

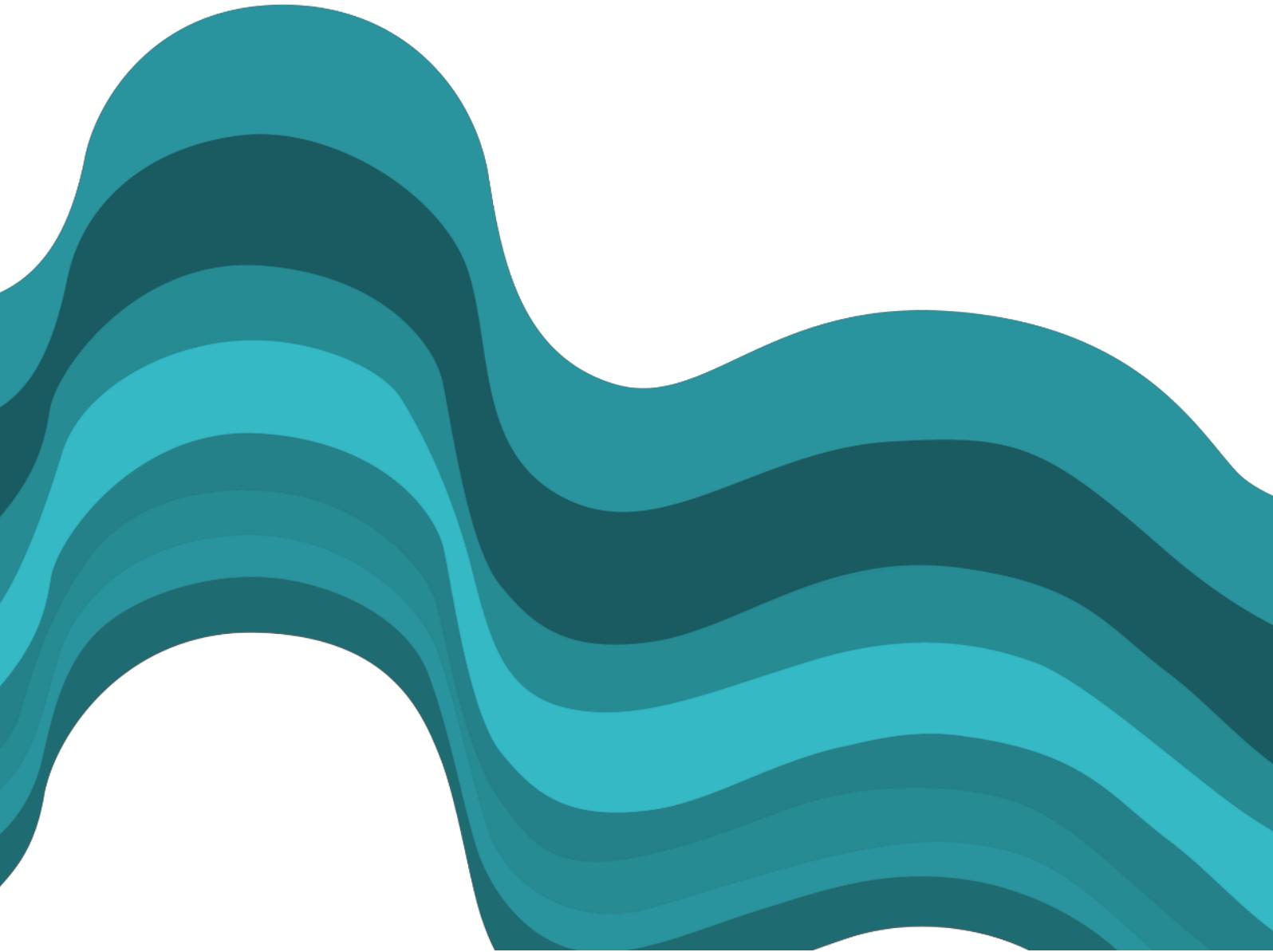


TRITECH Sefydliad
Institute

Evaluation Report

Arts Boost 3

Report Produced on November 2024





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

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Hywel Dda
University Health Board

Executive Summary

In October 2021, Hywel Dda University Health Board's (HDUHB) 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 National Health Service (NHS) health boards to develop their work with artists and arts organisations to provide creative opportunities for people with mental health problems. The funding is provided on an annual basis and at the start of each year a new application is required for continued funding.

