.

All partners (including the A&H practitioners) should be involved in the **Co-Design & Co-Decision Making** around the project as a whole as well as the workshop / session delivery.



The **Co-Delivery & Co-Implementation** of a project is usually left to the Arts & Health practitioner(s), however other key partners should look at Co-Creating the support and

structures that can be put in place to enable to practitioner to deliver the workshops and feel supported and safe. We know the value and importance for having two practitioners (or equivalent) in the room during workshop / session delivery. We always Co-Produce and Co-Deliver our workshops as we recognise the different skills and connection that we bring to the sessions and we can also support the other in many ways.

An important factor to consider in any project is ensuring the Arts & Health practitioner has the time and resources in place for **Co-Reflection** after every workshop / session delivery implemented into their diary / timetable.

From decades of experience, this is vital in creating a sustainable Arts & Health Industry. A best practice approach works towards creating an environment that supports practitioners' MH & wellbeing which is more likely to generate longevity and reduce stress which can ultimately lead to burn out.

Co-Evaluation is a process that is implemented throughout a project by all the partners involved. It is a continuous learning that evolves and decides on the potentially changing pathways and direction of the project and is something that informs its development. Evaluation can happen within a session based on a variety of circumstances, and a practitioner can decide to change the direction of a session based on any given factor in any moment.

In the context of public services:

“Co-production is an asset-based approach that enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal and caring relationships. It enables people to access relevant and meaningful support when they need it; services to be effective and make a positive difference in people's lives; and people, services and communities to become more effective agents of change.

Co-production is a specific kind of community engagement, which represents a transition from doing things 'to' and 'for' people, to doing things 'with' people. It is explicitly referenced in the Social Services and Wellbeing (Wales) Act 2014.

How we know it's co-production: it's a mindset and way of working underpinned by the following 5 values:

- Valuing all participants, and building on their strengths.
- Working in networks and across silos.
- Doing what matters for all the people involved (outcomes focus).
- Building trusted relationships and sharing power.
- Enabling people to be change makers.

It's not participation because: there is shared power and shared decision-making. It is like involvement (in the Welsh policy context).

In other sectors like arts, media and retail the term "co-production" holds significantly different meanings.

(<https://info.copronet.wales/wp-content/uploads/2022/08/Glossary-of-definitions-Co-production-Network-for-Wales-V1.5-A4-printable.pdf>)

Other significant links about Co-Production:

www.coproductionscotland.org.uk/co-pro-resources

www.iriss.org.uk/resources/tools/co-production-project-planner

www.thinklocalactpersonal.org.uk/makingitreal/

padlet.com/Cardiff_and_Vale_Recovery_College/co_production

Co-Reflection

Co-reflection is a process that is used to help each other reflect on our practice. It is about creating expertise together through a process of learn, practice, reflection. It is designed to model the peer support relationship so that we are practicing the principles at all levels of our relationships. If done well, it should lead to increased levels of personal development and to deepening relationships.

Recovery Principles (Hope, Control & Opportunity)

Recovery is a personal and highly individual journey for us all. Recovery is not the same thing as being cured. We see Recovery as a process, not an endpoint or a destination that we need to arrive at. It is continuous. Recovery is an attitude and a way of approaching new / emerged challenges in the way that is best for us. Recovery is a learning and should inspire feelings of Hope. All individuals should feel in Control of their own choices and Recovery and discover new opportunities along their journey

Recovery Focused Language / Strength Based Language

Language that is supportive and encouraging and focuses on building relationships. In Recovery Focused Language and in Strength Based Language, the person is at the centre of

their care. The focus is on what a person can do and is doing as opposed to what they aren't or can't do. This is important for Recovery, in development and in maintaining good mental health and wellbeing.

Peer support

This support could be defined as Mentor/Mentee or Mutual.

An effective Mentor will actively listen to the needs of the Mentee without prejudice or judgement as they guide them towards agreed objectives. It is not the roles of the peer to lead or provide solutions. They should empower and guide the Mentee whilst providing them with the resources, support & skills for them to achieve continuous development beyond the mentorship. Mentors will promote confidence in the Mentee and help them identify their existing strengths and expertise.

Intentional Peer Support

Intentional Peer Support is a way of thinking about and inviting transformative relationships. Practitioners learn to use relationships to see things from new angles, develop greater awareness of personal and relational patterns, and support and challenge each other in trying new things. With IPS, each of us pays attention to how we have learned to make sense of our experiences, then uses the relationship to create new ways of seeing, thinking, and doing. IPS promotes a trauma-informed way of relating. Instead of asking "What's wrong?" we learn to ask "What happened?"

Cultural Competency

BAME people with specific mental illnesses are often over-represented and, at times, misdiagnosed in certain sections of mental health services. There is also an underutilisation of service provision due to the low take-up rates of minority groups. The impact of terminology (i.e. ethnicity, 'culture bound disorders') has become evident through national surveys on health and mental health across different ethnic groups, and exploration into the development of anti-racist health promotion and practice.

(Cultural Competency Toolkit -Diverse Cymru)

Boundaries

To ensure Health & Safety practitioners should not share your personal information with the participant or accept friend requests on social media.

Practitioners should agree the ground rules around times and methods of contact early on to avoid feelings of rejection by the participant by changing the nature of the relationship at a later date.

Do not meet your participant socially or lend them money or give them a place to stay and always follow the safeguarding guidelines of the organisation / service that you are representing.

If you do see a participant outside of a session, remember that it may not be appropriate to acknowledge the relationship for either confidentiality or safety.

Individual Self-Care

Arts & Health work may involve exposure to a range of serious incidents such as a traumatic death or accident on a ward, a disaster or major incident in the local community or an assault by a patient. Less dramatic events can have a similar effect if they exceed a person's capability to cope, or if they are perceived by the person as a threat to their personal integrity. In addition to managing the practical aspects of dealing with a traumatic incident at work, managers also need to support their staff.

Too often employees are scared to tell their manager about a mental health problem and so problems can spiral. MIND state that one in five people feel they couldn't tell their manager if they were overly stressed at work and less than half of people diagnosed with a mental health problem had told their manager.

Trauma Informed Practice

The term 'trauma-informed' is now commonly used when we talk about responding to adversity, trauma and distress. Despite this, there has never been a collective agreement about its definition and how this translates into practice. There are several training providers, organisations and programmes offering trauma-informed approaches within Wales, but there is a lack of consistency about what this means. This framework provides a working definition that applies to the general population through to specialist services, as well as the communities and systems that provide the context to those events and in which the services providing support operate. The definition seeks to facilitate the collective adoption of an

approach that helps to minimise the occurrence of trauma, prevent its potential negative effects and improve outcomes for recovery, healing and growth. The Welsh trauma-informed approach therefore provides the context in which care and support are provided and enables a holistic approach to understanding how best to help people affected by trauma.

(Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity)

Vicarious Trauma

Vicarious trauma is a process of change resulting from empathetic engagement with trauma survivors. Anyone who engages empathetically with survivors of traumatic incidents, torture, and material relating to their trauma, is potentially affected, including health professionals and others.

Sharing Your Lived Experience

Many of us share our experiences with our friends, our families, our peers, our GP to varying degrees. In health care, sharing lived experience can be a valuable tool for building connection, reducing stigma and breaking down boundaries that may be based on a feeling of judgement or power imbalance. There is a difference between sharing lived experiences and doing it intentionally is; You are intentionally selecting a specific part of your own personal lived experience, (I.e. of your personal Mental Health Challenges) that relates to the person you are supporting for the purposes of validation, building connection and relationships and for learning.

Practitioners who intentionally share their lived experience should consider the following 3 Ps:

- Personal
- Professional
- Private

When we are actively sharing a part of our story and lived experiences it can open us up to feeling vulnerable. There are ways in which we can protect ourselves and set our own boundaries. In any given relationship we can decide what we share of our personal and professional self in those roles but what we decide to keep private remains private. The parts

of ourselves that we choose not to divulge because we have chosen it is Private are our boundaries from which we can build from.

Storytelling

Storytelling comes in many forms. It is told from tales and fables, reading a book to children. It is seen, heard and experienced all around us on the TV, in Film, through Song and Dance or a simple photograph. Storytelling is something we all do often, to those closest to us and to complete strangers in a corner shop or over the phone. The arts and the art of conversation are incredibly powerful tools for storytelling that connect us to the world and people around us by tapping into our imaginations and childlike self.

Storytelling gives people permission to be curious and discover more about the world and about themselves. There are many wellbeing benefits to storytelling, including a feeling of belonging and connection with others and our community around us.

