

2024

Arts Boost – Year Two

Arts Boost Year Two Evaluation Report

January 2024

An evaluation of Hywel Dda University Health Board's Arts Boost – Year Two

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Executive Summary

In October 2021, Hywel Dda University Health Board's Arts in Health team was awarded funding through the 'Celf a'r meddwl | Arts and minds' programme, a joint initiative between the Baring Foundation and the Arts Council of Wales. The programme supports Welsh NHS health boards to develop their work with artists and arts organisations to provide creative opportunities for people with mental health problems.

This award funded the Arts Boost project: A collaborative project designed to improve children and young people's mental health and wellbeing through arts interventions at Hywel Dda.

This evaluation report covers the second year of the Arts Boost programme (Arts Boost 2), and the continued development and delivery of the intervention, from October 2022 to October 2023. The focus of the evaluation was to identify the continuing impact of the intervention on patient outcomes and to continue to develop an understanding of 'Arts in Health' project implementations within a health board setting. Mixed methods were employed, with data gathered from a range of sources.

The Arts Boost programme enjoyed a successful second year, in which there was a shift from virtual to in-person delivery of sessions. 32 in-person arts workshops were delivered by 3 arts partners across 2 seasons: Spring (in person) and Summer (in person). The programme has continued to show great potential to improve well-being in CYP and this has been recognised nationally through the winning of the runner-up prize in the category of commissioning for patient experience at the Patient Experience Network National Awards.

Based on the findings of this evaluation, the following key recommendations are made:

Recommendation 1:

Review of the referral process, to ensure that sign up is improved, and that barriers for uptake are minimised. Investigate new ways of reaching out to CYP to improve uptake.

Recommendation 2:

Continue to deliver activities in-person, as this appears to be the preferred method of delivery for the CYP. Aim to deliver the programme more equitably in each county to ensure that the service is available to as many CYP across Hywel Dda as possible as much as funding allows.

Recommendation 3:

Continue to investigate opportunities for CYP to further their arts and health journey after completion of the programme. Consider different options for ending the programme with a focus on 'what next' in the final session. A need for a robust system in place or signposting so that CYP can continue their journey and maximise the effectiveness of the programme.

Recommendation 4:

Focus on ensuring complete datasets for evaluation data are collected e.g. For future seasons it could be beneficial if CYP complete their SWEMBWS 'post' questionnaire within their final sessions to ensure that data is complete. Additional qualitative data would also be encouraged e.g. Investigate ways to encourage feedback from CYP and gain feedback from CYP that did not attend, if possible, to determine why.

Recommendation 5:

Investigate ways for security of the project to be guaranteed by formal clinical involvement. The current clinical representative is not formally contracted to invest time in the project.

Recommendation 6:

Review the training needs of the artists and consider implementing a structured training programme to ensure these needs are met. Ensure new artists have appropriate induction and ensure that future provision continues to include therapist led wellbeing sessions for artists.

Recommendation 7:

Review of the participant feedback tools to ensure that the most appropriate tools are being used for collecting participant feedback.

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Arts Boost 2 was made possible thanks to funding awarded as part of the national 'Celf a'r meddwl | Arts and minds' programme, which was launched in 2021 by the Arts Council of Wales and the Baring Foundation, amid mounting evidence of the benefits of the arts on health and well-being.

Images included within this report are examples of children and young persons' and S-CAMHS clinician's creative work during Arts Boost 2 and have been included with the individuals' consent.



Introduction – The Challenge

Background and context

It is widely recognised that the mental health of children and young people (CYP) is at risk and is proving to be an ever-increasing problem in society. The numbers seeking to access Specialist Child and Adolescent Mental Health Services (S-CAMHS) is increasing (Local Government Association, 2022¹) and GPs across the UK report a rise in CYP seeking support for their mental health (Young Minds, 2019²).

Active engagement with creative activities has been associated with reducing the risk of social, emotional, and behavioural problems in CYP. Although a growing body of evidence reports improved well-being, self-confidence, self-esteem, and self-concept following arts interventions (Fancourt, 2020³) a mapping study undertaken by the Baring Foundation⁴ identified few examples of arts and mental health work taking place with this group. A new report by University College London (UCL) researchers links participating in arts and culture to longer, healthier lives⁵ with an additional Evidence Brief: how the arts can support children and young people’s development and wellbeing⁶.

Arts Boost, a project funded by the Arts Council Wales and Baring Foundation’s national ‘Celf a’r meddwl | Arts and minds’ programme, represented an ambitious first for HDdUHB and its newly established Arts in Health team, set up to promote and encourage the use of the arts in healthcare.

Rationale for Arts Boost 1 & 2

Initial discussions identified S-CAMHS as an area of need. S-CAMHS provides community-based mental health services, delivered by multi-disciplinary teams together with specialist services, co-ordinated and provided from a central base. The service aims to improve the emotional well-being, mental health, and psychological well-being of all CYP, by promoting positive mental health and well-being, reducing risk, building resilience, and ensuring the delivery of needs-led services which are coordinated, responsive and accessible. Key to this is a focus on prevention, early intervention, and the needs identification.

Experience from the COVID pandemic highlighted CYP mental health as a priority for the new arts in health service. Within HDUHB an average 100 new CYP are being accepted to S-CAMHS every month and patients assessed as ‘Mild to Moderate’ can be on the waiting list on average 9 weeks before receiving intervention.

Arts Boost presented an opportunity for the Arts in Health and S-CAMHS teams to collaborate on a new arts in mental health programme for CYP. No arts in health interventions for CYP had previously been implemented within S-CAMHS in HDUHB and the project was expected to generate high levels of learning.

Arts Boost 2 was designed based on the learnings and recommendations of Arts Boost 1. The recommendations from Arts Boost 1 can be seen in Appendix 1.

¹<https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and-Children-and-young-people's-emotional-wellbeing-and-mental-health-facts-and-figures> | Local Government Association

² [Lack of Early Mental Health Support puts Pressure on GPs | YoungMinds](#)

³ [DCMS report April 2020 finalx_1.pdf \(publishing.service.gov.uk\)](#)

⁴ [Creatively Minded - The Baring Foundation](#)

⁵ [New report by UCL researchers links participating in arts and culture to longer, healthier lives - SBRG \(sbbresearch.org\)](#)

⁶ [SBB-Evidence-Brief-Arts-and-young-people.pdf \(sbbresearch.org\)](#)

Aims of Arts Boost 2

Arts Boost Year 2 aimed to continue to provide and develop a rich and diverse arts in health programme for CYP with low to moderate mental health concerns. The programme aimed to learn from the findings in year 1 and to improve overall mental health and wellbeing in CYP by:

- Stimulating a shift in mood in CYP – with CYP reporting that they feel better at the end of a session than the beginning.
- Enabling self-expression in CYP – building their skills and confidence in telling their stories.
- Building on the additional tools for CYP – to manage their psychological distress in healthier and creative ways.
- Encouraging sharing, dialogue, learning, pride and giving each other more positive feedback.
- Building a robust, sustainable and viable arts and mental health provision for CYP in S-CAMHS.

Objectives of Arts Boost 2

Through artist led experiences and creativity, up to 30 CYP will be enabled to take ownership of their own healing by taking part in a mix of visual and performing arts activities designed by our 3 leading arts partners; Span Arts, People Speak Up and Small World Theatre.

The project team sought to achieve the stated aims through a series of key objectives/activities:

- A focus on delivering in-person activities (restrictions permitting) as much as possible that are closer to home and more accessible.
- Continue to bring a multi-art approach to the offer and build on lessons learnt to date.
- Continue to provide therapeutic support for participating artists, structuring this support pre, mid and post-delivery as a valuable part of the scheme.
- Provide the intervention for up to 36 CYP meeting eligibility criteria and referred by S-CAMHS.
- Continue to target 'stage' rather than 'age', so CYP aged between 12 – 17 or teenagers/adolescent, or those deemed suitable by their clinician (as long as they meet the exclusion criteria of severe mental health difficulties) will be eligible.
- Collect quantitative and qualitative data to support evaluation.
- Develop case studies to promote and support understanding of the impact of arts on patients.
- Develop a more robust exit strategy and explore opportunities to co-create an end of project celebration.

In addition, the project team aimed to further develop their understanding of the process of designing and implementing an arts in health project within a health board clinical setting.

The Arts Boost project

Year one summary

The Arts Boost intervention was developed during the first six months of Year One of the Arts Boost project. Three different arts partners, Small World Theatre, People Speak Up and Span Arts, all based within the locality (one per county) and with experience of running projects for CYP to support mental health, were engaged to provide the programme activities. The programme was developed to incorporate a range of creative activities that sought to capitalise on the transformative power of the arts to improve well-being, reduce feelings of distress and provide access to more and wider opportunities to develop creative coping skills for life.



Commissioned activities for year one were:

- “Picture Me on a Good Day” delivered by People Speak Up
 - Involved CYP developing their skills in mixed media activities, such as sketch-booking, journaling, animation, portraiture, and abstracts. The aim of each activity was to provide a safe and creative space for young people to explore themselves and the world around them.
- “Me Myself & I” delivered by Span Arts
 - Involved an online animation workshop, where the artists demonstrated different animation techniques, week by week. The aim was for CYP to improve their understanding of animation, and how it could be used to create their own world.
- “Aerial Yoga Programme” delivered by Small World Theatre
 - Involved participants exploring aerial practice in slings, with a focus on stretching, mindfulness and breathwork.

Programme activities were delivered over two seasons: Spring and Summer. During season one (Spring), People Speak Up and Span Arts offered activities to CYP aged 11-17 which were delivered as five sessions over a five-week period. Due to pandemic restrictions, all sessions were delivered online via Microsoft Teams.

During season two (Summer), all three arts partners offered activities, with the inclusion of in-person sessions of the Aerial Yoga Programme offered by Small World Theatre. Eight CYP aged 13-17 participated in the in-person sessions.

A total of 15 CYP aged 11-17 started the programme, with seven individuals completing all sessions and twelve individuals attending almost all session.



The evaluation recognised the great potential for positive impact of the programme, in improving wellbeing in CYP. Findings from year one culminated in four key recommendations as follows:

Recommendation 1:

Explore opportunities to expand the impact of Arts Boost through hybrid delivery models, a lengthened programme with more time for relationship building and greater emphasis on individuals' reaching the end of the programme and signposting to externally led arts activities.