This award funded the Arts Boost project, with annual applications for funding: A collaborative project designed to improve young people's mental health and wellbeing who are known to SCAMHS through arts interventions at HDUHB. Arts Boost 3 has match funding from Hywel Dda Charities, the official charity of Hywel Dda.

This evaluation report covers the third year of the Arts Boost programme (Arts Boost 3), and the continued development and delivery of the intervention, from October 2023 to October 2024. 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 3 programme enjoyed another successful year, with sessions being delivered in-person by our arts partners, one in each constituent county covered by HDUHB. A total of 18 arts workshops were delivered by our 3 arts partners, these being across 2 seasons: one each in Spring and Summer 2024.

The programme has continued to show great potential to improve well-being in YP and this has been recognised nationally through winning Runner Up in the Commissioning for Patient Experience award at the national Patient Experience Network awards in 2023, invitations to present and share our findings at numerous national opportunities. The Arts boost programme has provided the initial evidence to inspire a shared national focus for Arts and Minds strategic funding From the Arts Council of Wales and the Baring Foundation on improving outcomes for young people, with mild to moderate mental health conditions, accessing CAMHS across Wales.

"The success and learning from Hywel Dda University Health Board's Arts Boost, already working in this area, has shown us the possibilities, scope and opportunities that this direction can provide." Arts Council of Wales.

Based on the findings of this evaluation, the following key recommendations for Arts Boost 4 are made:

Recommendation 1: Review of the Referral Process

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 young people (YP) to improve uptake. Possible avenues include exploring new and additional touch points including · substance use team who sit under primary SCAMHS · Schools in reach team · School nurses · Young carers In the secondary system. Explore with the SCAMHS teams ways of offering the provision to more CYP in their mental health care journey with SCAMHS.

Recommendation 2: Redesign the participant pathway for arts boost year 4

Design an Arts Boost Supportive Patient Pathway which reaches and benefits as many CYP as possible by piloting a new supportive pathway to tackle some of the barriers to attendance.

Recommendation 3: Explore how to support CYP after the program to keep on their arts and health journey

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: Data Collection

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. And align evaluation plans with the national approach to evaluation being undertaken by the Arts Council of Wales.

Recommendation 5: Review feedback and data collection tools

Review of the participant feedback tools to ensure that the most appropriate tools are being used for collecting participant feedback. In particular review of the feedback forms for the artists is required. The amount of feedback received from participating artists and facilitators was variable both in terms of quantity and content. While some routinely provided weekly feedback, others did so on an intermittent basis and in some cases, little weekly feedback was made available for perusal. Given the value that such feedback can provide, the introduction of a standardised feedback form and the close monitoring should be given due consideration.

Recommendation 6: Run a Workshop to understand the learnings from the previous arts boost programs

Use some of the funds and time to run a workshop with all key partners involved in arts boost. to reflect on our learnings of the past 3 years and shape a plan for next steps. The workshop should involve Arts and Health and S-CAMHS and research teams in Hywel Dda together with our arts partners, commissioned artists, young people with lived experience of SCAMHS and the Arts Boost programme . This will inform our approach to the proposed Supportive Patient Pathway and allow more time for building a shared vision and understanding of how the programme meets the needs of the young people targeted.