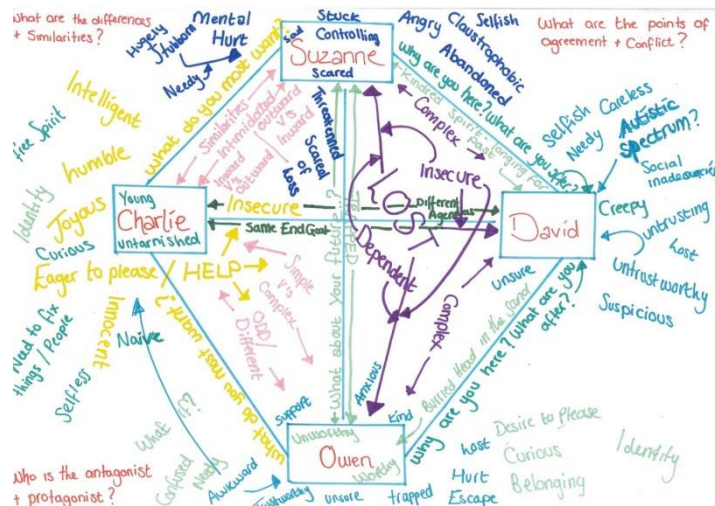
A&H use storytelling to explore the inner and give people a voice. It allows people to explore challenging and complex topics and themes, opening up new ways of thinking and generate innovative learning and positive change.

Relationships

Relationships are the way in which two or more things are connected. If only it were that simple. Relationships are incredibly complex by nature and they come in many different forms. What defines the nature of a relationship is the way in which we are connected to our environment, to others through nature or through circumstance and to ourselves.

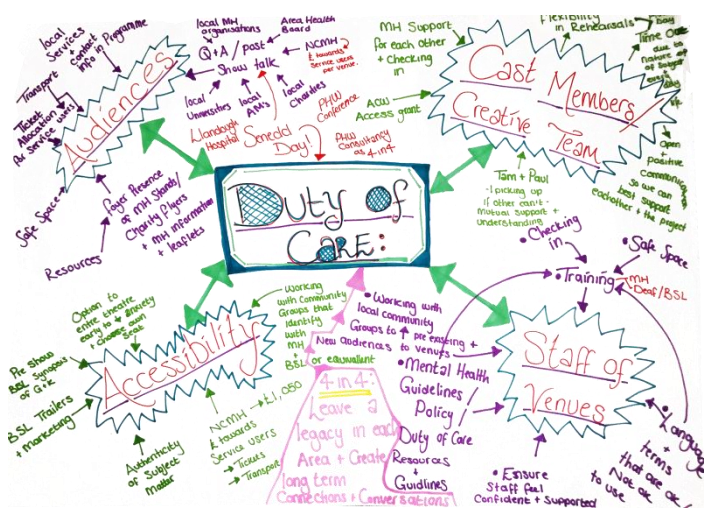
Relationships can become incredibly complex and a rabbit warren to navigate when emotions come into play and when different world experiences, cultures, languages and religions clash and we as individuals cannot connect to something.

Building positive relationships with the people and community / environment around us can aid in Recovery, help us feel a sense of belonging and improve our overall physical, emotional and mental wellbeing.



Duty of Care

Safe Guarding is important. It protects the practitioners and the participants. Practitioners should always follow the safeguarding guidelines of the organisation they are working with. If the practitioner has been engaged as a freelancer then they must seek out advice from stakeholders and if they have any concerns about a participant they should know the protocol for reporting those concerns.



Access

Access is a term that includes physical, emotional, cultural, lifestyle, financial, language & literacy and technology. An open to all project based on the Health Board's core values should not create barriers for travel, restricted access to venues or language/digital inequalities. Successful project planning should respect all the stakeholders' needs, including the practitioner's.

- Physical Access needs
- Mental Health Access needs
- Cognitive & Learning Access needs

- Digital Access needs
- Religious Access needs
- Cultural Access needs
- Lifestyle Access needs
- Equity
- Opportunities to engage and succeed
- Respect people's differences - including the nine protected characteristics.
- Freedom of choice

Confidentiality

The duty to share information can be as important as the duty to protect confidentiality. The HSCIC Guide to Confidentiality 2013 shows health and care workers what they should do and why, to share information safely while following rules on confidentiality. It covers the five confidentiality rules:

1. Confidential information about service users or patients should be treated confidentially and respectfully.
2. Members of a care team should share confidential information when it is needed for the safe and effective care of an individual.
3. Information that is shared for the benefit of the community should be anonymised.
4. An individual's right to object to the sharing of confidential information about them should be respected.
5. Organisations should put policies, procedures and systems in place to ensure the confidentiality rules are followed.

The [HSCIC Guide to Confidentiality 2013 reference document](#) provides legal background to this guidance.

- NHS Digital

A&H practitioners should follow confidential guidelines and principles. They should also know the safeguarding policy & procedure within any organisation they are working for and the processes involved in reporting any health and safety / safeguarding concerns.

3. Workshop / Session delivery in Health & Social Care settings - Key considerations and Recommendations.

These are 6 considerations A&H practitioners should make based on best practice workshop / session delivery, but also these are considerations that should be made to support the Mental Health and Wellbeing of A&H practitioners:

Good care should focus on nurturing 6 'senses' in participants and also Arts & Health practitioners implementing Arts & Health project delivery:

- **A sense of security** – to feel safe and secure, not just physically but also psychologically.
- **A sense of belonging** – to feel 'part of things', both within the service and the wider community.
- **A sense of continuity** – people's biography and life story is recognised and valued and used to plan and provide care and support that is consistent with their wishes and preferences.
- **A sense of purpose** – having interests and valued goals to aim for. A sense of purpose is what makes it worth getting out of bed in the morning and provides a sense that 'I have a contribution to make or something interesting to do'.
- **A sense of achievement** – being able to achieve goals and interests and to feel satisfied with your efforts.
- **A sense of significance** – although all the Senses are important, a sense of significance is possibly the most fundamental. This is the sense that you and your opinions matter, that your life has importance, and that other people recognise you and who you are.

(DEEP Catalyst Course, Nick Andrews)

Running a Successful Project & Workshop / Session Delivery Considerations:

We take all of what we could typically see as negatives as a learning. We accept that there are times where we try new things and test them to breaking point (safely), and they don't always work. We see these as incredibly valuable learning and not as "failures." Innovation and positive change and development comes with successes and with learning from which to develop from. We accept that we aren't going to get things "right" every time and as long as it is done safely and co-productively with our partners then is it a positive learning outcome for us all.

"I enjoyed how they use their less successful situations as learning opportunities, rather than failures."

Arts & Health practitioner in training.

We use Recovery Focused Language / Strength Based Language in all of our sessions and meetings. The language in which we use is incredibly important and it can be useful to tailor it to the people we are talking with. During workshops and training, Recovery Focused Language can be incredibly empowering for participants. We find:

- It's Important to Consider:
 - The Words We Use.
 - The Way We Use Them.
 - The Body Language, Facial Expressions & gestures We Use.
 - The Unintentional Impact They Can Have - Without Even Realising It.
- Motivational Language is more effective.
- People will interpret language and the things we say based on their life experiences.
- Language isn't always verbal - 60-65% of our communication is non-verbal.
- Celebrate what the students can do and are doing, instead of focusing on what they can't do or aren't doing.
- We are all still learning, but it's important to take into consideration.

As A&H practitioners we intentionally use our lived experience in many different settings and in many different ways. However, to protect ourselves and our mental & emotional wellbeing we always refer back to the 3 P's:

- **Personal**
- **Professional**
- **Private** - Private means private, and that is ok.
- Identify your needs with all key partners so that mitigations can be implemented into everyone's plans - including any Mental Health, women's health, physical health challenges that may need some support etc.

It can feel strange and the antithesis of what we normally do, which is to tell people and show people how capable and skilled we are. It is important for the wellbeing of practitioners and the successful running of the project that any access needs are discussed at the beginning so that an adequate support structure can be put in place so that the project can run smoothly.

- Plan for your plan to need to be thrown out of the window. Essentially plan for the unknown. Often practitioners are put into environments where there are many

unknown factors that can contribute to needing to change a session plan. Having two Co-Facilitators creates an environment where dealing with the unknown is more supportive.

- Key Consideration - On ward sessions are very different from those in the community. The NHS are risk adverse and a good rapport needs to be built between the practitioner and at least one key member of staff on the ward. It is important to discover who the key member of staff is that the A&H practitioner needs to liaise with. The Arts & Health Development Officer should help with this.
- Building trust takes time and so it's important that A&H practitioners takes time to understand the nature and culture of the ward they are working on so that they enhance the ward and not get in the way.
- A&H practitioners may face some adversity from health care professionals who are trying to do their job. Over time it can be beneficial for members of staff to join in your session where appropriate for them to experience and witness the benefits of Arts based interventions in health care settings on patients and other health care staff.
- Once you've identified who the key member of staff is to liaise with, set up a meeting to talk about the project and also it gives the practitioner an opportunity to understand the ward better which can help with their session / project planning.
- Identify what the key Health & Safety needs / expectations are for the ward (The more general health & safety protocols are covered in the A&H induction). Ward specific protocols can be identified by the key member of staff in clinical settings.
- Don't feel scared to ask what we often refer to as, "The Dumb Questions." No question is stupid and more often than not, the health care staff are pleased you are asking them in advance of the project starting. This helps build a sense of trust between the A&H practitioner and the clinical staff. It's important to understand the environment you're working in and it provides an opportunity for health care professionals to air any concerns they may have so that they can be discussed and addressed in advance.
- Considerations in getting to know the day to day operations of the ward:
 - What days / times of the day are best to run the session?
 - Check what rooms / the space you will have access to run a workshop.
 - See if there is an extra space for you to use to decompress / do what you need to do for yourself.

