

Right: Mark Webster.
Far right: Kate Gant.



Just what the doctor ordered?

Kate Gant and Mark Webster examine how health targets and documentation can boost the case for arts work

In August Andy Burnham, Secretary of State for Health, announced that Britain must ‘face an uncomfortable truth’ (1) when he revealed that a third of the UK population fails to take even one of the five recommended 30-minute sessions of moderate exercise a week. Burnham set a ten-year target for Britain to move up the rankings to become one of the best countries for ‘promoting active lifestyle.’ He went on to acknowledge the link between dance participation and promoting ‘active lifestyles.’ He also announced that Arlene Phillips had been recruited by the Department of Health as a ‘dance champion’ to encourage more people to join dance classes.

Central Government sets targets. The 10 Strategic Health Authorities in England manage the NHS, ensuring targets are met. Burnham also appointed Mike Farrar, chief executive of the North West Strategic Health Authority, to support the public campaign and promote physical activity within the NHS.

The announcement in August was described by health experts as ‘necessary pump priming’ (2) for a healthy living revolution. Primary Care Trusts (PCTs) will provide this health care at a local level, but they don’t necessarily directly provide local services. Over recent years there’s been a move for PCTs to commission more and more work. This opens up opportunities for arts and health agencies to step in and deliver work.

Underpinning the media campaign launched in August is a set of Health and Well-being targets. These targets are in the public domain. Each PCT publishes an annual Public Health Report that includes the pressures and priorities facing them. PCTs also work with other public sector partners to identify local joint priorities (PSA Targets). For example, to achieve the PSA Target 008: Adult participation in sport and active recreation, PCTs and local authorities need to show that they are increasing the levels of participation amongst their target population. This varies from area to area but includes people who wouldn’t normally go to a gym or participate in team sports (3). A list of locally agreed targets for the period up to 2011 can be found at www.localpriorities.communities.gov.uk

The government has established a national ‘Champions Group’ to help raise the profile of dance. The link between

targets and dance will need to be made locally, and it will be hard to influence PCT commissioning without a local health champion. The four local authorities in the Black Country decided to work together to develop arts and health work, initially inviting the directors of Public Health to identify someone with whom they could work. For the past three years health partners have met with arts officers to share priorities and commission a programme of arts activity that contributes to their joint priorities. All the Black Country Arts and Health champions are committed to the role the arts can play in improving health and wellbeing, but they have other priorities. Providing them with evidence to demonstrate how the arts is contributing to health targets, and showing them examples of work to keep them inspired, has been vital.

To respond to future cuts in public expenditure it will be essential to continue to gather evidence to show that participating in an arts project can improve people’s health and provide a value for money option. Burnham stated in an interview in *The Guardian* in June 2009 that spending money to help people get fit and stay healthy was ‘a long-term insurance policy’ that could help cut the soaring bills incurred by the NHS in treating obesity-related disease such as diabetes and heart conditions (4).

We need to make sure we don’t overstate what can be achieved in the short term by an arts and health commission. This makes collecting information about realistic behaviour changes an important aspect of any arts and health project. But whose job is it to collect this evidence? Increasingly, as projects are commissioned from individual arts workers and companies, it’s becoming the responsibility of the people leading the creative work to collect the evidence about their impact themselves. As a matter of course dancers who are leading programmes are also now expected to monitor and evaluate their own work. Where once this would just have been on the level of keeping a register and asking participants to fill in a satisfaction questionnaire, today’s arts workers need to gather information in greater detail. This may involve collecting data about how a programme affects people’s thinking about health, diet and exercise and, perhaps even more crucially, its impact on their long-term behaviour. This >



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Left: Frontlinedance's community dance group/work 'Breakthrou'. Photo: Tony Jones.

can be quite intimidating for practitioners, especially when they believe that their main aim is to inspire people's creativity.

The question is, are we prepared to meet this new challenge? Our experience teaching arts practitioners on the Arts and Health: Artist Professional Development Programme (5) is that we still have some way to go. Many practitioners arrive on the course at Staffordshire University feeling that evaluation is yet another, extra responsibility alongside so many others they now have when designing projects. We try to show that it needn't necessarily feel burdensome. During the course practitioners learn that they need to think about how they will collect information about behaviour change at the start of a project, as it's not something that can be left until the final celebration. We also show that designing an evaluation framework that captures this kind of information needn't be onerous. Indeed, many practitioners end up believing that integrating evaluation of the impact of their work into the way they set up projects makes for a very positive

way of getting feedback about the quality of their programmes generally and their value for participants. We suggest that artists use a simple planning framework focusing on four key questions: What health and well-being target or priority will the arts work contribute to? What specific objective can the project achieve? How will you know if you've achieved them? And how will you collect evidence to show you've been successful?

In addition to this framework we feel it's important that any evidence is collected in an ethical and robust way. Participants in an arts project need to be engaged in evaluation in an honest manner and their contributions valued and treated with respect. To achieve this we ask artists to firstly consider why they're undertaking the research, in particular checking that the information hasn't been collected before, and that the methods used to collect data are appropriate for the groups they're working with. We then ask artists to ensure that all participants give their informed consent to be involved. This means that participants understand why the evaluation is being carried out, how the results will be used and how they can have access to the final report. It's also important to make sure participants understand they're completely free to opt out of the evaluation if they feel uncomfortable. Finally, artists need to consider how they'll check if the results they gather

are accurate; whenever possible participants need to be involved in interpreting and checking the information gathered.

Many critics still argue that the NHS will never really embrace the arts until the evidence is conclusive. Perhaps this is the case, and no amount of evidence will ever be enough to convince health policy-makers that the arts provide a cost-effective method of keeping the nation healthy. However this does not mean that we should abandon the project. As Andy Burnham's attitude demonstrates, the government is desperate to find ways of reducing the burden on the NHS, and the easiest way of doing this would be to improve the nation's health through healthier lifestyles. Even the Department of Health has shown itself ready to consider the unthinkable and embrace the arts as a tool in its campaign, so perhaps the moment has arrived when dance and other participatory arts forms may be considered by health policy-makers an important tool in health promotion. The work in the Black Country has demonstrated that, when presented with the information about how projects contribute to health outcomes, the usually impassive guardians of the nation's wellbeing can be persuaded to spend their money on arts projects. It's just up to us, the advocates and practitioners, to show that their leap of faith hasn't been in vain and to consistently provide them with evidence from our practice that the arts are essentially healthy and have a central role to play in promoting health.

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(1) and (2) Andy Burnham as quoted in The Times of London, 13 August 2009. See www.timesonline.co.uk/tol/life_and_style/health/article6794111.ece

(3) Please see <http://www.localpriorities.communities.gov.uk/NIRResults.aspx?NIRRef=NI%20008>

(4) Andy Burnham as quoted in The Guardian, 7 June 2009. Please see www.guardian.co.uk/politics/2009/jun/07/andy-burnham-nhs-fitness-drive

(5) For five years creativityteam and the Creative Communities Unit at Staffordshire University have run the Arts and Health: Artist Professional Development Programme. The next programme starts in February 2010. For more information about all their courses visit www.staffs.ac.uk/ccu or call 01782 294793.