Contents

Executive Summary.....	2
Contents	4
Acknowledgements.....	6
1.0 Introduction – The Challenge.....	7
1.1 Background and context.....	7
1.2 The Arts Boost Programme	7
1.3 Rationale for Arts Boost.....	7
1.4 Arts Boost Programme – Previous Years	8
1.5 Recommendations from Year 2 and the actions for year 3	8
2 Arts Boost 3	12
2.1 Aims of Arts Boost 3	12
2.3 Objectives of Arts Boost 3	12
2.4 Arts Boost 3 Methodology	13
2.4.2 Season one - Spring 2024	14
2.4.3 Season two - Summer 2024	15
3.1 Evaluation aims and objectives	16
3.2 Evaluation Methodology	16
3.2.1 Data collection	16
3.2.2 Data analysis.....	17
4.0 Findings.....	18
4.1 Overview	18
4.1.1 Referrals & recruitment.....	18
4.1.2 Demographic data	18
4.1.3 Attendance	19
4.2 What was the impact on CYP mental health and well-being?.....	20
4.2.1 Outcome Rating Scale (ORS) results: Season One	20
4.2.2 Outcome Rating Scale (ORS) results: Season Two	22
4.2.4 Impact and experience of YP	26
4.3 What did artists learn from Arts Boost?.....	29
4.3.1 Feedback from the Artists/facilitators	29
4.3.1.1 Induction, training, and support	29
.....	29
4.3.1.2 Positives from the Project.....	29
4.3.1.3 Things that worked well.....	29

4.3.1.4 Thoughts on the Arts Boost project for YP.....	30
4.3.1.5 Impact of YP wellbeing.....	30
4.3.1.6 Issues & barriers faced in the 3 rd year of Arts Boost.	30
4.3.1.7 Suggested/potential improvements.....	31
4.4 What factors affected implementation?.....	32
4.4.1 Referral process	32
4.4.2 YP Attendance	32
4.4.2.1 Artist/facilitator feedback regarding attendance included:.....	32
4.4.3 Geographical factors.....	33
4.4.4 Data collection	34
4.4.5 Venues	34
4.4.6 Gender Representation.....	34
4.4.7 Collaborative working	34
Conclusions	36
Areas for development	Error! Bookmark not defined.
Project expectations.....	Error! Bookmark not defined.
Participant background.....	Error! Bookmark not defined.
Programme and session length	Error! Bookmark not defined.
Face-to-face delivery	Error! Bookmark not defined.
Data collection challenges	Error! Bookmark not defined.
Training	Error! Bookmark not defined.
Programme end and final session	Error! Bookmark not defined.
Recommendations	38
Appendix 1: Arts Boost 2 Recommendations	41
Appendix 2: Arts Boost Request for Tender	42
Appendix 3: Child Friendly ORS (Outcomes Reporting Scales).....	56
Appendix 6:	57
.....	57
Appendix 7: Interview questions for project team members.....	58

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Images included within this report are examples of young persons’ creative work during Arts Boost 3 and have been included with the individuals’ consent.



1.0 Introduction – The Challenge

1.1 Background and context

It is widely recognised that the mental health of YP is at risk and is proving to be an ever-increasing problem in society. The numbers seeking to access SCAMHS is increasing (Local Government Association, 2022¹) and GPs across the UK report a rise in YP 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 YP. 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 with match funding from Hywel Dda Charities, the official charity of Hywel Dda, 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.

1.2 The Arts Boost Programme

In 2022, HDUHB launched a new project called Arts Boost, designed to improve mental health, and reduce feelings of distress through arts engagement. The project is for YP in West Wales who are known to the S-CAMHS. It is a joint project between our SCAMHS, Arts and Health team, and three commissioned Arts Partners.

- Span Arts in Pembrokeshire
- People Speak Up in Carmarthenshire
- A Small World Theatre in Ceredigion

Arts Boost is part of a national arts and mind programme, supporting health boards across Wales to improve mental health. It is funded by the Baring Foundation and the Arts Council of Wales. Arts Boost was developed due to the increase in mental health difficulties for children and young people, and growing numbers seeking support for their mental health. Growing evidence shows that the arts have a powerful role to play in improving wellbeing and reducing feelings of distress. It also provides access to more opportunities to develop creative coping skills for life ([Arts and Minds: Arts programme to support youth mental health across Wales | Arts Council of Wales](#)).