- When do the nurses do the medication rounds?
- What time do the catering services come around?
- Do you have access to the room before the session starts to set up / after the session ends for Co-Reflection?
- Check where the toilets are that you are allowed to use.
- How long can your participants engage in a workshop? / Do they need a break?
- Any key needs that need to be considered for in-ward patients? (These should also be made with the patients themselves so that no decisions are being made about them without their knowledge and chance to speak for themselves).

“So important to adapt each session to each person, group of people, time of day, what has happened on the ward that day, on the mood on the group, how the health professionals feel.”

Arts & Health Practitioner in training

- Once the A&H practitioner has established themselves, it can be valuable to invite staff members to join in a session to see what they do. This can help build trust and rapport. It is important to acknowledge that they may not have the time.
- It's important for all key partners to understand the nature of the workshops and also assign a designated person for an A&H practitioner to Co-Reflect with and also they should be made aware who they should report and problems / concerns to.
- Regular meetings between the A&H practitioner and the Arts & Health Development officer should be made to check in and discuss how the project is going, any changes / developments etc.
- Ensure all health and safety checks have been made and that the space is adequate for the type of activity and the access needs of the participants.
- The NHS has a Duty of Care and Safeguarding policy and it's important that the Arts & Health practitioner is operating within these guidelines.
- It can be useful to consider the access needs of the participants - including the emotional and Mental Health needs, as well as physical health access needs, to enable and empower them to participate as fully as they choose.

- At the beginning of the 1st session it can be incredibly useful to create a 'Group Agreement' with the group or to have one in place already. A Group Agreement can help create a safe and respectful environment with clear boundaries.

What is a Group Agreement ?

A group agreement is a clear set of guidelines on how your group will handle discussions, a sharing of experiences and sensitive information raised in the group setting. A group agreement is an important foundation that acknowledges each individual's right to respectful and confidential treatment.

Example of a Group Agreement used within the CAVUHB Recovery & Wellbeing College at the beginning of all courses:



Group Agreement

- Educational setting, not intended to replace psychological therapy
- Do not record the session
- Respect privacy, views and confidentiality
- No generalisations
- Chat features, raising hands, mics & questions
- Half-time break
- Small group discussion

Please note that there is a discussion / explanation around all of these points with the participants.

Some points you may consider including in your group agreement are:

- sharing responsibility: everyone contributes to the project / workshop in a way that is comfortable for them.
- confidentiality: what is shared in the group remains in the group
- listening: actively listening to each other

- sharing: allowing each member the opportunity to contribute
- respect: we respect everyone in the group has different opinions, experiences and backgrounds.
- expectations: manage expectations and set out a general session plan at the beginning.

Aims & Expectations - Discover what the participants are hoping to experience and get from the workshops? - What interested the participants in attending? -Are there any access needs / individual learning needs that should be considered when facilitating the workshop / planning for the workshop?

"I really took a lot from Paul and Tamsin's session. Thoroughly liked the idea of setting boundaries and explicitly telling people what will be expected of them throughout the presentation/zoom call – helps with anxiety (I think this could prevent the often awkward start of zoom calls, people can prepare for what to say/expect)."

Arts & Health Practitioner in training

- Take time during the very first session to get to know the participants and for them to get to know each other. Create a safe space for open conversation. This provides an opportunity for the participants to ask questions and for the practitioner to address / alleviate any concerns the participants may have that could potentially be a barrier for engagement.
- Make the first session conversational by planning exercises that build trust & connection. It's worth taking the time to get this bit right. This is the most important session.

Get to know your participants as people not patients. What is their experience of arts activity if any? What attracted them to signing up to the project? What do they want to gain from participating in the project?

This information helps you build an interactive project based around the needs and desires of the participants - it's not a "One Size Fits All" approach.

- Create a safe environment.

Share something of yourself - being human can relax participants and help them open up to sharing their thoughts and experiences.

- Focus on creative conversation.
This allows people to participate without having to share personal information.
- Allow for questions.
This provides agency. It also helps the group connect to each other which can create a really positive dynamic amongst the group.
- Understanding the needs and expectations of the participants can help with the planning and may influence some of the choices made during the workshops to support and respect the individuals.

“Paul and Tamsin’s visual representation of projects was really good! I could see how much thought they had put into making their session tailored to us all and this was really appreciated. The session was tailored to us and our current levels of experience. One person asked a particular question and this was answered in such a thoughtful way and so meaningful to the person who had asked it.”

Arts & Health practitioner in training

- Discussing certain access needs of individuals can feel scary for some people and doing this in the first session in front of others may not be appropriate for them. It’s important to set a safe environment for participants to engage, especially in the initial phases of a project. For certain participants they may need an initial 1-to-1 (or 2-to-1 if there are two facilitators) as a pre meeting to the project to have a more confidential discussion.

We have done this on many occasions throughout our Arts & Health projects. There have been occasions where participants have engaged individually in a project throughout. At the time they didn’t feel able to engage with the group as it was too overwhelming for them and caused too much anxiety. Less than a year later this individual signed up to another A&H project we were co-producing and co-facilitating and this time they chose to fully immerse themselves with the group as their confidence had developed and they felt safe to do so based on their positive experience with us during the previous project.

The Recovery & Wellbeing College call these ‘Individual Learning Plans - ILP.’

The purpose of an ILP is:

- To support the student in identifying learning goals.

- To provide a safe space for students to discuss any concerns they may have about enrolling at the college.
- To support a student in developing a safety plan.
- To discuss the student's learning needs and devise a collaborative plan for how the college can support these needs.
- To signpost students to relevant services where appropriate.

'It was so nice to have people to talk to and listen to what I had to say and express. Because they were so open and non-judgmental I was able to communicate who I am and my circumstances and I felt they truly understood CF and my Bipolar.'

Patient.

- Create an environment that you would want to be in. What things would you like to have in place to make a project feel:
 - Safe
 - Non Judgmental
 - Supportive
 - Creative
 - Conversational
 - Promotes Connectivity
- All of our courses / projects / workshops are Co-Produced with the participants in the room. It is a symbiotic relationship and we hold the space for people to contribute and engage in open dialogue / conversation without trying to shut it down.
- To promote connectivity it's important to encourage open conversation and dialogue. It can feel scary to hold a space for open conversation but facilitators don't need to be in control of every conversation. The joys of an open conversation are the surprises and the peer to peer sharing / learning.
- As a Co-facilitator, try to connect the learning of the open conversation to the participants where possible.
- Allow for reflection and continuous evaluation after every session.

- Be adaptive - if something isn't working see it as a learning and not a failing to enable you to change course a bit and re frame the project. Our work is outcome focused not task based.
- What is your process? Do you have one? It can be worth sharing your process / practice and work as it can open up the participants minds into a different way of thinking / approaching something - it can be an enriching learning experience.
- We are always open to learning and being surprised. Share your learning with the participants. It can feel empowering for them. We don't know everything and that's ok. Recognise when you need to be in control and when you don't. Allowing others to be in control can be really useful.

Online Delivery & In-Person delivery considerations are different and need to be treated retrospectively.

Online:

- Allow 30+ minutes to meet with Co-Facilitator in advance of the session to talk through anything you need to for yourselves and to give yourself time to connect and settle. - The amount of time a facilitator may need to meet before a session can differ from person to person and it's important for you to establish with your peer how long you both need before the session.
- Decide if you admit everyone into the online "room" at the same time or if you are comfortable with participants being admitted as they turn up (replicating more of an in - person community session).
- Other considerations for admitting participants before others may be due to certain individual access requirements. We have found some participants need to come into the online room and settle first before everyone else filters in.
- A Group Agreement - As discussed above and online, participants should have the option of keeping their camera's turned off and shouldn't be forced to speak if they don't feel comfortable in doing so. Some participants may choose to engage through the chat function or to sit back and take it all in... Over time you may find that as confidence grows, many participants will turn their camera on and even share a part of their story or something they've created.
- Discuss how you would like the participants to use the mic / raise hand / chat functions to ensure everyone feels they have an opportunity to share and to also feel listened to respectfully. Due to the nature of microphones online, it can create some clunkiness in conversation if the participants don't understand how to use them properly.