Recommendation 1: Action Implemented in year 2:

The Arts Boost programme in year two offered a hybrid delivery model, with both online and in-person workshops offered to CYP. The programme was extended from 5 sessions over 5 weeks to 6 sessions over 6 weeks, however, this could not be extended to more than 6 sessions due to limitations with the primary care pathway.

Recommendation 2:

Use knowledge gained during the pilot to improve future implementations and highlight potential areas where health board processes can be reviewed and revised to facilitate important and valuable external collaboration.

Recommendation 2: Action Implemented in year 2:

Learnings from year one were integrated into the year two proposal for the programme. The implementation of the programme was much smoother in year two with arts partners reporting that the project management was improved.

Recommendation 3:

Ensure that future collaborative projects are underpinned by a comprehensive, adaptable project plan detailing work packages and supported by relevant project delivery materials.

Recommendation 3: Action Implemented in year 2:

A full strategic proposal was developed to set out the proposed activity for year two of Arts & Minds. This included how the funding would be allocated and the aims of the programme as well as an implementation plan.

Recommendation 4:

Promote Arts Boost extensively within HDUHB to ensure future arts in health interventions receive the vital clinical leadership needed for successful project design, development, and implementation.

Recommendation 4: Action Implemented in year 2:

Arts Boost has continued to grow in the health board in year two with a team secretary from S-CAMHS being allocated and spending circa 1 hour per week on administration for the project. The clinical representative has also drawn in support from the Senior Managers in S-CAMHS and an assistant psychologist who has contributed to data analysis and reporting. The Arts Boost team have promoted the project at a local, board and national level.

As can be seen, progress was made towards achieving each of the recommendations in year two of the project.

Year two – continued development of the programme

As in year one, programme activities were delivered across two seasons. Referral was via S-CAMHS, with patients meeting eligibility criteria invited to participate by a S-CAMHS practitioner. Referrals in year 2 were focused away from being a diagnostically lead scheme, and more towards CYP with mild and moderate conditions known to S-CAMHS, with the intention of the scheme having a wider reach and being available to more young people.

The same three arts partners were contracted (Span Arts, People Speak Up and Small World Theatre) via the Multi Quote Platform for Arts Boost Year 2. The request for tender for Arts Boost Year 2 is shown in Appendix 2. The three arts partners designed a diverse and varied arts offer to CYP to consider as follows:

- “Creative Freestyling – A Time to be You!” delivered by People Speak Up
 - Involved CYP freestyling with painting, ceramics and drawing.
- “Me Myself & I” delivered by Span Arts
 - Involved animation workshops, where the artists demonstrated different animation techniques, week by week. The aim was for CYP to improve their understanding of animation, and how it could be used to create their own world.
- “Uplifting Aerial” delivered by Small World Theatre
 - An aerial well-being experience in a space that’s safe and held. Allows CYP to explore aerial practise in slings and stretching, mindfulness and breathing.

A mixture of qualitative and quantitative data was collected to support the evaluation. This included outcome rating scales (ORS), the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) as well as demographic and patient experience data. Qualitative data were also provided by artists through completion of reflective diaries and feedback report.

Season one - Spring 2023

People Speak Up, Span Arts and Small World Theatre offered activities as part of season one. Activities were delivered as six sessions over a six-week period. Sessions offered age-appropriate creative activities for CYP aged 12-17 years. Unlike in year one, when the majority of classes were delivered online due to pandemic restrictions, in year season one of year 2, classes were delivered in person. The People Speak Up programme, ‘Creative Freestyling’, and the Span Arts programme, ‘Me, Myself and I’ were delivered in Carmarthen, whereas The Small World Theatre’s ‘Uplifting Aerial’ was delivered in Ceredigion.



CYP were given a choice to attend any of the three arts providers via flyer information and were to contact a member of the S-CAMHS within HDdUHB if interested in participating. 16 individuals participated, aged 12-17 years.

Review meetings were held at the end of each season and provided an opportunity for the project team and arts partners to reflect on key lessons learned.

Season two - Summer 2023

Due to a limited number of participants, the Span Arts 'Me, Myself and I' was not included in the second season. Instead of offering activities for CYP, Span Arts produced an animation film to be used for recruitment for future years. The film is viewable at:

[Arts boost - Hywel Dda University Health Board \(nhs.wales\)](#)



[Hwb celfyddydol - Bwrdd Iechyd Prifysgol Hywel Dda \(gig.cymru\)](#)

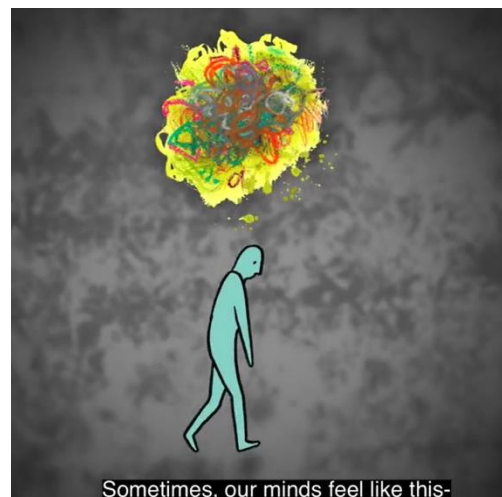
The film was co- created by artists Gemma Green- Hope and Hannah Rounding with thanks to Voice Over by People Speak Up Young Ambassador Tegan Treharne and concept creation - People Speak Up Young Ambassadors.

The remaining two groups; The People Speak Up programme 'Creative Freestyling' and Small World Theatre's 'Uplifting Aerial' were included in this season. Classes were delivered in person in Carmarthen and Ceredigion respectively.

Season two classes were delivered in six sessions over the course of six weeks. Eight individuals participated, aged 12-17.

Season two activities were also followed by review meetings.

In addition to these activities, two taster sessions (Animation in August and Storytelling in November) were also held with S-CAMHS clinicians as part of the S-CAMHS Learning Academy to raise the profile and understanding of Arts Boost for referrers. 70 S-CAMHS staff attended.



S-CAMHS Learning Academy Days



Animation with Gemma Green-Hope from Span Arts

1st August 2023



Storytelling with Eleanor Shaw from People Speak Up

6th November 2023

Evaluation

Input from HDUHB's R&I department and the TriTech Institute supported an independent evaluation of the project. Data was shared and staff from the R&I department attended review meetings. R&I staff conducted additional data collection via the development of an online questionnaire for arts partners and interviews conducted with key health board staff.

Evaluation aims and objectives

As in year 1, the aim of the year 2 evaluation was to address key questions, via a series of linked objectives.

Key Questions	Evaluation Objective – data gathering mechanism
What was the impact on CYP mental health and well-being?	Project forms and service data Patient outcome questionnaires Interviews with participants Artists' reflective diary entries
What did artists learn from Arts Boost?	Art partner feedback (review meetings, reflective diaries, project reports and online questionnaire)
Do clinicians value the impact of Arts Boost?	Feedback from staff
What factors affected implementation? What were the barriers/challenges?	Interviews with project team members Project team reflective reports
How has the grant been spent?	Budget breakdown

Methodology

A mixed-methods approach was utilised to meet the aim of the evaluation, with data gathered from a range of sources and based on the delivery of activities, together with observation and reflection.

Data collection

Patient demographics were collected via the equality form. Data relating to referrals and attendance were collected by S-CAMHS with support from arts partners. The Outcome Rating Scale (ORS), a brief, four-item (personal; interpersonally; socially; overall) self-report measure designed to assess psychological well-being and progress during and after interventions in clinical practice, was used to gather patient outcome data (Appendix 3). Responses were marked on a 10cm line, with respondents asked to place a mark somewhere along the line that best represents how they are feeling. Total scores range from 0 to 40, with low scores representing poorer well-being and feedback on therapeutic progress. Participants were asked to complete a pre and post ORS at the beginning and end of each session. Due to varying attendances, participants' 'pre' measure was taken from their first ORS completion and compared to a 'post' measure obtained from their last ORS completion.

In addition to evaluation purposes, the ORS scale was also used as a safeguarding measure. It was required for the ORS to be reported within 24 hours, with the appropriate clinical staff flagged if a concern was identified. This ensured that safeguarding measures were in place.

As in year 1, views on patient outcomes were collected through interviews between S-CAMHS practitioner and participant, with practitioner-recorded observations completed in reflective diaries. Additional arts partner feedback was gathered at review meetings and via project reports. Project team members prepared reports reflecting on their own learning and participated in interviews (interview schedule at Appendix 4), conducted by the R&I department.

Data analysis

Quantitative data has been interpreted to produce descriptive statistics. Content analysis was conducted on the qualitative data to identify key themes.

Qualitative feedback has also been collected via Arts partner reports and questionnaires, artist diaries, 2 season debrief meetings with all arts partners, interviews with lead clinician and arts in health coordinator.

Findings

Overview

Referrals, registration, and attendance data

A total of 342 CYP who were waiting for S-CAMHS support were sent a flyer and invitation to participate in Arts Boost over the two seasons (268 in season one and 74 in season 2). A total of 24 CYP enrolled on the programme (16 in season one and 8 in season 2). This indicated an uptake rate of around 7% of those invited to take part. More CYP took part in year two than in year one (98 CYP were invited in year one with 15 enrolling on the programme), although the rate of uptake was slightly higher in year one, at around 15%.

Demographic data

Demographic data was collected via the equality form which covered nine areas: Age Range; County of Residence; Gender Identity; Disability; Ethnic Group; Sexual Orientation; Caring Responsibilities; Household Income; Language.

Overall, most participants across both seasons were in the age range 14 – 18 years old (18 participants), with six of the participants aged 11 – 13 years old.

On gender identity, the option 'Girl' had the highest count of fifteen participants, followed by 'Woman' and 'I use another term' both with a count of four participants. One participant selected 'I prefer not to say'. Participants were also asked to record if their gender identity was the same as their sex as assigned at birth. Out of the 24 participants 19 individuals answered 'Yes', two individuals answered 'No', two individuals answered 'Prefer not to say' and one individual did not answer this question.

When asked if they considered themselves to be disabled⁵, seventeen individuals answered 'No', six answered 'Yes' and one answered 'Prefer not to say'.