1.3 Rationale for Arts Boost

HDUHB Arts Boost project has benefitted from 3 successful years and its an exemplar for the arts and health programme across the region. It was identified early in the process that the SCAMHS for YP was a high priority area and had a lot of potential for integration of an arts-based intervention. SCAMHS 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 YP, 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 and early intervention.. Within HDUHB an average 100 new YP are being accepted to SCAMHS every month .

Arts Boost in HDUHB is now a well-established collaboration between the Arts and Health and SCAMHS teams delivering arts interventions for mental health in YP. There are two Art Psychotherapists within S-CAMHS who offer psychological interventions (including art psychotherapy). Arts Boost 3 was designed based on the learnings and recommendations from the previous programmes - Arts Boost 1 & 2. The recommendations from Arts Boost 2 can be seen in the section below (Recommendations from Year 2 and the actions for year 3)

1.4 Arts Boost Programme – Previous Years

During year 1 and year 2 of the arts boost programme 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 Children and Young People 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.



In both years 1 & 2, programme activities were delivered over two seasons: Spring and Summer. Year 1 coincided with restrictions due to the Covid pandemic with the result being that all sessions were delivered online via Microsoft Teams.



With the lifting of restrictions in year 2, sessions became face-to-face as was originally intended, with all agreeing that this was to the betterment of the project. The three arts partners offered activities, with the inclusion of in-person sessions of the Aerial Yoga Programme offered by Small World Theatre.

1.5 Recommendations from Year 2 and the actions for year 3

The findings from Arts Boost 2 culminated in the 7 recommendations below. Following each is a statement from the Arts Boost team detailing how each recommendation would/had been actioned for Year 3.

1.5.1 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.

1.5.1.1 Recommendation 1: Action Implemented in year 3:

- The Arts Boost programme has successfully simplified the offer for Arts Boost 3 to offer Creative Freestyling Workshops on Saturdays at your nearest arts venue for all activities. This meant the message was much simpler for clinicians and the invitation to YP was clearer and take up more balanced. ·

The more open offer of Creative Freestyling was designed on what had been most popular previously and enables YP to better guide the choice of art form and activity “YP where given choice throughout the session with how they approached their activity and decision in the creation of their art works.” Artist. The invitation to take part has been shared by SCAMHS via a range of routes including but not limited to:

- Flying eligible YP on SCAMHS waiting lists
- - Promoting the offer to clinicians who were currently working with YP with 15 referrals with 12 YP opting in
- - Public promotions via our comms team and arts partners – however YP need to be eligible and known to SCAMHS
- We improved promotions and communications by producing a film (paid for with previous project funding) to better promote the project and working more closely with our communications team to prepare and share PR, social media etc.
- We also promoted the project better to clinicians through a series of presentations and taster activities.
- Katie O’Shea (SCAMHS Psychological Therapies Lead) reported a huge shift in clinician awareness with a lot more clinicians interested and intrigued. KO felt this was due to the sharing and attendance at the Learning Academies. Improved structure, familiarity and reoccurring nature. Momentum is building.

1.5.2 Recommendation 2:

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

1.5.2.1 Recommendation 2: Action Implemented in year 3:

- All activities have been delivered in person with the provision better geographically spread out by taking place in Haverfordwest, Cardigan and Llanelli, one per county.
- Both SWT and PSU were enabled to deliver in their own space for AB3. This has proved very successful and has enabled YP to personalise the space and have a better experience “YPs immediately identified with the space, they all commented on how they wish it was their home and complimented how it made them feel comfortable.” PSU. ·
- There is a desire to enable this for all arts partners in future but is dependent on overall model of delivery.

1.5.3 Recommendation 3:

Continue to investigate opportunities for YP 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 YP can continue their journey and maximise the effectiveness of the programme.

1.5.3.1 Recommendation 3: Action Implemented in year 3:

- It was also designed so that YP could engage at the venue closest to them rather than their preferred artform with the intention that YP might join in with future activities as a result of this post provision .
- A better exit strategy /approach to endings was achieved in this model. With examples of some YP taking up other activities and opportunities with arts partners e.g. (PSU – One YP went on a trip with PSU and all stayed on to be Young Ambassadors at YPSU – Young People Speak Up) “As 4 out of 4 of the YPS have now joined our youth group - this shows a growth in confidence to start a new group with new people. All have fed back how much they are enjoying it.” PSU
- The last session was more focused on endings. With signposting to other opportunities. And the team creating a padlet of arts activities for YP in West Wales. Creative Activities for Children & Young People in West Wales (padlet.com) .
- There was Improved contact with parents/carers – “Parents were very involved and very supportive of their YP attending, some of the parents also joined in the art activity on the last session.”