- The use of breakout rooms can be incredibly useful for online workshops, especially if you would like to set group tasks or exercises and can also be very helpful in situations where a participant is showing distress or needs some time out to talk to someone. This again is where two facilitators are useful as one can carry on leading the session whilst the other supports the participant.

The Recovery College uses a "Tech Host" who can support the facilitators with the admin and technical side of online delivery (setting up breakout rooms etc), they can also support in other ways such as talking to an individual in a breakout room and the facilitators can carry on with session delivery.

- We always allow for a short comfort break, around half way through a session to allow the participants to do what they need to for themselves and have some time away from the screen. Depending on how long the session is we typically allow for 10 minutes as this gives most people enough time to do what they need.
- Create time after the session ends for Co-Reflection. It can be useful to do this immediately after the session to discuss what went well and also it provides an opportunity to discuss any concerns and any considerations / actions that need to be made before the next session.

In - Person:

- Prior to any in person session, make sure the venue is appropriate for the type of activity you are doing. The building should be fully accessible with access to toilets
- In advance of the session the participants receive detailed directions and clear instructions of how to get to the venue and what to expect on arrival. We find sending an image of the building and its access / entrance point is helpful for people

Hi,

We are looking forward to seeing you at the event on March 17th and meeting you all in person. The response to the event has been extremely positive and we would like to share the range of cross sector representation attending:

- Health
- Education
- Arts
- Third Sector
- Policy makers
- Criminal Justice
- Service Users
- Freelancers

As this is a Mental Health event, we have provided some useful Duty of Care and travel information below.

If you have any questions about the event or your access needs please contact:

Tamsin tamsin@ffits.creative@gmail.com / 07449 955752

or

Paul paul@hideproductions.co.uk / 07747414271

We are looking forward to seeing you all soon.

Best wishes,

Tamsin & Paul

Four in Four

www.fourinfour.co.uk

- You will not be asked to share any personal information.
- You will not be forced to speak if you prefer to listen.
- There will be no team building exercises.

- The event is on the ground floor opposite the main doors.
- On arrival you can ask for Tamsin or Paul.
- If you wish to leave the room, there are quiet spaces available.
- You will not be forced to move seats if you have a preferred position.
- All views will be recognised and respected.

Directions:

Rail: Cardiff Bay Train Station is only a short walking distance away from the Pierhead. Exit the station on the left and head towards the Wales Millennium Centre (WMC). The Pierhead is the Red Church to the turn right of the WMC.

Bus: Cardiff Bus operates several services to the Cardiff Bay area and there is a bus stop outside the front of Wales Millennium Centre. The BayCar connects with Cardiff Queen Street Station, St Mary's Street and Cardiff Central railway station. Various other routes connect across the city, visit Cardiff Bus website to plan your journey.

Road: From the M4 motorway, exit at junction 33 and onto the roundabout, head towards the A4232 following the signs for Cardiff Bay. After approximately ten miles you will reach a roundabout, from which you will need to take the second exit towards Cardiff Bay. At the traffic lights, turn right onto Pierhead Street.

Parking: Pierhead Street Multi-storey (CF10 4PH).



Paul & Tamsin



Pierhead Building



WMC

- Some participants will like to arrive early, which can coincide with you setting up the space and your equipment etc. If your session is in a community venue then where possible it is useful to have a space separate to the room you are using for the session for the participants to grab a drink, use the toilet and sit and wait. If you are using a separate space, it is best practice to have someone in the communal area to welcome anyone and reassure them they are in the right place.
- When we think about participant experience, our starting point is always at the start of the participants' day. We consider all the potential emotional experiences they may have had throughout the day before even arriving at the door of the venue.
 - What potential interactions have they had today?
 - How much effort was it getting to the venue?
 - What was their journey like?
 - How have they been feeling about attending the session today?
 - Have they been worrying about attending the session for a week?
 - What preparations have they had to make to get themselves to the session?

We appreciate it's not always easy attending an in person sessions and for some people its a more daunting, anxiety fulling prospect than for others. For this reason we always allow for

people to settle and do what they need to for themselves as the entire the building but also at the beginning of every session we believe:

- It is best practice to allow everyone to have time for decompression and to settle into the space. We use creative conversation and humour in our introductions to build trust and make a connection with each other without the need for divulging personal information.
- Take time to discover what attracted people in attending the workshop and allow people to share a part of their story and experiences if that's something then want to / choose to do voluntarily. If a participant open up and shares something personal then it is important to be respectful and supportive and to not shut them down.
- We never force or put pressure on anyone to speak or share any personal experiences. Participants need to feel safe and in control and so it is always their choice in how they wish to participate and engage in the workshop.
- We always make time for a comfort break, however participants should know that they can leave the room to do what they need to for themselves throughout the session. During some of our emotive session we are aware that some participants can feel overwhelmed or triggered by some of the conversation. We ask that they let us know that they are ok before leaving the room if possible.
- The value of having two facilitators means that one can see to any issues that may arise during the session while the other carries on with delivery.
- For safety purposes for the participants and the practitioners, the in- person sessions should always have two practitioners or at least a support member of staff there with the A&H practitioner.
- Some Health & Safety considerations & checks that are worth noting:
 - Toilets are open, available for all genders and accessible.
 - Where are the fire exits and assembly points.
 - Refreshments available for comfort where possible.
 - Check who the designated first aider is and what the venue's protocol is in reporting any accidents and incidents.

- If you are First Aid qualified and in some situations end up being the designated First Aider then you should check the / your first aid kit to ensure everything that should be there is to hand.
- In - person community sessions can differ substantially to online or on-ward sessions in A&H as participants are potentially engaged, connected and aren't in an emotional place for the session to just end abruptly / promptly. More often than not, participants will want to linger to decompress and open up to the practitioners. They may want to speak to a practitioner about something personal they couldn't share in front of the rest of the group. They may also have questions they would like to ask but didn't feel confident in asking in front of other people. We therefore leave 30 + minutes after the end of a session to allow for the participants to leave in their own time and leave in an emotionally safe place.

Allocating time at the end of a session allows participants to feel valued, supported and listened to, and provides an opportunity for participants to talk to the practitioners confidentially about anything that may have arisen for them during the A&H session / workshop.

- Allow at least 60 minutes post session for Co-Reflection and decompression time for the A&H practitioners. Arts and Health sessions can be incredibly emotive and difficult and also incredibly tiring but in a good way. Having the time to process the session and talk things through can be incredibly beneficial for the Mental Health and emotional wellbeing of A&H practitioners. This level of support allows the practitioner to reset, decompress and feel respected which all contributes to their longevity in the A&H industry.

We (Tamsin & Paul) are fortunate to have found a partnership that is strong and is filled with trust. We implicitly support and respect each other and are constantly evaluating / re-evaluating our partnership. We recognise the value, skills and knowledge each other bring to the partnership and that allows us to create innovative, successful Arts & Health based projects that are meaningful to patients, organisations, carers, Health Professionals, Third sector any many others... But our relationship hasn't developed without hard work. The key to a successful and symbiotic Co-Partnership is in Co-Production.

These are some of the ways in which we support each other as A&H professionals prior to delivering Arts & Health workshops / courses:

- **We connect to discuss the upcoming workshops or project in advance. We often find meeting in an informal and non-clinical setting is useful and we often have a lot of our scoping and creative conversations whilst walking.**

- **On the day of the session we always meet to connect and settle at least 30 minutes before.**
- **Get to know your Co-Facilitator - Understanding each other's access needs, how best to support each other in different scenarios and finding ways of letting each other know when you need the other to jump in and take over are vital to the success of our partnership.**
- **Our needs differ and sometimes come into conflict. We often have to work at these and find ways around them and learn how we can both be supportive and supported.**
- **Working hard on building rapport and an open and honest relationship, including understanding how to support each other's needs can allow for a mutually fulfilling and supportive partnership that is dynamic and based on mutual values and understanding.**
- **We run through the session content prior to the workshop and decide who is taking the lead on each section and who is taking the supporting role, based on our skills, lived experience and also comfort levels. There are always sections that one of us is more comfortable / more experienced in delivering than the other, with the knowledge that either of us can take over from the other at any given moment based on circumstance. We also recognise where the both of us are leading equally and where peer support and open conversation is necessary.**
- **Because we've worked hard at building a symbiotic partnership, it allows us to be open and prepared for the unknown. We are comfortable in holding a space for expansive conversation that can go in any direction and we feel empowered to highlight the relevant learning for all based on the experiences and sharing from other participants in the room.**

4. Recovery College Workshop preparation & Delivery - Key considerations and Recommendations.

About the Recovery & Wellbeing College

The Cardiff and Vale Recovery & Wellbeing College provides free courses on a range of mental health, and wellbeing topics. The College is underpinned by the Recovery values of Hope, Control and Opportunity. The college holds Co - production, Peer Support, and mutual learning as guiding principles. The Recovery & Wellbeing College is flexible and has

an educational focus, with the promotion of wellbeing at its core. The service is self – referral with Staff, those accessing services, and carers attending as students on an equal basis.