The six participants answering 'Yes' to the above question were asked to indicate, from a list of options, what their disability, long-term illness or health condition related to. Figure 1 below shows the percentage of disabilities, long-term illness or health conditions selected. Some individuals selected more than one option, and no individuals selected the options 'Blind or have a visual impairment uncorrected by glasses' and 'D/deaf or have a hearing impairment'.

⁵ Based on the definition of 'Disability' in the Equality Act 2010.

What does your disability, long-term illness or health condition relate to?

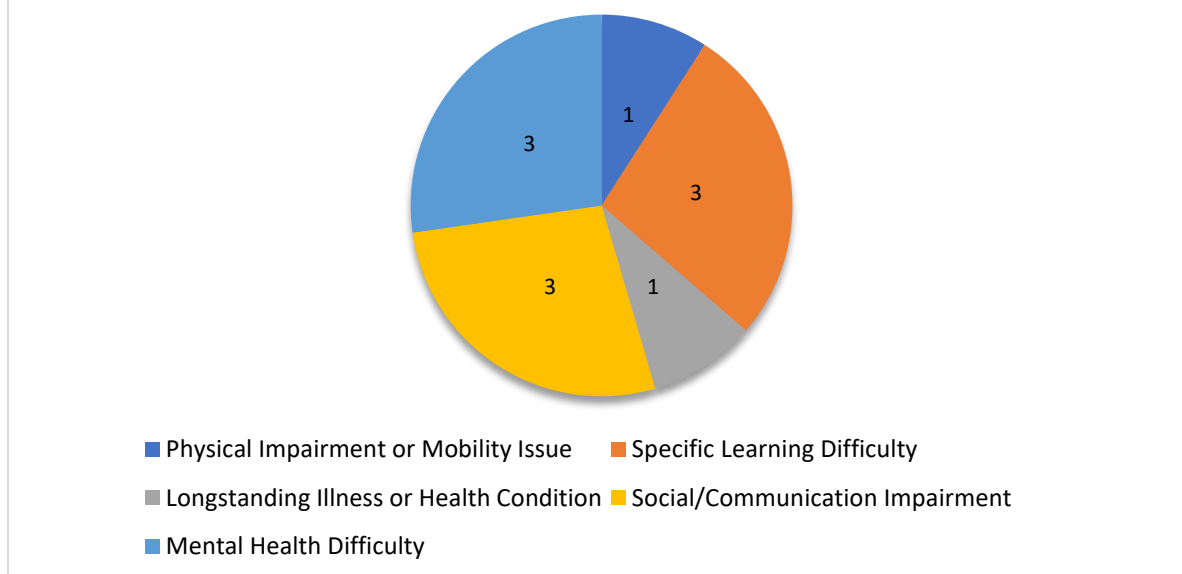


Figure 1. Participant responses when asked what their disability, long-term illness or health condition related to.

Participants were asked which race or ethnicity best described them. Most responded 'White British' (20 participants). Two individuals stated they were 'Mixed Race: Black & White', one individual stated they were 'White: European', while one individual selected 'Prefer not to say'.

Most individuals, when asked if they provided unpaid care by looking after someone who was older, disabled or seriously ill stated they had no caring responsibilities (21 participants), while two indicated they did provide unpaid care'. One individual selected 'Prefer not to say'.

Participants were asked to indicate their preferred correspondence language from the options 'Welsh', 'English', 'Other' and 'Prefer not to say'. A total of 23 individuals chose 'English', and one individual chose 'Prefer not to say'.

What was the impact on CYP mental health and well-being?

Outcome Rating Scale (ORS) results: Season One

ORS scores were collected for all individuals who attended the activities across both season one and season two. Pre scores were collected for all participants on the day of their first session and analysed to assess well-being before accessing the programme. Scores continued to be collected at the start and end of each session that participants attended, and the post scores used were those collected at the end of the last session attended by each participant.

ORS scores for each individual in season one are shown in figures 2-4 below:

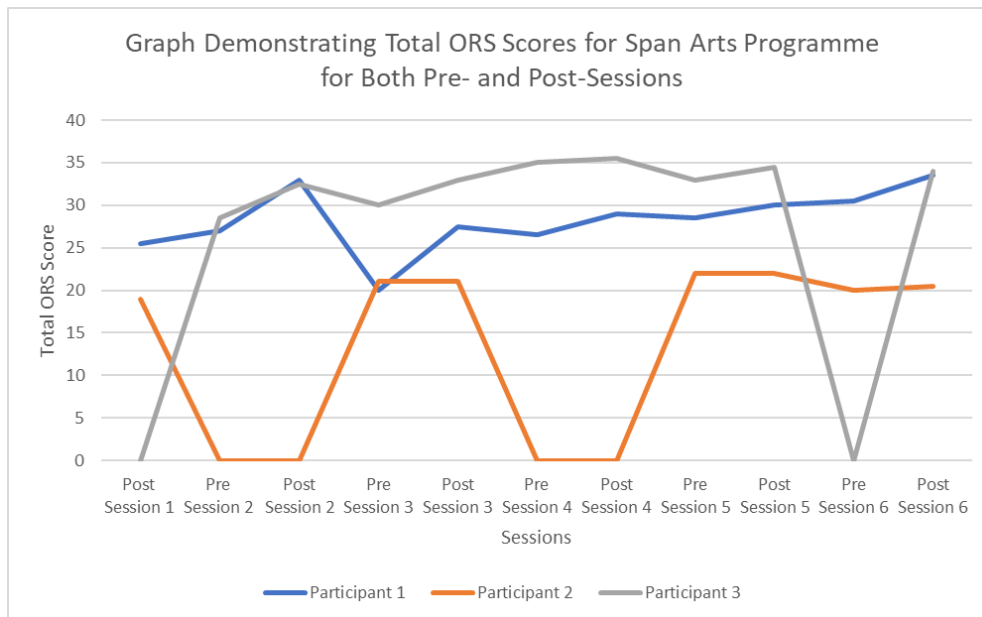


Figure 2. Changes in ORS scores over time for participants attending the Span Arts Programme.

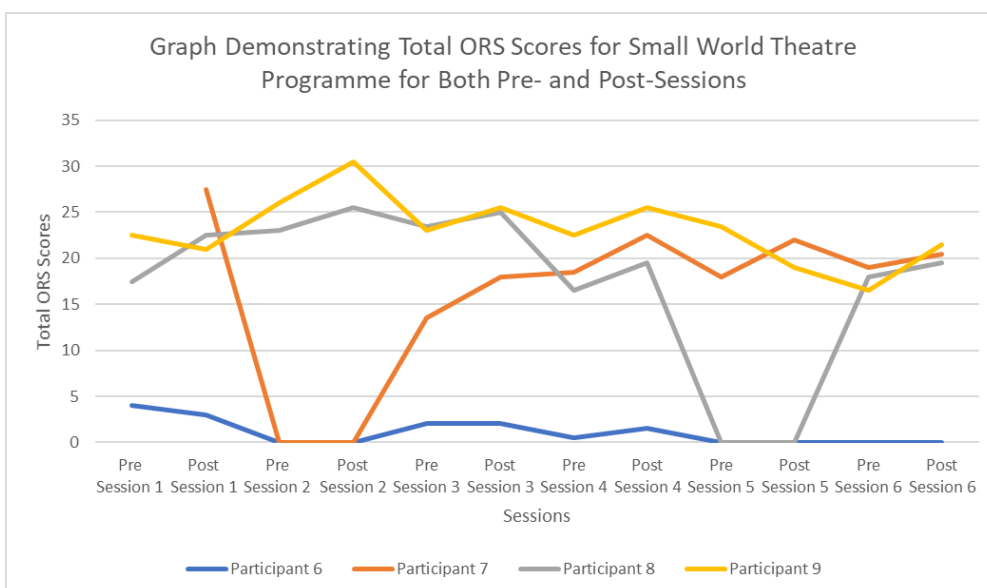


Figure 3. Changes in ORS scores over time for participants attending the Small World Theatre programme.

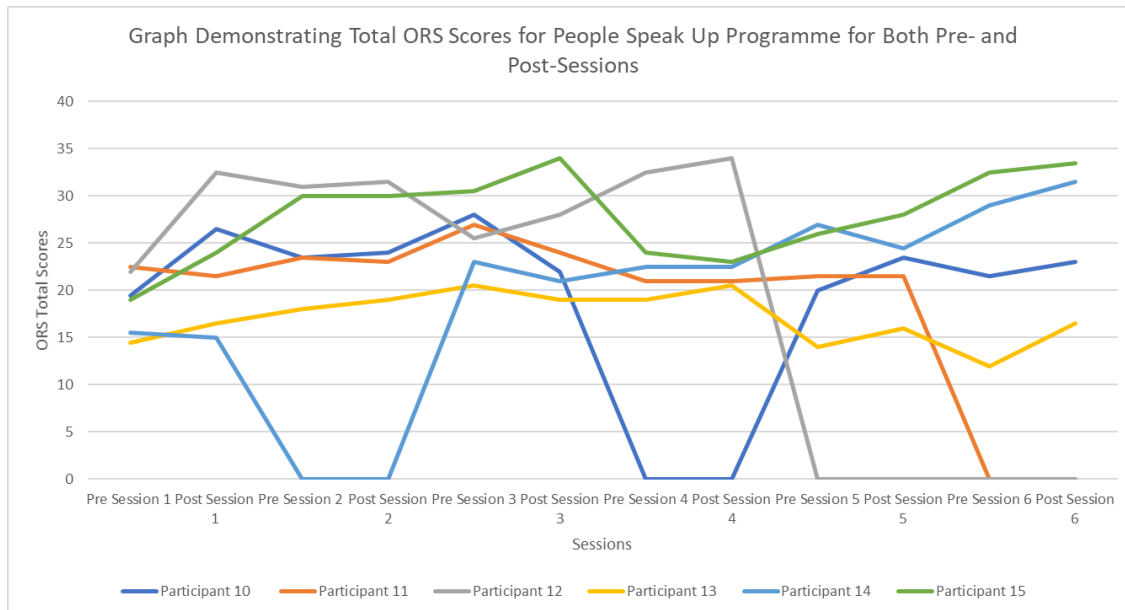


Figure 4. Changes in ORS scores over time for participants attending the People Speak Up programme.

From figures 2, 3 & 4 it was observed that the ORS scores appeared to increase over the attended sessions in nine of the fifteen participants who attended, and there also appeared to be a general trend towards an increase within each session. This suggests that overall there was a positive effect on individuals' mental wellbeing over the course of the six sessions, and a general trend of improvement from the beginning to completion of a session was observed.