All courses are co-produced and co – delivered by Peer Trainers with lived experience of mental health challenges, and physical health challenges who intentionally use their experience to support others, and work with the values of mutuality and shared learning. We believe clinical and lived experience expertise have equal value.

The following duties would be delivered in line with the Recovery College’s term times and Prospectus deadlines

- Co-produce a Lived Experience Arts & Health course in conjunction with the Recovery College curriculum lead
- An A&H practitioner with Lived experience would be partnered with a Health professional and will receive bespoke training and peer support to co-produce & Co-deliver a new A&H course delivered through the RWC.
- The training includes:
 - the co-production of Recovery College courses
 - how to co-deliver courses successfully in a range of Healthcare & Community settings
 - how to intentionally use the Lived Experience of Mental Health challenges to support others in their Recovery
 - how to manage your own Mental Health whilst working as a Peer Trainer
- A&H practitioners will be provided with support and co-reflection from the Recovery College
- They will follow a model of Best Practice for Artists with Lived Experience that can be shared throughout CAVUHB and beyond
- Receive Clinical Governance on all course material
- Receive Guidance in the RWC Fidelity model
- Receive Additional training that is Recovery College and NHS Cymru specific

Recommendations:

We take all of what we could typically see as negatives as a learning. WE accept that there are times where we try new things and test them to breaking point (safely), and they don't always work. We see these as incredibly valuable learning and not as "failures." Innovation and positive change and development comes with successes and with learning from which to develop from. We accept that we aren't going to get things "right" every time and as long as it is done safely and co-productively with our partners then is it a positive learning outcome for us all.

- Trust takes time to build in health & social care environments but it's really worth taking the time to build that trust and bring health care professionals on board with you.
- Many A&H practitioners report feeling isolated. We recommend having x2 A&H practitioners cofacilitating together where possible. There are many considerations and complexities in Health and Social Care. Having support in those environments can decrease risk to the participants and the practitioners as well as support the mental health, wellbeing and longevity of A&H practitioners.
- Create time for Co-Reflection after every session. This is important in supporting the mental health of A&H practitioners. Giving time to Co-Reflect can allow practitioners to decompress and discuss any concerns they may have without ruminating over them in their head in isolation.
- Consider our own Access needs. - What are your own access needs? Do you have any? If so it's important to recognise them, maybe highlight them and put things in place for your own wellbeing and needs.
- Allow time for participants to settle and decompress at the beginning and end of every session. This can really help build trust, reduce anxiety and feel they and their emotions are respected and values, however they feel.
- Funders and all partners should recognise that in order to support artists MH and wellbeing properly then A&H practitioners should be paid properly. A&H practitioners are often only paid for the workshop delivery time, which is unsustainable and often means they are working for less than minimum wage. There is a huge amount of preparation time that goes into A&H projects that happens away from the participants. This is all incredibly important work and if artists aren't supported properly then it can be exhausting and lead to many brilliant practitioners leaving the industry due to burn out, feeling devalued and demotivated and also struggling financially - all of which can have a detrimental impact on their emotional and mental health.

- Recovery Focused Language is something all A&H practitioners and Health & Social Care professionals should all be using and have significant training in.
- Setting boundaries and understanding what is intentional peer support, and how to intentionally share lived experiences is a skill that requires training, self reflection and for an A&H practitioner to be ready and mentally resilient enough for others to know certain things about them and their life experiences. There can be a fine line between Feeling ready to share and Being ready to share and A&H practitioners should have access to support and mentorship around this type of practice.

Recommendations for Arts & Health Sector Future Development:

1. As part of this project we have identified five specific groups of arts professionals have been identified. All these groups would potentially require training and support and potentially at differing levels:
 - Those working with Adult MH Service Users (e.g. The Wellbeing & Recovery College)
 - Those working with Children & Adolescent Service Users (e.g. The Amelia Trust/ Noah's Ark)
 - Those working with Adults who have not identified as MH Service Users (e.g. Rubicon Dance / any community group who open their doors any participant regardless of if they have identified or an unidentified mental health challenges / adverse life experience.)
 - Those working with Children & Adolescents who have not identified as MH Service Users (e.g. Sherman Youth Theatre)
 - Those working with young children who don't have the language / ability to express themselves to those in care / education roles around them in a meaningful way.
2. Explore further support for community and social care
3. There is a need to develop a programme which supports artists who are at different places in their practice, giving them the knowledge necessary to support participants on their courses and themselves:

Approximately 80% of the Training provided would be relevant to all who wish to work in Arts in Health, and 20% will be targeted to that which is specific for the

Recovery College. Therefore, the following broad cohorts would also benefit from Training:

- Those who wish to work specifically within arts in mental health
 - Those who require training to work within the community and who might encounter people in need of mental health support.
 - Those who work with people living with long term conditions (often there is a need for mental health support)
4. Learning Set – Building a Recovery College Identity which embeds the arts is an aim for the future.
 5. Supporting the Developing Evidence Enriched Practice (DEEP) training materials with Nick Andrews, Research Officer, Social Work, Swansea University.
 6. Addressing the barriers and fears that healthcare professionals may have in working with artists with a lived experience – exploring how this could be addressed
 7. Recognising that artists need support, explore the development of a ‘buddy system’ for artists working in arts in health in Wales
 8. Further development of good practice which will benefit arts in health professionals across Wales. For example, using the approach developed by the Wales Wide Training Programme, Tracey Brown, Rubicon
 9. Further developing a working group of tried and trusted partners from across Wales who can offer advice for fellow practitioners, develop further good practice, training, competency, and assist in developing the recognition of the professional nature of artists working in healthcare.

Recovery & Wellbeing College Future Developments:

- In line with the spread and scale model we are developing a sustainable Best Practice
- Model that could be rolled out across the CAVUHB, Nationally & Internationally

- BBC Sounds - podcasting - Recovery College Students storytelling through spoken word / sound - discover who the audience is through Anchor FM
- Lived experience story telling through film & the visual arts that could help challenge the misconceptions of Mental Health and its portrayal in the media
- Sharing of work - build toward a joint exhibition / sharing of work from all (voluntarily) who participated in a creative recovery college course each term
- Embed peer support within Mental Health services, using creativity as one tool for connection and conversation
- Explore future funds and revenue streams to create a sustainable service
- Offer consultancy
- Become a hub for Lived Experience Arts & Health delivery

Nick Andrews' DEEP Principles are widely recognised academically and as best practice in Social Care and in Co-Production across all health and care services in Wales. It recognises that all partners who are involved in any service, whether it be in a health care settings or in a community setting should be treated in line with all 6 principles, in order for everyone involved to feel their knowledge and experiences are equally valued and respected without hierarchy and importance of "power."

Four in Four have utilised this way of working for many years but have found a common and recognised language that explains what it looks like as Best Practice. Tamsin & Paul ensure they do this for each other as co-partners and co-facilitators but also included in this are all participants and partners involved in any project.

Developing Evidence Enriched Practice (DEEP)

How to create the best environment for people with different sorts of knowledge and points of view to learn and act together

1. Support everyone's well-being

When people are valued and included it makes them feel good about learning.

2. Start with what people know and find interesting

People are motivated to learn when it connects with what matters to them.

3. Help people make sense of what they learn
 People adapt and use what they learn in different ways that must make sense to them.
4. Use stories in learning
 People often learn best through stories.
5. Share all sorts of knowledge in learning
 What everyone knows is important and adds to a bigger and better, shared understanding.
6. Share leadership and decision-making
 Everyone should have freedom to try things out and learn from it.
7. Be mindful of the context in using evidence
 What works in one place doesn't always work in another place. We need to be careful how we use knowledge in new ways and places.
8. Be brave and challenge each other kindly
 Everyone must be brave to share what you know. Everyone must also be brave to listen and understand what others are saying.
 Talking to each other kindly will help everyone be brave and learn from each other.

A&H Project Marketing & Recruitment

Our emotions are part of a continual cognitive appraisal and feedback process. This process forms the basis of our decisions on not just how to act, but who to trust. If an A&H practitioner prioritises the emotional connection with a potential participant, they can open them up to new ideas, drive behaviour and establish trust.

Emotions are very rational. It's not enough just to know what should be done; it's also necessary to know why you feel it; therefore emotions have a huge impact on how a person receives messages they wouldn't accurately perceive in another way. If projects want to optimise messaging to drive action, they need to give much more consideration to the power of emotion and the language they choose to mitigate / bypass the emotional responses to marketing materials and the way we recruit.

If a message does not make us feel something, we are unlikely to act on it. So we need to think of emotions as guidelines for every decision participants make, without which there would be no participant action. Based on our years of experience, FIF created a best practice marketing and recruitment model based on understanding the lives of the participants, why they react in certain ways to stimulus and environmental stresses, how we can deliver key information in an accessible way and how to communicate in an inclusive way by encouraging participants to engage emotionally.

Every project we deliver is bespoke to its targeted group and we continually strive to do our best to ensure that their emotional needs are met.

When we are recruiting participants we always:

- Consider the language –especially the title & description of the arts / creative activity

- Explain who we are, our experience & values
- Show our care & our passion
- Explain what the project is about and what they should expect
- Host pre project, creative conversations to explain the project in more detail. We are open to co-producing our workshop content with the participants and it's in these pre project conversations we gain most of the necessary information to guide our project planning.
- Allow people to ask questions prior to start of project
- Design an accessible registration process

From our experience language is the most difficult element to get right as certain "industry" words can put people off from engaging. (e.g. 'creative writing' reminded some people of school and assumed we would be judging their spelling and grammar - doing things right or wrong - and so they didn't engage.

When thinking of a title for your project it is important to consider how it will make participants feel about themselves and what joining the project says about them in the eyes of others- especially in projects focused on Mental Health. By calling a project – Storytelling for People with Mental Health Challenges you could immediately alienate people who would otherwise join the project.

We currently run a Visual Arts course for the Recovery & Wellbeing College that encourages people to express their emotions and communicate their Mental Health challenges in creative ways. The course is called 'My Head is Full of Bees' and the title is often cited as the reason that people chose to sign up. - Most people who attend the course don't consider themselves as artistic or creative, yet they learn so much about themselves and how to use creativity meaningfully, to help them with processing and communicating their emotions and MH challenges.

Always consider the information that people need to know to overcome any emotional or physical barriers they may have about engaging in the project. For example, as people with lived experience of mental health challenges, we like to know who the practitioners are, the delivery style and the level of commitment required to fully engage and so we make all of this information available to potential participants of our projects.

It is also important to consider how you format and distribute project marketing. We find that easy to read, visual marketing that shows a level of understanding as to who the people are, who are receiving it, helps our marketing stand out from other offers/information targeted at them.

The traditional method of posters on pin boards and printed flyers has long since been replaced by social media but this is not always the most effective method of meeting certain groups or individuals. We have also found that making introductory videos, specifically

targeted at groups (i.e. CF patients & Health Care Professionals) that explain the tailored project can help people connect and make people feel at ease about who we are and what we are asking of them.

Please follow the link to the marketing video created by FIF

<https://vimeo.com/677585112/91f52c8941>

“Doing these projects help motivate me to create. Art is something I love but I lack the energy to do it so creating in a group of people really helps me. It’s also great that I get to do it with a group of people like me who I’ll never be allowed to interact with in person so it’s nice to be able to do it online and gain friendships out of it.”

Shannon, PLWCF

To read an Arts & Health marketing & recruitment case study please view the appendices

Arts & Health Evaluation

Evaluation is often mistaken by practitioners for monitoring, which is focussed on the number of workshops delivered and the number of participants who attended. Evaluation is an iterative process, that involves collecting and analysing information about a project’s activities, characteristics, and outcomes. Its purpose is to allow for constant assessment of the project, to improve its effectiveness. It is essentially the difference between output & outcomes. We are mostly outcome focused in our approach to project evaluation.

Choosing the best evaluation methodology is often overlooked when planning a project, with projects often falling into two schools of thought- Quantitative & Qualitative.

Quantitative evaluation tends to be more structured than **qualitative** research methods due to its statistical nature.

Quantitative evaluation can either be paper-based or computerised – such as questionnaires, hard data and online surveys. Sample size is everything; there needs to be a minimum number of responses for any particular area of interest. Meaningful quantitative evaluation can be challenging for many projects due to the larger sample sizes needed for the most reliable quantitative data. Many Scientific and Medical theses and experimentations rely on & put great value on Quantitative data.

The benefits of quantitative research for practitioners:

- Quantitative research gives policymakers the ability to collect large volumes of data quickly and efficiently, providing a generalised view of their target demographic

beyond your project's participants. The analysis and result of a survey can also be processed with speed too.

- A comprehensive set of results from a quantitative survey can give policymakers the utmost confidence when making plans for the future.
- A quantitative questionnaire can be anonymous, giving respondents the confidence to discuss sensitive topics with complete honesty and transparency.

Qualitative evaluation is a conversational methodology which focuses on how people feel; what they think and why they make certain choices. For instance, if you are thinking of changing your project, you would carry out some form of qualitative research to understand the emotional reactions people have to your new methodology and what they associate it with.

The benefits of qualitative research for practitioners:

- Qualitative research tends to be transcribed or recorded via audio or video, making it easy to analyse responses at your convenience.
- Qualitative research gives you the ability to explore multiple & complex topics in depth.
- Qualitative research doesn't need to rely so much on large volumes of participants, unlike quantitative evaluation. This is because you can receive a more in-depth, layered and detailed information that you can't achieve from quantitative data alone.
- Qualitative research can be undertaken at times to suit you – you don't need to interview large numbers of participants all in one go. However; it's important to note that capturing 'in the moment' emotional responses can be more valid, as it can capture raw emotion and a truthful representation to a stimulus, which can be incredibly useful.

Qualitative evaluation also provides evidence for **Thematic** analysis which emphasises identifying, analysing and interpreting patterns of meaning (or "themes") within qualitative data.

FIF constantly reviews our evaluation methods within the CAVUHB as we need to find ways of providing meaningful information & data to Health professionals that is specifically useful for their needs, when they have expressed interest in evaluating the outcomes for their team from project.

"The project provided an opportunity for healthcare professionals to learn from the lived experience of those people living with CF who receive care from our service and has also given a platform for people to share their experience working in the field of Cystic Fibrosis.

The process has allowed exploration of service co-design and helped to explore what is important to people living with CF and how their relationship with the CF service is evolving as the landscape of CF care is changing”

Dr Jamie Duckers,

Research Lead & Consultant in CF and General Medicine

Another form of evaluation that naturally lends itself to A&H projects is Most Significant Change (MSC) technique used by Nick Andrews, a Research and Practice Development Officer at Swansea University in his Developing Evidence Enriched Practice (DEEP) programme.

Most Significant Change (MSC)

MSC is a form of participatory monitoring and evaluation using stories of change that have come about as a result of a particular project or development activity. At the heart of the technique is the open question: “Looking back over the last..., what good or bad changes have come about as a result of....?”

Whilst some approaches to monitoring and evaluation are based on proving (i.e. focused on performance), MSC is based on improving (i.e. focused on learning) – a very important distinction, which encourages the honest sharing of stories about the things that have worked and the things that have not. It also encourages the gathering of stories about unintended outcomes.

It is participatory because many project stakeholders are involved both in deciding the sorts of changes to be recorded and in analysing the data collected. It is a form of monitoring because it occurs throughout a project or development cycle and provides information to help people manage the project or development. It contributes to evaluation because it provides data on impact and outcomes that can be used to help assess performance.

Essentially, the process involves the collection of most significant change (MSC) stories emanating from the frontline level (e.g. within a community, at the point of service delivery or in a team) and the systematic selection of the most significant of these stories by panels of designated stakeholders who are people who can influence the way the development or project is being directed. Once MSC stories have been captured, selected groups of people sit down together, read the stories aloud and have in-depth discussions about the value of these reported changes, and which they think is most significant of all. The panels provide feedback to the people who have shared and gathered stories in the form of a short

summary, which includes the most significant change story, the reason for its selection, the lessons learnt from all the stories and resultant actions. This process helps to build a common sense of purpose and achievement across the organisation or community.

The MSC technique takes the following steps in a cycle:

- Raising awareness and interest In the technique
- Defining the reporting period (i.e. how often stories are gathered and the panels meet)
- Collecting MSC stories (in a systematic way – for an example of an MSC story please see the appendices)
- Most Significant Change story selection panels involving strategic decision makers
- Feeding back the results of the selection process in a short report
- Quantification and secondary analysis of all the stories (which can be coded to particular themes)”

For Further Information – <https://www.deepcymru.org/en/>

Recommendations for successful A&H project evaluation

FIF’s projects are continually evaluated with all of the partners analysing the agreed goals, outcomes and longer range impacts. We evaluate change, collect anecdotal evidence, hold/record discussion events, and collate exhibition feedback and testimonials from the project’s participants and the wider community as part of an inclusive evaluation package. We set up working groups to monitor project stages and development. All of the partners’ evaluation is scheduled to commence at the beginning of the project and is continually reviewed and conducted throughout the project. To achieve this level of information gathering a realistic budget is attributed to **consultancy evaluation** as part of the funding application.