A lack of observable long-term effect across all sessions could be due to the small sample size of 16 CYP. Larger powered studies would be needed to determine the effect of the programme on participants wellbeing across sessions. The ORS measure could also have limitations, in that it is a subjective measure and asks how they have been doing over the last week. Other measures could be considered in future iterations of the programme e.g. CORE-10.

It should be noted that scores of 0 indicate that the participant did not attend that session or was not able to complete the ORS score due to late attendance.

Outcome Rating Scale (ORS) results: Season Two

ORS scores for each individual in season two are shown in figures 5 & 6 below:

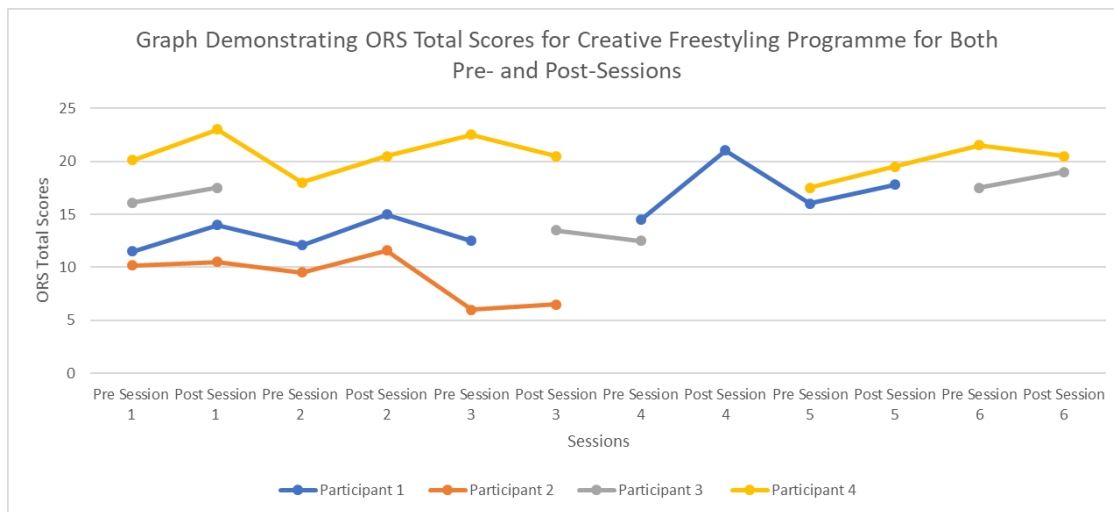


Figure 5. Changes in ORS scores over time for participants attending the People Speak Up programme for Season 2.

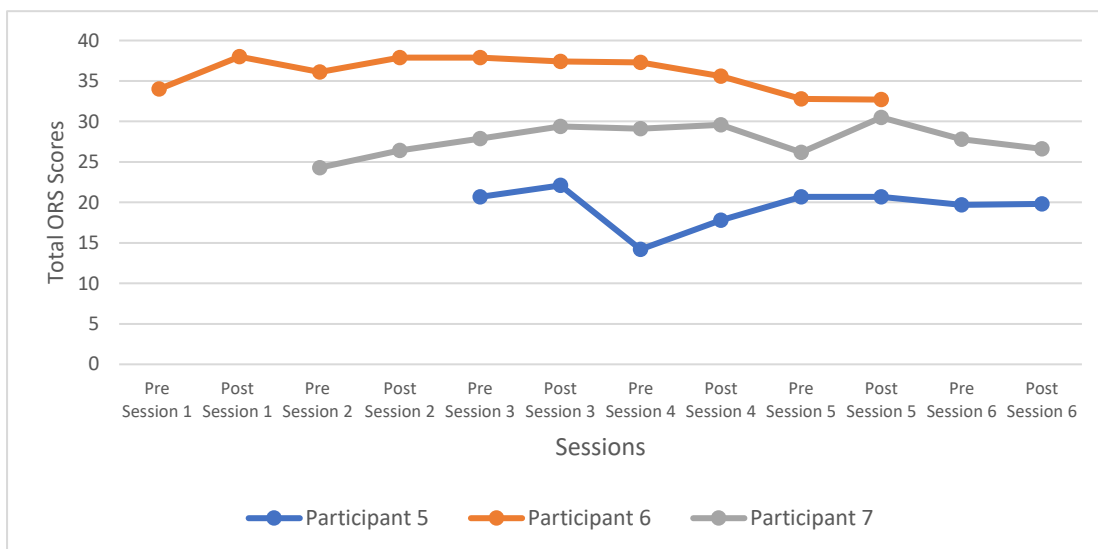


Figure 6. Changes in ORS scores over time for participants attending the Small World Theatre programme for Season 2.

In season two ORS scores appeared to remain consistent over the course of the six sessions, with a trend towards an increase within each session between CYP's pre and post-session scores. Although this suggests the individual's mental wellbeing did not improve over the course of the six sessions, there does appear to be an improvement from the beginning to end of session. Furthermore, due to lower uptake in season 2, fewer results were available to quantify meaningful outcomes.

For the season two figures, a blank entry indicates the individual did not attend. Although 9 individuals initially enrolled, 2 did not attend for the duration of the programme, therefore the data is

representative of the experience of 7 CYP. Out of the 7 attendees, all did not attend for at least one session, therefore data is incomplete which could affect the validity of findings.

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) Season One

The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) enables an evaluation of general wellbeing and the evaluation of any projects and programmes aimed to improve general wellbeing. The SWEMWBS uses seven statements regarding thoughts and feelings, with each statement having five response categories ranging from 'none of the time' to 'all of the time'. CYP are asked to describe their experience over the past two weeks, with higher scores indicating higher levels of wellbeing.

Pre and post scores for each participant are shown in figure 7:

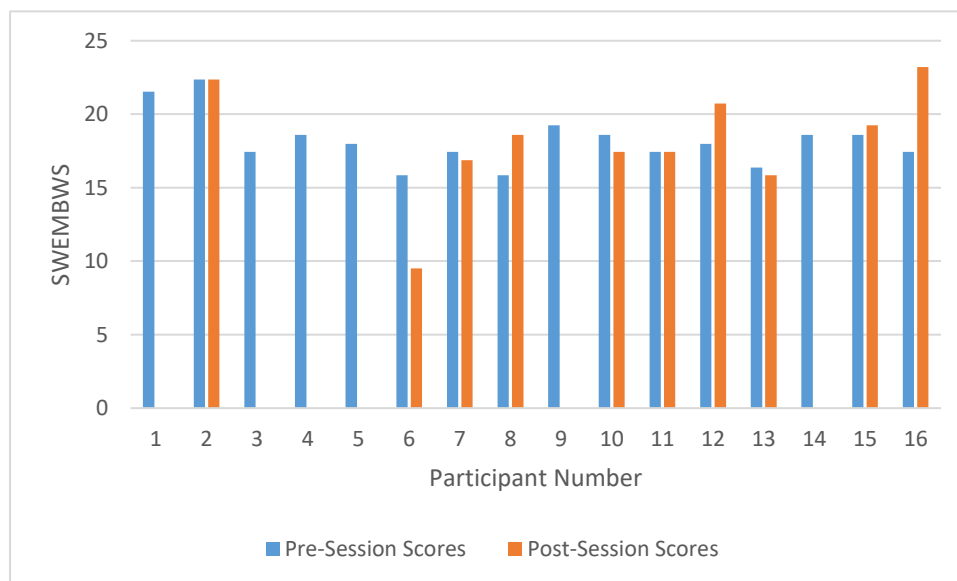


Figure 7. Graph illustrating CYPs pre and post arts boost SWEMWBS scores from season 1.

Figure 7 shows that 10 out of the 16 participants completed both pre and post session SWEMWBS scores. Out of these 10 participants, 4 reported a lower post score, 4 reported a higher post score, and two reported the same pre and post scores. However, 6 of the CYP did not return their post questionnaire and consequently the data is not fully representative of the effect of the programme on the group of CYP as a whole. For future seasons it could be beneficial if CYP complete their post questionnaire within their final sessions to ensure that data is complete.

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) Season Two

Pre and post scores for each participant in Season 2 are shown in figure 8 below:

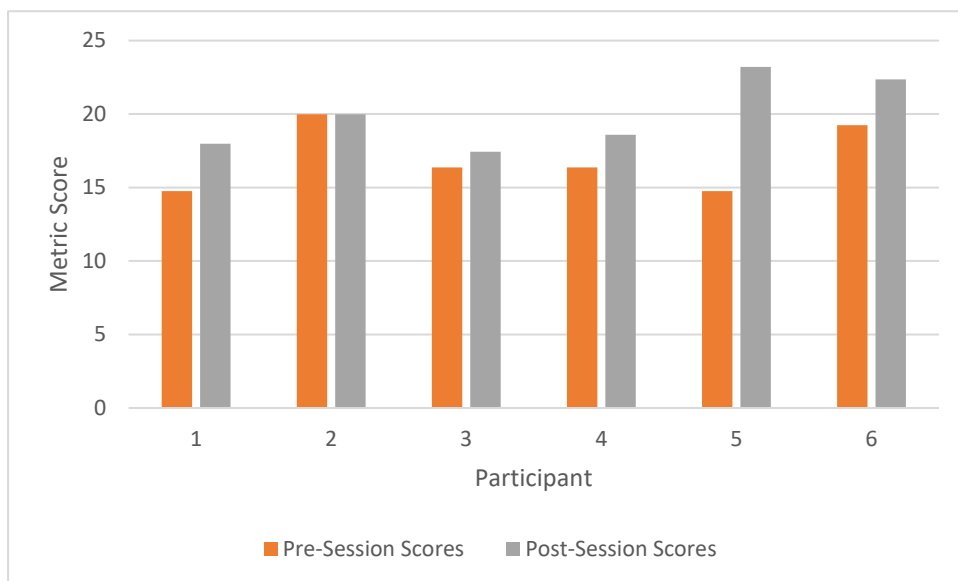


Figure 8. Graph illustrating CYPs pre and post arts boost SWEMWBS scores from season 2.

As shown in figure 8 above, six of the seven CYP who attended the programme provided pre and post SWEMWBS scores. In season two, the arts boost programme appeared to have a consistent and positive effect on CYP taking part, with 5 out of the 6 participants reporting a higher post score for the SWEMWBS, and 1 participant reporting no change.

Relaxing Environment

Comments and feedback about the year 2 CYP program revealed several of the key themes that were previously seen in year one. Many participants in year 2 referred to finding the process of creating art to be a 'calming' and 'relaxing' experience, which was useful as a 'de-stressor' for some of the participants.

'It made me find new art techniques – a relaxing experience'

Participant

'It's given me lots of new ways to be creative that I can do myself at home. I've learnt how use art as a de-stressor'

Participant

'Made me feel calmer, talking isn't my strong point'

Participant

Some participants said the activity made them feel more comfortable expressing themselves. This was also highlighted in the artist feedback, with one of the artists diaries noting that while initially, the CYP were very quiet and reluctant to open up, by the final session all participants took turns to read out their inspirational quote in front of the whole group, showing an increase in confidence. Other artist feedback highlighted the programme has helped participants to not feel so self-conscious, as they could relate to their peers on the programme and were in similar positions in terms of what they were dealing with in their personal lives.



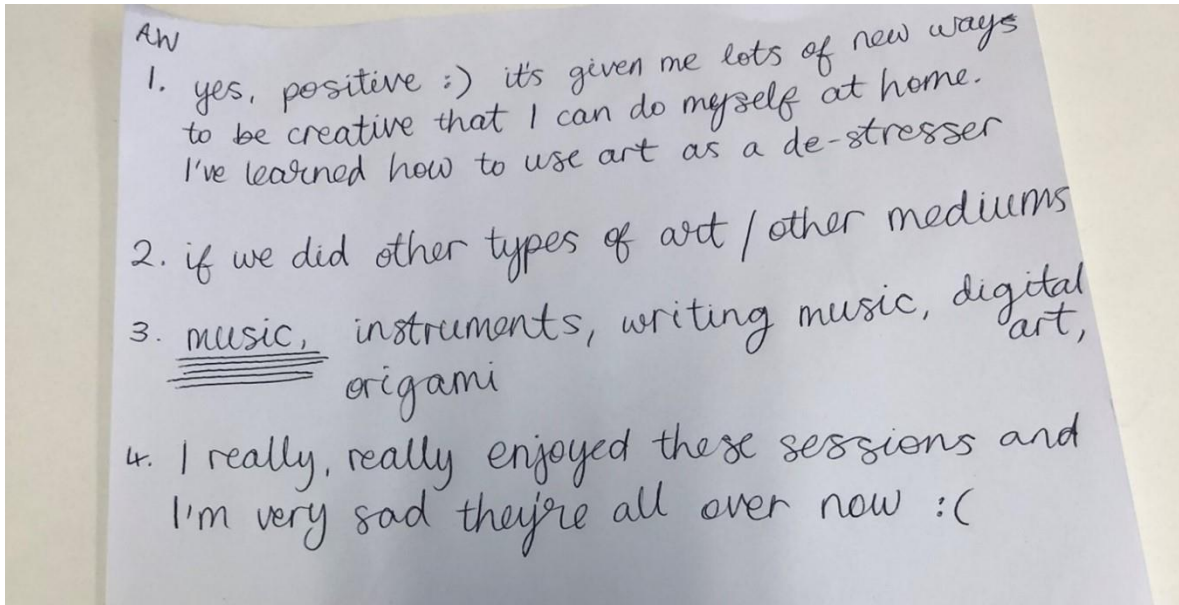


Figure 10. Example of participant feedback.

'More connected with myself, more comfortable expressing myself'

Participant when asked 'how have these sessions made you feel?'

'One comment was that it was good to be able to come to a place where everyone had their own 'stuff' that they were dealing with and not feel so self-conscious, because they were all in a similar position'

Artist

'What stood out to me was that the young people felt comfortable enough in the space to be able to chat and share their feelings and what had been going on for them throughout the week'

Artist

Social Environment

A positive impact identified in the social benefit of sessions, offering the opportunity for participants to meet new people. There seemed to be a particularly positive effect on the confidence of participants, which was a recurring theme.

'I feel more confident in talking to people I don't know'

Participant

'I am more confident around new people and getting to know people'

Participant

One participant shared that before the session they were pretty much bed bound. They expressed:

'How good it was to get out of the house, to get outside. To be doing something beneficial. Each week it's getting easier, less and less painful.'

Participant

The ability to deliver sessions in-person was seen as a great advantage as staff felt they were more able to engage with CYP and provide better 1:1 support as well as to the whole group. In-person sessions also enabled better rapport building than in the previous online sessions in year one, as well as greater levels of trust reported by artists and opportunity for peer support. Another advantage of the in-person sessions reported by artists was that the CYP were able to share their experience more easily without feeling as though all of the attention was on them, providing a safe and comfortable space to share. The in-person delivery has also allowed artists to meet friends and family at the beginning and end of sessions, which has enabled artists to gather additional feedback, with some parents reporting positive changes in their children across sessions. Some participants had communicated to their families that they did not want to attend at first, but this changed by the end of the sessions. In-person delivery allowed for improved communication, which was highlighted as a particular strength of year two.

Improvement in Mood

Artists observed participants becoming increasingly relaxed during sessions, with more smiling and humour as the sessions progressed. Artists commented on how the interactions between participants developed over time, with more verbal interaction, eye contact and discussion as the sessions progressed. It was noted that over the sessions the CYP have grown from writing things down on paper to actually sharing thoughts, and all of the CYP were seen to be talking to each other and the artists by the end of the project.

'The YP's have certainly become more open, and I see more smiles as the sessions grow and some humour creeping in as their confidence grows'

Artist

'I could see the YP's making eye contact with each other, talking more to each other, sharing their work, showing their work to parents after the session.'

Artist

What did artists learn from Arts Boost?

As in year one, analysis of artists' reflective diaries, together with feedback provided at review meetings, via project reports, and in the online questionnaire, has enabled themes relating to artists' perspectives on intervention development and delivery to be identified.

Induction, training, and support

As artists were the same as in years one, new training was not provided. A decision was made to develop a generic pilot training package to focus on well-being rather than health need. Additionally, an artist support therapeutic session, facilitated by a HDUHB arts psychotherapist, was delivered pre, during and post-delivery.



Therapeutic sessions were well received by those that were able to attend. Artists felt well supported and valued the opportunity to connect with other artists on the programme.

'It's been helpful to connect with other artists on Arts Boost and to hear about some of their experiences, it was a nice supportive space where we were seen as individuals as well as facilitators'

Artist

'I found this [therapeutic sessions] a very positive and much needed safe space to come together as practicing artist who are working with vulnerable young people - it offers a chance to compare notes on how the sessions went - what methodology we are using and how the sessions have impacted us.'

Artist

While the training was viewed positively, it was felt that additional training opportunities could be valuable.

'If there is any training that would enable me to know more about the young people's particular cases and histories in order to better tailor the sessions to them, to understand their needs better and know what their potential triggers may be.'

Artist when asked if there were any further training they would find helpful

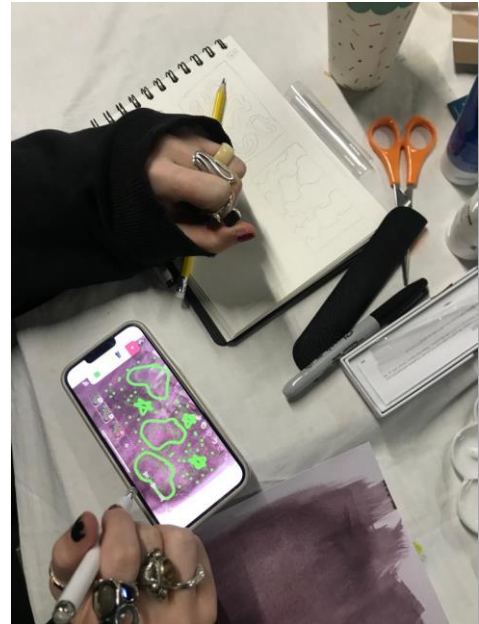
Delivery of Sessions

Feedback from artists and participants explored the experience of intervention delivery of the groups and reflected both positive experiences and challenges of this approach. Unlike in year one, where the majority of the sessions were delivered online, year two of arts boost was delivered entirely in-person.

The in-person delivery was overall viewed positively by both artists and students. Artists believed in-person delivery was a great advantage as they felt they were more able to engage with CYP and provide 1 to 1 support as well as to the whole group. In-person delivery also enabled a more positive rapport building compared to online only delivery, as well as a greater level of trust reported by the artists.

Another advantage of the in-person sessions reported by staff was more freedom of expression for the CYP, where they were able to share their experiences more freely without feeling that all the attention was on them. This indicated an in-person model could be a safer more comfortable environment for CYP to share and express themselves when compared to an online only model.

The in-person sessions enabled artists to meet the friends and family of the CYP at the beginning and end of each session, which enabled them to gather feedback, with some reporting they had seen a benefit and positive change in their child across the sessions. Some CYP expressed to their families that they did not want to attend the first session, but this changed by the end of their session. Greater communication was a highlighted strength of year two.



'Running in-person sessions has made a big difference to the project, it has enabled us to build up a different kind of relationship and rapport with the young people than when we were running sessions online, there has been much more conversation between facilitators and CYP and between CYP themselves'

Artist

'The in-person sessions felt so different in terms of engagement and I believe we all benefitted from this'

Artist

However, there were some challenges that came with delivering the in-person sessions. The geographical area of the Hywel Dda region made it challenging to provide the kind of accessibility that the project aimed to create. For CYP to attend sessions they also have to rely more on their parents or guardians in terms of potentially having to drive the young person to the venue or travel via public transport. The distance to the venue was also mentioned as a possible barrier for CYP to sign up, if they had to travel too far to get to the venue.

'One young person found travelling on her own on public transport to the sessions really difficult and that it affected her enjoyment and ability to get involved'

Artist

Artists also reported the wide age range of participants as a challenge.

'The age range I feel is somewhat of an inhibitor to the safety of the space for yp to feel properly relaxed.'

Artist

Artist feedback around the venues was generally positive, however, the venue used by People Speak up in season one was reported as not as welcoming as other venues. It was also suggested by artists that it might be beneficial if an outdoor setting were utilised in the Summer and incorporated into the programme.

'The venue has been really great, the staff really accommodating and helpful, a nice buzz of things going on in the building, toilet facilities are really nice'

Artist

'The library is not as welcoming as the PSU base in Llanelli, so we had to work very hard to make the space more creative.'