Evaluation should be conducted before, during and after any activity to encourage a learning & development opportunity for all by engaging intellectually and honestly so that you can improve what you are doing and inform what you do next.

A&H evaluation should be:

- Treated as an iterative process.
- Formative; influencing project development.
- Forward looking and Reflective throughout the project.

- Measure Social, Economic, Cultural, Environmental, Artistic, Health and Educational impacts & Outcomes.
- Useful to all; leading to improvement.
- About Learning: What works, what doesn't work and why?
- Multi-faceted, gathering different perspectives - patients, staff, artists, partners, funders so that there is a triangulation approach to evaluate the project.
- About the Art of asking good questions.
- Creative in collating robust data in a variety of qualitative & quantitative ways.
- Ethical & moral - trust, truth and integrity.
- Fair & Representative.

To read an Arts & Health marketing & recruitment case study please view the appendices

Appendices

An Arts & Health project planning case study

An Arts & Health marketing and recruitment case study

An Arts & Health project evaluation case Study

An Arts & Health Project Planning Case Study

In 2020 the Recovery & Wellbeing College's Peer Lead and Recovery College Programme Manager, Hannah Morland-Jones, met with Melanie Wotton of the Cardiff & Vale Health Charity. The college was looking to engage Artists with Lived Experience of Mental Health challenges to co-produce Arts & Health courses for the curriculum. Based upon their years of successful partnership work, Melanie suggested that Hannah met with Four in Four.

About the Recovery & Wellbeing College

The Cardiff and Vale Recovery & Wellbeing College provides free courses on a range of mental health, and wellbeing topics. The College is underpinned by the Recovery values of Hope, Control and Opportunity. The college holds Co - production, Peer Support, and mutual learning as guiding principles. The Recovery & Wellbeing College is flexible and has an educational focus, with the promotion of wellbeing at its core. The service is self – referral with Staff, those accessing services, and carers attending as students on an equal basis.

The RWC enables those with lived experience to be an expert in their own story and experiences. The college believes clinical and lived experience expertise have equal value. It empowers artists with lived experience of MH challenges to build confidence in delivering creative courses but also feel comfortable and able to participate in a successful co-production with a Health Care professional.

After an initial scoping meeting FIF agreed to partner with the RWC and co-produce two pilot Arts & Health courses, funded by the C&VHC.

Project partners

Immediate – Four in Four, Recovery & Wellbeing College, Cardiff & Vale Health Charity

Extended – Cardiff & Vale UHB

Project goals

Although our Arts & Health practice was largely aligned with that of RWC's principles it was necessary for us to adapt to their fidelity model as it is vital that the RWC ensures that the voice of lived experience is at the heart of A&H courses on its curriculum.

Co-produce and co – deliver two Arts & Health courses that intentionally use Tamsin & Paul's lived experience to support others based on the values of mutuality and shared learning.

Prior to FIF partnering with Health Professionals and co-producing the two courses **RWC would provide:**

- Peer Supervision for Tamsin & Paul
- Support from the RWC curriculum leads
- Clinical Governance
- Safe guarding
- Training in the intentional use the Lived Experience of Mental Health challenges to support others in their Recovery
- Additional training in the RWC's Fidelity model
- Administration of courses and all student communication
- Website/ publicity / comms

FIF would provide:

- Two bespoke Arts & Health courses
- Guidance in building an Arts & Health "strand" to the RC that is adaptive, sustainable and inclusive based on the needs and demands / requests of college students and aligned with RWC, CAVUHB & Four in Four's core values and joint vision.

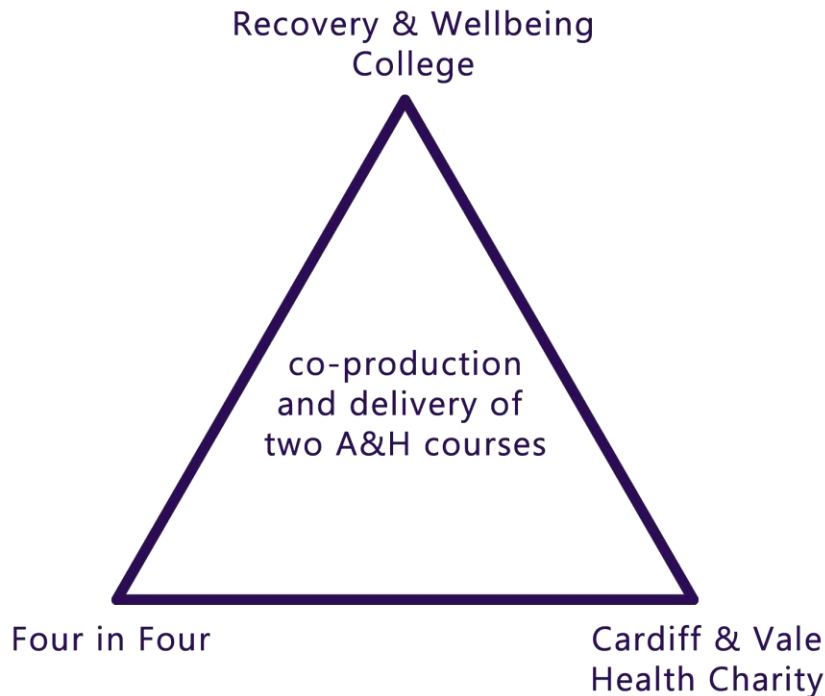
- Awareness of Arts & Health employment opportunities within CAVUHB for Artists and Health Professionals with Lived Experience
- Liaison between the Recovery College and the C&VHC
- Professional links between the Recovery College and the Arts, Health, Arts & Health and the Third Sectors
- CPD for Health Care professionals by exploring “different ways” of engaging with and supporting those with Mental Health challenges successfully in a range of Healthcare & Community settings.
- Ensure that there are Arts based outcomes at the heart of each course.
- A model of Best Practice for Artists with Lived Experience that can be shared throughout CAVUHB and beyond

For additional support Tamsin & Paul (FIF) would be expected to:

- Attend the weekly staff team meeting
- Attend relevant additional meetings
- Attend Mentoring sessions with the Recovery College Peer Lead
- Engage in co-reflection
- Provide continuous evaluation

C&VHC would provide:

- Funding for Tamsin & Paul’s time
- Liaison with CAVUHB



An Arts & Health Project Marketing & Recruitment Case Study

In 2021 FIF were commissioned as A&H practitioners to work with the Cystic Fibrosis MDT and People Living with Cystic Fibrosis. The ultimate goal of *CF Voices* was to help create a future CF 'Service', which meets the needs of both staff and People Living with Cystic Fibrosis (PLWCF), created by a shared decision making between people with CF and the CF team.

People Living With Cystic Fibrosis were a hugely important and valuable voice in this project as they are equally as expert in their condition as the health care professionals. These are the people who have shared their expert knowledge from lived experiences, to help identify what challenges they face within and outside of the service, highlighted what the service is doing well for them, where improvements may be needed and also highlight what their new needs / demands are from the service.

We knew that the shared patient experience and contributions were going to bring so much valuable learning for the development of the CF service and how important it is for them to

connect with each other as peers; so we were mindful how we marketed the project and recruited the PLWCFs. In depth considerations needed to be made, drawing on the learning from our previous project, so we decided to speak to the staff and a small working group of PLWCFs to ascertain the scope of the CF Network, how we could reach them, the different methods through we could engage them (i.e. Twitter, Email, Beam etc.) and the language we needed to use.

Marketing Challenges

- Identifying what the potential barriers to engagement were, including not thinking of themselves as "creative" or not being good at art or creative writing in school.
- The language we used in our first e-flyer put people off signing up as people had reservations around the words "Creativity" & "Art."
- Not all PLWCF saw the e-flyer as it was sent to them via email. PLWCF openly declared that they don't often open and read emails from staff or the CF service.
- The different methods of communication that were used to reach the PLWCF in the community by the service included twitter, email, Beam. However, some PLWCF didn't look at any information that is shared to them by the CF service regardless of the platform that it was shared through.
- One PLWCF shared with us, if the information sent to them by the CF service isn't eye catching and different to the "usual" about their CF, then they would delete it without reading it.
- Staff working in the CF service informed us that PLWCF had shared with them that they were really interested in engaging in the previous creative projects with us, but didn't have the confidence to sign up because they didn't know what to expect.
- PLWCF don't typically communicate with other PLWCF outside of the service. There was no social media network where PLWCF could share their experiences of working with us to other PLWCF. There was no clear way of sharing the project details more interpersonally or for those who do know about the project to find out from other participants more about it to decide if they would like to engage or not.
- A PLWCF who engaged with us previously could not attend any of the workshops or engage in the project as they moved to England for full time work.