Artist

Maybe a more airy room/setting, it's a bit like a bunker in the basement, more natural light maybe, maybe an outdoor setting in the Summer (weather permitting) or maybe using the Pob Sariad for beach/forest art, maybe encouraging/incorporating more relaxation/visualisation and breathing exercise into the session, say 10 mins general anxiety reduction tools/stretching to focus at start and end of session, help to provide more of a skill set for tackling daily mental health whilst engaging in art practice.'

Artist when asked what improvements could be made

The ending of the programme with the CYP was found to be a challenge. Many of the CYP did not want the programme to end and would have preferred to continue with extra sessions. The delivery of six sessions over six weeks was commented as being too short by both CYP and the artists, and as in year one, participants were keen to continue their creative journey after completing the sessions.

'These sessions have been very helpful, would be beneficial to have more.'

Artist

'It would also be wonderful to offer a second series of sessions to each group so that they can progress even further, parent's commented that it's a shame its only six sessions and I also feel like that.'

Artist

'I really, really enjoyed these sessions and I'm very sad they're over now.'

Participant

Although both participants and artists were keen to carry on after the six sessions, this is difficult, as it sits within a primary care mental health provision which usually offers up to 6 weeks.

A positive outcome was that two of the CYP wanted to be volunteers with PSU following on from the sessions and wanted to be PSU ambassadors. Although some progress was made with improving the ending of the programme in year two, it was clear from the artists that further thought into 'how do we do endings?' would be beneficial.

Artists' experiences

Overall, arts partners reported positively on their experience of developing and leading the sessions and their experiences of engaging with this patient group were valued. Artists have reported on enjoying their time together as a group and have found it rewarding watching the CYP growing in confidence and sharing their experiences more freely as the sessions progressed.

'I have found the sessions to be incredibly valuable, and I really enjoy our time together as a group with you, which I have passed on at the mid project review.'

Artist

Artists reflected on watching the positive changes and progress in participants from week to week.

'Over all the sessions have been very successful, we observed the individuals developing confidence not only in aerial skills (strength, movement vocabulary, skill retention, creative sequencing) but in their interactions with us and others in the group'

Artist

'Giving people the space and time to allow them to get to a point where they are feeling good about their work has great benefits around self-belief and morale, this has allowed people to grow in self-confidence and self-satisfaction and we have heard the CYP express this'

Artist

As in year one, the significance of participants' willingness to increase engagement with sessions was acknowledged.

'They seemed to be feeling more comfortable with each other and building a rapport within the group as the weeks went on'

Artist

'I have seen the young people grow in confidence from session to session, contributing more in group discussions and talking about their schools, families, things they have struggled with as well as just chatting and having fun'

Artist

Areas for development

Project expectations

Previously in year one, there were some issues around the requirements of arts partners which were not clearly understood, which affected implementation. This was much smoother in year 2, and feedback from arts partners indicated that the referral process and communication between the artists/health board and families was improved. Artists noted that there was an improved project co-ordination in year 2, and a greater understanding of when therapeutic sessions and meetings were taking place.



Participant background

As in year one, a continued challenge highlighted by arts partners has been a lack of prior knowledge of the participating individual and their emotional mental health needs. Arts providers were provided with contact details of parent or carer prior to the sessions with the option to contact them directly to discuss any additional needs they might need to take into consideration.

An increase in parent/carers interaction was observed in year 2, as the service was provided in person, with easier, more frequent interaction between artists and parents/carers at the start and end of the sessions. This was a strength of providing the in-person service rather than an online only service.

Programme and session length

Similarly to in year one, artists felt the number of sessions delivered was a challenge as participants want to carry on after building trust and relationships. Although extending the number of sessions

was recommended in year one, in practice this was not possible or was difficult to implement. It was not possible to offer more than six sessions under the primary care pathway, due to availability of staff and funding. Signposting was offered to participants for them to continue pursuing the arts. Furthermore, SWT were able to procure some funding to enable CYP to continue with one session per month, in some cases.

Face-to-face delivery

An issue in year one was the lack of face-to-face delivery available for participants due to COVID-19 restrictions. As all sessions were delivered in-person in year two, the previous issues that were experienced with online delivery were not seen. However, there were some additional challenges with providing the in-person activities, such as the extra effort required from CYP, especially when transport difficulties were considered, which was an extra barrier to participation, with one participant reporting how having to travel negatively affected their experience of the programme. There were also challenges around providing a service across the geography of the health board so that the service is accessible to as many CYP as possible. Furthermore, consideration needs to be made to the possibility that CYP could attend sessions with other CYP that they might already know, which could introduce an awkward situation for some CYP.

Data collection challenges

It was reported in year one that the online model caused data collection issues. In year two, due to the face-to-face delivery, the collection of ORS was able to be more consistently carried out. Although the same data collection issues were not experienced in year two, there were difficulties experienced with collection of feedback from participants, with no responses to the feedback questionnaire.

Training

Developing the training package was a challenge in year one of the project. In year two no new training was carried out as all arts partners were the same. Ongoing support of an arts psychotherapist was offered to the artists, with at least three sessions offered over the duration of the project. Feedback from artists that were able to attend the sessions was positive, with artists stating the sessions were very helpful and they were able to raise concerns during sessions, although the take-up was not as good as it could have been. Although it was written into tenders and the brief that artists should be paid to attend these sessions, it is not clear if this was the case.

Artists indicated that more training would be useful, but it is a challenge to identify how and who. Two of the artists took part in the learning academy days (S-CAMHS) to learn more about the service and the people.

Programme end and final session

As in year one, feedback in year two noted that the seasons ended 'abruptly', and it was difficult for groups to say goodbye.

Artists felt that follow-up sessions would be useful to support individuals in developing their art skills and to provide information and signposting to other art-based projects. However, as additional sessions cannot be offered as a limitation of the programme, it was suggested that the last session is approached slightly differently to the previous sessions, with a focus on 'where next', rather than the participants having another great session and then it's over abruptly.

Do clinicians value the impact of Arts Boost?

Feedback from staff working within S-CAMHS highlighted the importance of the provision and recognised its therapeutic nature. A strength highlighted by clinical staff was the different environment offered by arts boost that is not clinical and engages participants in a world of artists and creative individuals giving them access to tools that can support them to manage their wellbeing over a long period that they can keep accessing. Strong themes of prevention, co-production and helping individuals to manage themselves came through in the clinical interviews.

'The arts boost is also kind of a discharge plan for young people; we can highlight to CYP what's in the area, what you can access in the communities that you can embed yourself in for lifelong support, and that's what I like about arts boost, it gives that upstream/downstream support but also ensures that young people are being held within the community and being able to engage in something that maybe they haven't done before that's really helpful for managing their wellbeing.'

S-CAMHS Clinician

The integration of an Arts in Health service within HDUHB was welcomed and there was recognition that arts in health approaches were needed in addition to traditional therapies. It was noted that focusing the project on CYP was very important, as there are gaps in the current social prescribing opportunities within West Wales where CYP are not supported. Support and enthusiasm were seen within S-CAMHS, with a growing interest and recognition of the programme. The importance of the provision taking place outside of a health care setting was highlighted. The whole environment, not just the experience and the artists, but where they go and how it feels is a different type of experience that isn't clinical.

A continuation of the focus on patients with mild to moderate mental health difficulties rather than complex, high-risk patients who would require more significant levels of case-management was seen as important. It was noted that the co-production and participation with CYP was key to the project, and having young people create something that is meaningful to them is one of the most important things as well.

What factors affected implementation?

Project team reports and transcripts of interviews conducted with members of the project team were analysed to identify key themes relating to implementation.

New model of care

As the Arts Boost programme was only in its second year of implementation, the model of care was still in its early phase of development. The Arts Boost programme represented a totally new and innovative approach for S-CAMHS working in collaboration with the HDUHB's new Arts in Health team. Some planning issues were experienced in year one due to the implementation of the new model of care, but many of these factors were resolved or improved upon in the second year, with all stakeholders reporting smoother processes and more efficient running of the programme in the second year.

Health board processes

As in year one, navigating health board processes as part of setting up the project was challenging, with the project team describing multiple difficulties leading to delays. The procurement process was supposed to be easier in year two, but remained equally challenging and time-consuming, with the

requirement of a multi-quote tender process, which took a couple of months to navigate. This led to compression of the planning and delivery stages. Overall, it was reported that the logistical side and health board processes were time consuming to navigate and were an added challenge to implementation of the project. HDUHB procurement policy means that existing arts partners would need to reapply to be part of future project developments, and as such the procurement process is likely to remain challenging and time-consuming in future years.

'We were trying to encourage them to be researchers and evaluators of the project and share their experiences, to inform our future development and planning, and part of that, because we were asking them for their time and the value it is to us, we were going to be offering an Amazon voucher to say thank you and that was just a nightmare to arrange with the health board. The systems don't always work in our favour.'

Project team member

Data protection was also a continuing issue in year two. A small change was made to the data protection impact assessment (DPIA), which led to delays and further compressed timelines.

Referral process

The referral process has evolved for year two. The referral criteria were widened from health needs factors such as 'food and mood' towards improving the wellbeing of CYP with mild to moderate mental health conditions, who are known to S-CAMHS and awaiting or receiving intervention. The referral process in year 2 was much smoother due to learnings from the first year of Arts Boost. A stage rather than age approach was maintained throughout year 2, with all CYP deemed suitable by their clinician eligible for referral.

Year two saw big changes in the delivery of the sessions from online to in-person. It was thought that a hybrid approach of providing both online and in-person provision would be popular. However, there was no uptake for the online sessions, which meant Span Arts had to adapt their offer to an in-person offer very quickly. This led to some additional challenges for Span Arts, such as arranging a venue in a limited timeframe and difficulty assigning volunteers due to the location of the classes.

Overall uptake was quite low at around 7%, with more capacity for CYP to participate. This was apparent with one series of workshops being offered for season two, which did not see any uptake.

'It would be good to evaluate people that didn't sign up to know why, to have that answer, because it's hard to know that answer without asking the question to people who didn't.'

S-CAMHS Clinician

Data collection

As in year one, both the Warwick-Edinburgh Mental Well-being Scales and Outcome Rating Scale were collected (as advised within the arts in mental health toolkit).

Data collection for the project was improved upon in year 2, with more consistent collection of ORS data, and the SWEMWBS, which could not be analysed in the first-year evaluation due to lack of completion. However, data collection remained a challenge, with some gaps still present.

A recommendation from year one was to offer an incentive to participants for their time in completing feedback questionnaires. In response to this, for year two, programme organisers attempted to procure vouchers to thank participants for their time. However, there were difficulties in procuring the vouchers using the NHS procurement systems.

There also remain questions around the most appropriate outcome and wellbeing measures for use within arts and health. This is part of a wider programme of work.

Geographical factors

HDUHB covers a large geographical area with four localities, spread over 3 counties. It has been difficult to spread the funding over 4 areas to ensure equal access. As in year one, the three arts partners commissioned were from each of the three different counties, however, the provision was not available for participants to attend in each different county, with two of the arts partners delivering the intervention from Carmarthen in Carmarthenshire, and one from Cardigan in Ceredigion.

Collaborative working

Collaborative working has been a clear positive aspect of the project and continues to be a growing community of practice in terms of using the arts to improve the mental health of CYP in West Wales. Findings from Arts Boost will be drawn into a wider piece of work: Creative Prescribing, which is aimed integrating creative prescribing into social prescribing practice across Hywel Dda.

Budget breakdown for Year 2

Activity	Amount
Arts partner costs	£28,290 (£9430 x 3)
Contingency (Additional artist travel)	£156.80
HDUHB R&I team input	£3160
Amazon Thank you Voucher for CYP	£42
Total	£31641.80

Conclusions

Throughout year two the Arts Boost programme has continued to uncover great potential for positive impact and improved well-being in CYP. This was evidenced by the recognition of the programme through the Patient Experience Network National Awards, in which the programme was awarded the runner-up prize under the category of commissioning for patient experience. The Patient Experience Network National Awards are the first and only awards programme to recognise best practice in patient experience across all areas of health and social care in the U.K.

Qualitative feedback from both CYP and artists has suggested great benefit of the Arts Boost programme for this year's cohorts of CYP and their mental health. CYP were reported to engage well with the activities and artists and felt that the provision was a safe place where they could take ownership of their own healing.

In-person delivery of the sessions was very popular, with no uptake of the online session delivery. It was apparent that the in-person delivery of the sessions was advantageous for both artists and CYP, as it allowed greater trust and rapport-building, and furthermore, allowed artists to interact with parents/guardians of CYP, which was beneficial.

Quantitative data supported the positive effect, with general trends showing an increase in ORS for season one, and ORS scores appearing to increase from pre- to post-session scores throughout both season one and season two. Although SWEMBWS did not appear to positively or negatively change in season one, the majority of participants in season two indicated an increase in SWEMBWS when comparing before and after the intervention. Overall, interpretation of quantitative data was challenging due to incomplete data and few datasets in some cases.

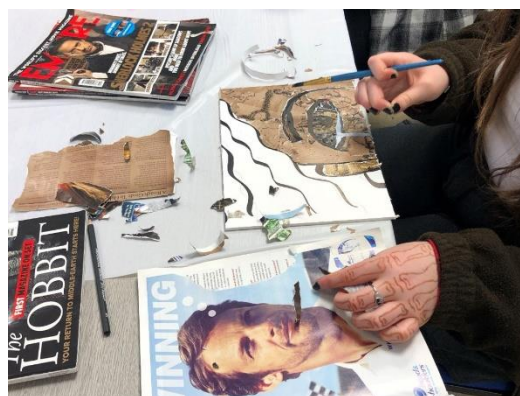
Although a larger number of participants were included in year two, work can still be done to increase uptake amongst CYP, with capacity yet to be reached, and an uptake of around 7% of individuals overall for year two.

Uptake was particularly poor for the animation offer in season two, so the decision was made to transfer provision to delivering sessions for S-CAMHS staff and produce a referral film to support uptake for year 3.

Although uptake for the programme was quite low, attendance of sessions for participants who had signed up was very good and dropout rates were also low.

This highlights the need to target improved uptake, as when the CYP attend the programme, they find it an extremely positive and rewarding experience.

Findings in year two continue to build evidence on how a non-clinical arts in health activity can support the delivery of 'A Healthier Mid and West Wales'. The first two years of the Arts Boost programme have created a wealth of information to inform the future delivery of the programme, and all teams involved are committed to pushing the project forward to continue developing the programme to deliver for CYP. The project results will inform HDUHB's new Arts and Health Charter and programme, and it is expected that improving mental health in CYP will be a priority. The project strongly promotes the prudent health care principles, with a strong co-production and participation with CYP



that is core to the project. The programme also promotes a preventative agenda towards health care, recognising wellbeing and self-care as key to the health of the individual.

The long-term legacy of the project could be in engaging more CYP in using arts and creativity to help support them in their emotional and mental health needs and develop creative coping skills for life.

Recommendations

Recommendation 1:

Review of the referral process, to ensure that sign up is improved, and that barriers for uptake are minimised. Investigate new ways of reaching out to CYP to improve uptake.

Recommendation 2:

Continue to deliver activities in-person, as this appears to be the preferred method of delivery for the CYP. Aim to deliver the programme more equitably in each county to ensure that the service is available to as many CYP across Hywel Dda as possible as much as funding allows.

Recommendation 3:

Continue to investigate opportunities for CYP to further their arts and health journey after completion of the programme. Consider different options for ending the programme with a focus on 'what next' in the final session. A need for a robust system in place or signposting so that CYP can continue their journey and maximise the effectiveness of the programme.

Recommendation 4:

Focus on ensuring complete datasets for evaluation data are collected e.g. For future seasons it could be beneficial if CYP complete their SWEMBWS 'post' questionnaire within their final sessions to ensure that data is complete. Additional qualitative data would also be encouraged e.g. Investigate ways to encourage feedback from CYP and gain feedback from CYP that did not attend, if possible, to determine why.

Recommendation 5:

Investigate ways for security of the project to be guaranteed by formal clinical involvement. The current clinical representative is not formally contracted to invest time in the project.

Recommendation 6:

Review the training needs of the artists and consider implementing a structured training programme to ensure these needs are met. Ensure new artists have appropriate induction and ensure that future provision continues to include therapist led wellbeing sessions for artists.

Recommendation 7:

Review of the participant feedback tools to ensure that the most appropriate tools are being used for collecting participant feedback.



Appendix 1: Arts Boost 1 Recommendations

Recommendation 1:

Explore opportunities to expand the impact of Arts Boost through hybrid delivery models, a lengthened programme with more time for relationship building and greater emphasis on individuals' reaching the end of the programme and signposting to externally led arts activities.

Recommendation 2:

Use knowledge gained during the pilot to improve future implementations and highlight potential areas where health board processes can be reviewed and revised to facilitate important and valuable external collaboration.

Recommendation 3:

Ensure that future collaborative projects are underpinned by a comprehensive, adaptable project plan detailing work packages and supported by relevant project delivery materials.

Recommendation 4:

Promote Arts Boost extensively within HDUHB to ensure future arts in health interventions receive the vital clinical leadership needed for successful project design, development, and implementation.

**NHS WALES SHARED SERVICES
PARTNERSHIP – PROCUREMENT
SERVICES**

for

Hywel Dda University Health Board

**Request for Quotation (RFQ) FOR:
Provision of Arts in Health Service for
Children and Young People (CYP) with
mild to moderate mental health
conditions who are known to Hywel**

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RFQ Award Criteria

This RFQ document includes a Pre-Qualification Questionnaire (PQQ) section of Pass/Fail questions. Should a provider fail a Pass/Fail question in the PQQ, they will be disqualified from the RFQ.

Pre Qualification Criteria include

1. Training in dance for health
2. Robust policies and procedures including safeguarding and data protection

The Contract will be awarded to the most economically advantageous Tender based on the following:

	CRITERIA	WEIGHTING APPLIED
1.	Costs (See Schedule B)	40%
2.	Quality (See Schedule C for sub criteria)	60%
Total Weighting		100%

CRITERIA	WEIGHTING
Costs (See Schedule B)	40%

The lowest offer will be allocated 40% and the remainder, the appropriate proportionate score in relation to the lowest offer.

The scoring Methodology for each of the Quality Criteria will be as follows:

QUESTION SCORING	SCORE
Exceeds Expectations – excellent response over and above requirements.	10
Complies - Fully meets requirement and response gives thorough and comprehensive detail.	7
Partially Complies – Broad outline provided relevant to the question asked with some ambiguity around details and at least one piece of information missing	5
Very Poor Response – little evidence	1
Does Not Comply - No evidence	0

RFQ SPECIFICATION

1.0 Introduction

Arts in health provision for children and young people (CYP) with mild to moderate mental health conditions who are known to sCAMHS and receiving intervention is required for Hywel Dda University Health Board.

The intention of the Health Board is to award three contracts commencing 2nd January 2023 until 1st October 2023 (11 months term with an option to extend).

2.0 Description of Service

An Arts in Health programme will be offered for CYP with mild to moderate mental health conditions who are known to sCAMHS and receiving intervention.

The project will be delivered by an experienced arts organisation with experience in arts provision with vulnerable children and young people for health and wellbeing.

The contract outcomes are:

- Improved wellbeing for CYP with mild to moderate mental health conditions who are known to sCAMHS and receiving intervention through high quality and diverse arts interventions.
- Improved outcomes for CYP with increased levels of confidence and self expression through working with artists
- Increased ability to manage their psychological distress in healthier and more creative ways with new creative coping skills
- Increased evidence of the power of the arts to improve children and young people's mental health
- Create a safe space to allow for recovery to start

The service will be co-produced with HDUHB Arts in health team and Lead Clinician within sCAMHS who will assist in identifying patients and supporting referrals and the patient pathway across the three counties.

The appointed arts partners will develop high-quality programmes of arts interventions for CYP with mild to moderate mental health conditions in the counties of Pembrokeshire, Ceredigion and Carmarthenshire.

CYP will be referred onto the project based on the agreed patient pathway. They will be at adolescent stage eg age 12-17 years.

2 Seasons (March/April and July/August) of (of 6 sessions) will be offered in each of the 3 counties. Exact locations will be agreed totalling 36 multi arts sessions to improve overall mental health and wellbeing.

Each contract will be for 12 sessions for up to 12 CYP. Totalling up to 36 CYP in total.