Marketing Solutions

- We created a video asset (Link below) to be shared through all of the CF service platforms. The aims of the video were to:
 1. Share who we are as Paul and Tamsin, what we do and why, this includes us sharing about ourselves as people with mental health diagnoses and how we use our experiences to run workshops but also how we use creativity for self-expression and as a form of emotionally authentic communication.
 2. Explain what the project is and what to expect by engaging in the project.
 3. Address the potential barriers and concerns people may have, that deter them from engaging in the project and in conversations with us.
 4. Give a sense of who we are and how we run the sessions. The video showed our relaxed, interpersonal and conversational nature.
 5. How to sign up to the project.
- We addressed the "them and us" hierarchy that PLWCF can feel exists between patients and staff. Instead of the project being solely about them as patients with a diagnosis of CF, we posed the key question - Who Are You?
- We created an E-flyer (Below) which also addressed all of the above.
- We changed the language of how we marketed the project, from "Art" & "Creativity" to "Storytelling" & "Share your story / experiences."
- We offered drop-in sessions at different times of the day / evening for those who were interested in joining the project, wanted to find out more information, ask questions about the project and address any reservations they had. We framed the style of the initial drop in session as an "informal coffee and a chat."
- From the drop-in sessions we discovered what time of day was best for the participants. The most accessible time for all participants was at 6pm on a Wednesday evening. Most Arts & Health activity with patients operated within the day time, but half of the participants could only attend evenings as they worked. We also discovered the desired frequency and duration of workshops during the drop-in session.

Please follow the link to the marketing video created by FIF
<https://vimeo.com/677585112/91f52c8941>

“Being part of this project has enabled me to change the way I think about my CF. I have enjoyed the chance to share experiences with others who I normally wouldn't be able to meet. I hope to continue exploring creative ideas in the future as I think this could help with communicating how I manage and cope with my CF.”

Steph, PLWCF

FOUR

Hello,

We are reaching out to let you know about **VOICES**, a story sharing project between the All Wales CF Service, the CAV Arts & Health Charity and us (Tamsin & Paul - Four in Four).

Over the last 3 years the world has changed for people living with CF, for some more dramatically than others. Some of the big changes have been due to Covid, the introduction of Kaftrio, increasing digital options for care; as well as opening the new CF unit.

Following the success of the 'VOICES' pilot in 2020, the CF Team has partnered with us to capture your experiences of the service as whole and learn how it can respond to your needs in the future.

The ultimate goal is to create a future CF Service, which meets your needs, created by shared decision making between people with CF and the CF team. This project is one of the many different ways of capturing patient and staff experiences to enable that positive change.

We would love for you to share your experiences and hopes for the service, not just as a person living with CF but as a human being and all that entails, through a series of open conversations and storytelling workshops.

VOICES is an opportunity to share your story and experiences through conversational sessions and engaging in a range of media including art, photography, video / film, poetry, the spoken word... Our role is to help you find the best way to communicate what you want to say. All sessions will be confidential and an open environment for you to share what you want without judgement.

If you are interested in being involved in the project please email Tam & Paul (Four in Four) at info@fourinfour.co.uk

We are holding 2 Introductory Sessions so you can come and join us on Zoom for an informal virtual cuppa and chat.

These sessions are about getting to meet each other, talk about anything you want - including; the project, any barriers to participation, apprehensions and hopes that



FOUR

you may have about engaging in the project, including if day or evening sessions would work best for you.

We are interested in hearing what you want to talk about, what stories you want to share and also answer any questions you may have about the Voices project.

Your contributions can remain anonymous and confidential if that is your preference.

Tuesday 1st March 11am – 12pm

Wednesday 2nd March 6pm – 7pm

If you are unable to attend either of these sessions but would still like to be involved, please email us and we can arrange a time that's suitable for you.

Who are Four in Four?

We are storytellers & artists who work in Public Health and the NHS who use multiple art forms to tell stories and share experiences as a catalyst for conversation and positive change. We are also lifelong Mental Health service users so we know how important it is to gather the experiences and thoughts of those with lived experience to make our stories authentic and truthful to encourage positive societal change.



To find out more about us please view the project film below or visit our website

[The CF Voices Project Film](#)

www.fourinfour.co.uk

In advance of starting the project we are happy to answer any questions you may have. You can email us directly with your questions to: info@fourinfour.co.uk

We look forward to meeting you.

Warm wishes,

Tam & Paul



FOUR



Images from Four in Four's **3 Words** project

When I met Tamsin & Paul I was having a really bad day and felt really low. By the time they left I felt so much better. I have never laughed so much in my life. Most people stigmatise people with CF as lazy and it feels embarrassing because we aren't, we are just exhausted. When Paul and Tamsin came to do the Voices project it was so nice to have people to talk to and listen to what I had to say and express. Because they were so open and non-judgmental I was able to communicate who I am and my circumstances and I felt they truly understood CF. I felt I was able to express, offload, let our imaginations go into all sorts of places, laugh and talk about the things I have been through.

I would engage with any Arts & Health project that Tamsin and Paul do in the future in and out of a hospital environment."

Person living with CF



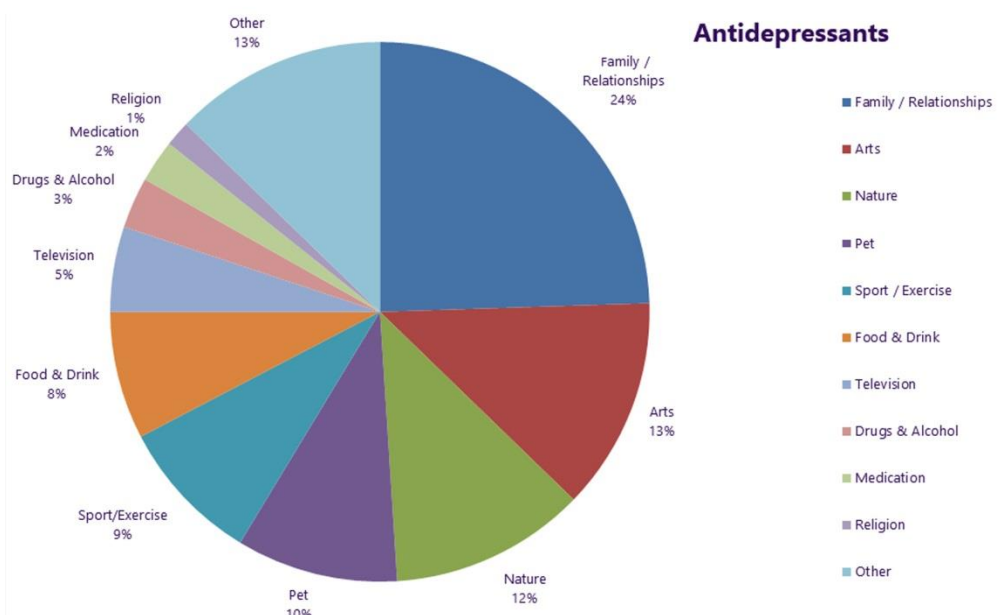
An Arts & Health Project Evaluation Case Study

In 2020 Four in Four staged a Visual Arts exhibition, 'Is It Science or Art?' at the Hearth Gallery at University Hospital Llandough. The exhibition was an exploration of all the medical tests that Tamsin & Paul had experienced when using Mental Health Services. Due to the unique location of the gallery at the heart of the hospital, we knew our 'exhibition would be seen by both patients and staff so its potential reach was the entire UHL site.



As part of the exhibition we created an innovative interactive 'feedback wall' titled 'My antidepressant is...' where visitors to the exhibition wrote / drew their responses, leaving a personal imprint within the exhibition. We received 196 responses and were able to share that data with the Arts Team for wider dissemination.

This information was both **quantitative** and **qualitative**. The data we recorded was also used as **thematic** evidence by CAVUHB.



149 respondents provided 196 responses (including multiple answers)

In addition to the feedback wall we also hosted a gallery talk with staff & service users around the question, Is Psychiatry a Science or an Art?

Staff – “Your work is amazing. I could have read about depression or heart disease or physical ailments or Mental Illness a thousand times in a text book but it does not have the effect that this has had on me and I’ve been in Psychiatry since 2009 so that’s eleven years so that is the profound potential of your Art”

Service User – “This exhibition is going to inspire people because these days participatory art is something we all need. You can write and respond and add your feedback and this is the type of thing we all need in this sort of environment because you learn to evaluate and learn how to progress in the world.”

CAVUHB Arts Team – “I think there is so much potential in terms of everything we are doing as a Health Board even just looking at the responses and thinking about Art on prescription in terms of Primary Care. All this information can feed into our capturing and feed into this idea.”

During the exhibition The All Wales Adult Cystic Fibrosis Centre approached us and asked if we would consider curating a patient led exhibition whilst mentoring their patients through artistic practice. This resulted in the Control Fate exhibition staged in 2020 during the pandemic and a larger scale project in 2021, embedding the arts within the CF service as they move towards a National shared decision service between CF patients & staff.