Sessions

- Offer a blend of regular face to face and/or remote creative activities for up to 36 CYP known to HdUHB sCAMHS by October 2023 – This will break down to up to 6 participants (per session)
- Sessions last circa 2 hours
- Creative activities will be age appropriate for CYP aged between 12-17 years old.

- Sessions will be offered weekly in 2 blocks of 6 weeks at a day and time agreed with sCAMHS. We are keen for sessions to be held on a Saturday.
- Led by 1 lead artist and 1 support artist (named) (to enable a ratio of 3:1, Patient:artist)
- Will provide a range of art forms across the programme to offer CYP choice (ie visual arts & performing arts)
- Will aim to take place in person (with some hybrid delivery where requested or necessary to engage CYP).
- Build support/engagement/provision for CYP parents and carers in design of sessions

Project support and coordination:

- The appointed arts partners will deliver high quality, engaging, safe and meaningful arts experiences for CYP known to HdUHB that meets the intended outcomes outlined below.
- The sessions will be carried out, coordinated and project managed by the arts partners following receipt of referrals from the sCAMHS team.
- All activities will be delivered in line with Hywel Dda policy framework and procedures.
- Maintain all records in accordance with agreed local protocols and guidance.
- Co-create end of project celebratory outcome

Support for artists:

- Suitable supervision/debriefs for artists will be provided by the arts organisation with input from arts in health team/ clinicians if needed.
- Commissioned artists & arts partners will take part in up to ½ day of training and induction
- Commissioned artists & arts partners will take part in therapeutic sessions pre, during and post delivery with HdUHB Arts Therapist

Promotions:

- Promotional material (1 season flyer + 1 referral film) should be produced by the arts partners prior to the sessions in both Welsh and English language and these be made available to sCAMHS team to enable recruitment and referrals.
- Welsh language provision should be considered throughout the project as well as accessibility and inclusion needs for patients. Ideally Welsh speaking artists will be employed to deliver this project

Evaluation:

- Arts partners will take part in planning and review meetings throughout the project (up to 6 x 1hr planning & evaluation meetings across the year)
- Arts partners will take part in collecting feedback through creative methods

- Arts partners will capture evidence of what has taken place through capturing images and footage of CYP artwork and activities in line with consent.
- Arts partners will document the process through artist diaries to be shared with project partners
- Arts partners will use weekly outcome measurement tools agree with lead clinicians (eg ORS , Outcome Rating Scales or alternative)
- Outcomes will be evaluated using a variety of measures but including patient questionnaires as well as case studies and visual storytelling with appropriate permissions.

Inclusion:

- Will be accessible; to ensure the diverse needs of each participant are met
- Workshop provision should be able to be delivered bilingually if requested
- Maintain a duty of care to the patient and respect the CYP dignity and always act in a professional manner towards the child and family being aware of diversity and cultural beliefs.
- Commit to the safety of the vulnerable participants identified through the preparation of Risk assessments and working within the HdUHB policy framework. HdUHB will expect arts organisations to have in place rigorous safeguarding, equality, inclusion and other policies that will need to be submitted if successful with this Expression of interest.

Fee:

- The fee for the project is **£9430**
- This fee is inclusive of:
- Lead and support artist fees for delivery and preparation plus associated travel costs
- Arts partner administration & coordination, preparation of promotional material
- Materials and accessibility
- Appointed arts partners will be expected to make time to:
 - Attend 6 x 1hr project planning and evaluation meetings across the year
 - Enable artists to attend 3 therapeutic sessions with HdUHB Art therapist across the project
 - Contribute to evaluation as described above
 - Document the work taking place in line with agreed consent
 - Prepare 2 seasonal flyers and a referral film

3.0 Pricing

See Schedule B

4.0 Contact for further information if required

Any queries with the information contained in this document, please liaise directly via the MQ portal with:

- Sara Jayne Pell (NWSSP Senior Procurement Business Manager)
- Kathryn Lambert (Hywel Dda UHB - Arts in Health Co-ordinator)
- Katie O'Shea (S-CAMHS Psychological Therapies Lead Specialist Child & Adolescent Mental Health Service)
- Catherine Jenkins (Hywel Dda UHB - Arts In Health Coordinator)

Appendix 1

RFQ RETURN DOCUMENTATION

Schedule A	Pre-Qualification Questionnaire
Schedule B	Summary of Costs
Schedule D	Certificate of Collusion
Schedule E	Canvassing Certificate
Schedule F	Acceptance of Terms and Conditions

**I M P O R T A N T
N O T I C E**

**BIDDERS MUST RETURN ALL THE
REQUIRED DOCUMENTS FULLY COMPLETED AS
PART OF THE RFQ SUBMISSION.**

**FAILURE TO DO THIS WILL RENDER THE
RFQ SUBMISSION INVALID.**

SCHEDULE A

PRE-QUALIFICATION QUESTIONNAIRE

This Pre-Qualification Questionnaire (PQQ) section contains Pass/Fail questions.

Should a provider fail a Pass/Fail question in the PQQ, they will be disqualified from the RFQ.

Criteria	Weighting	Response
<p>1. Training in Arts in Health for CYP</p> <p>Please provide evidence of any training related to Arts in Health for CYP or attendance at relevant training events.</p>	Pass/Fail	
<p>2. Robust policies and procedures including safeguarding and data protection</p> <p>Provide copies of your safeguarding, equality and data protection policies.</p>	Pass/Fail	

SCHEDULE B

SUMMARY OF COSTS

Cost –40% Score

Detailed costing	£
Please provide total cost per session (includes artist fees, transport costs, room hire and equipment, project coordination, promotional material, Welsh	£

language and accessibility needs, provision of evaluation information and any other associated costs)	
Please provide total cost for 12 sessions	£
Max budget available	£9430 inc VAT per contract
Please provide provisional dates for the above sessions.	

SCHEDULE C

QUALITY INFORMATION

Quality - 60% Score

Criteria	Weighting	Response (Max 2 Page Limit per question)
<p>Proven track record of delivering art in health services for CYP</p> <p>Provide evidence of a proven track record of delivering impactful art in health services for CYP to a high standard.</p>	36%	
<p>Local community links and name of artists</p> <p>Provide evidence of local knowledge and awareness and more information on selected artform and artists.</p>	24%	

SCHEDULE D

CERTIFICATE OF COLLUSION

The essence of selective RFQs is that the Health Board shall receive bona fide competitive RFQs from all persons quoting. In recognition of this principle:

- I/We certify that this is a bona fide RFQ, intended to be competitive and that

- I/We have not fixed or adjusted the amount of the RFQ or the rates and prices quoted by or under or in accordance with any agreement or arrangements with any other person
- I/We also certify that I/We have not done and undertake that I/We will not do at any time any of the following acts:
 - a. communicate to a person other than the Health Board the amount or approximate amount of my/our proposed RFQ (other than in confidence in order to obtain RFQs necessary for the preparation of the RFQ for insurance) or
 - b. entering into any agreement or arrangement with any other person that he refrain from submitting a RFQ or as to the amount of any RFQ to be submitted
 - c. offering or agreeing to pay or give or paying or giving any sum of money, inducement or valuable consideration directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to any other RFQ or proposed RFQ for the Services any act or omission

Signed:

(1) _____ Status

(2) _____ Status

of (for _____ and _____ on _____) behalf

Date _____

SCHEDULE E

CANVASSING CERTIFICATE

To: HYWEL DDA HEALTH BOARD

I/We hereby certify that I/We have not canvassed or solicited any Member Officer or employee of the Health Board in connection with the award of this RFQ or any other RFQ or proposed award of the RFQ for the Services and that to the best of our knowledge and belief, no person employed by me/us or acting on my/our behalf has done any such act.

I/We further hereby undertake that I/We will not in future canvass or solicit any Member Officer or employee of the Health Board in connection with this RFQ or proposed RFQ for the Services and that no person employed by me/us or acting on my/our behalf will do any such act.

Please note that any relationship by blood or by marriage to staff employed by the Health Board must be disclosed. Failure to do this will lead to disqualification.

Signed:

(1) _____ Status

(2) _____ Status

of (for _____ and _____ on _____) behalf

Date _____

SCHEDULE F

ACCEPTANCE OF RFQ TERMS AND CONDITIONS

TO: HYWEL DDA HEALTH BOARD

I/WE:

OF:

(Hereinafter called the 'Contractor') hereby contract and agree on the acceptance of this RFQ by Hywel Dda Health Board (hereinafter called the 'Health Board') to furnish, serve or supply and cause to be delivered to destination in such manner and in such quantities as shall from time to time be directed to the prices set forth thereon of the qualities and descriptions specified and contained therein, and in accordance with the terms of the General Conditions of Contract for the Purchase of Goods (and/or Services) and any Special Conditions and Notes as appended

Signed by the Contractor _____

Print name _____

Status _____

Date _____

In the presence of (name) _____

This document is to be completed, signed, witnessed and RETURNED WITH RFQ.

How are you feeling?

Your Initials

Your age

Session #

Date

At the beginning and end of the sessions, we ask you to mark on the scales below to find out how taking part makes you feel. Take the left side as low and the right side as high, looking back over the last week, including today mark where you think represents how you are feeling.

Individually: your personal well-being



|-----|



Interpersonally: about your family or close relationships



|-----|



Socially: about your work, school, or friendships



|-----|



Overall: your general sense of well-being



|-----|

There is no right or wrong answer, just be honest and mark how you feel. This will help us to make the session better and help us to learn about the difference they make.

Appendix 4: Interview questions for project team members

1. Please can you tell me about your experience of working on the Arts Boost project?
 - a. What do you think of this project? What is it about the project that you like/dislike?
2. What did you think about the induction and training?
 - a. Was anything that would have been helpful missing from the induction and training?
3. What did you think about the therapeutic sessions with the arts therapist?
4. What do you think are the components of the project that have helped/supported patients?
5. Please describe what you think has worked well with the project.
6. Please describe what you think has not worked well with the project.
7. What are some of the barriers/challenges that you have encountered with working on the Arts Boost project? Were you able to overcome some of these barriers? If yes, please explain how.
8. If you could change anything about the project, what would you do differently?
9. What effect do you feel the project has had on the wellbeing of patients?
 - a. Why do you think this is? What changes/impact on children and young people have you seen?
10. Can you tell me about any feedback you have received from service users?
11. How do you feel about the future of the service? Do you have any recommendations?

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