1.5.4 Recommendation 4:

Focus on ensuring complete datasets for evaluation data are collected e.g. For future seasons it could be beneficial if YP 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.

1.5.4.1 Recommendation 4: Action Implemented in year 3:

- The Arts Boost programme shared SWEMBWS via arts partners during the last session and got a better response with 8 SWEMBWS completed for our research team to evaluate. .
- We Arts Boost also invited all arts partners to complete a patient story per season.
- The ORS were used again more confidently as they have proved to be an important safeguarding tool as well as PROMs tool.

1.5.5 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.

1.5.5.1 Recommendation 5: Action Implemented in year 3:

- .

Increased time was offered by a key member of the SCAMHS team to support with administrative tasks and as a result, our SCAMHS clinician has been able to pass over more administrative workload which has decreased her workload on the project.

- No additional monies from budget was able to be afforded to formally contract time from SCAMHS team. Continues to be ‘time in kind’ from SCAMHS team members who are invested in the work and aims of the project.

1.5.6 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.

1.5.6.1 Recommendation 6: Action Implemented in year 3:

- Three reflective sessions were held for participating artists by SCAMHS Art Psychotherapist Llinos Couch. This was considered very helpful and a valuable part of the programme for all participating artists. “ Llinos input was really beneficial – pre mid and end and formed an opportunity to offload any challenges. Massively beneficial.” ·
- An updated induction pack for artists was prepared and shared with positive feedback received. ·

For Season 3 we are also supporting an additional artist through the project via the Wales Arts Health and Wellbeing Network (WAHWN) Stepping In programme. Stepping In was a 6 month partnership pilot training and mentoring programme, led by Wales Arts Health and Wellbeing Network (WAHWN) supporting 4 creative practitioners with lived experience of mental health, Deaf/disabled, global majority and low-socio economic backgrounds to gain skills, knowledge and experience working in the arts, health and well-being sector. LGBTQ+ artist Lyndsay Fouracre Reynolds joined the project to support YP as part of this scheme to contribute to the growing diversity of Arts Boost artists. =

1.5.7 Recommendation 7:

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

1.5.7.1 Recommendation 7: Action Implemented in year 3:

- A Review of participant feedback tools was undertaken to ensure the most appropriate tools are being used for collecting participant feedback. ·
- The project is still using ORS, SWEMWBS and collecting patient stories as part of the project.

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

2 Arts Boost 3

2.1 Aims of Arts Boost 3

Arts Boost Year 3 continued the provision provided during year 1 and 2. As in the previous 2 years the programme aims to provide and develop a rich and diverse arts and health programme for YP with low to moderate mental health needs. The programme aimed to learn from the findings of the previous years (AB1 & AB2) and to improve overall mental health and wellbeing in YP by:

- Stimulating a shift in mood in YP – with YP reporting that they feel better at the end of a session than the beginning.
- Enabling self-expression in YP – building their skills and confidence in telling their stories.
- Building on the additional tools for YP – 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 YP in SCAMHS.

2.2 The Team for Arts Boost 3

The Arts Boost Team is comprised of:

- The arts partners and artists
- Lead for Psychological therapies Hywel Dda SCAMHS Service
- Psychological Therapies SCAMHS Secretary
- SCAMHS patients represented by CYP peer mentor support practitioner
-
- Hywel Dda Arts and Health Coordinator
- Hywel Dda Arts and Health Administrator
- Art psychotherapist SCAMHS
- Other CYP such as PSU Young Ambassadors
- Trittech team at Hywel Dda

2.3 Objectives of Arts Boost 3

Through artist led experiences and creativity, up to 36 YP 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:

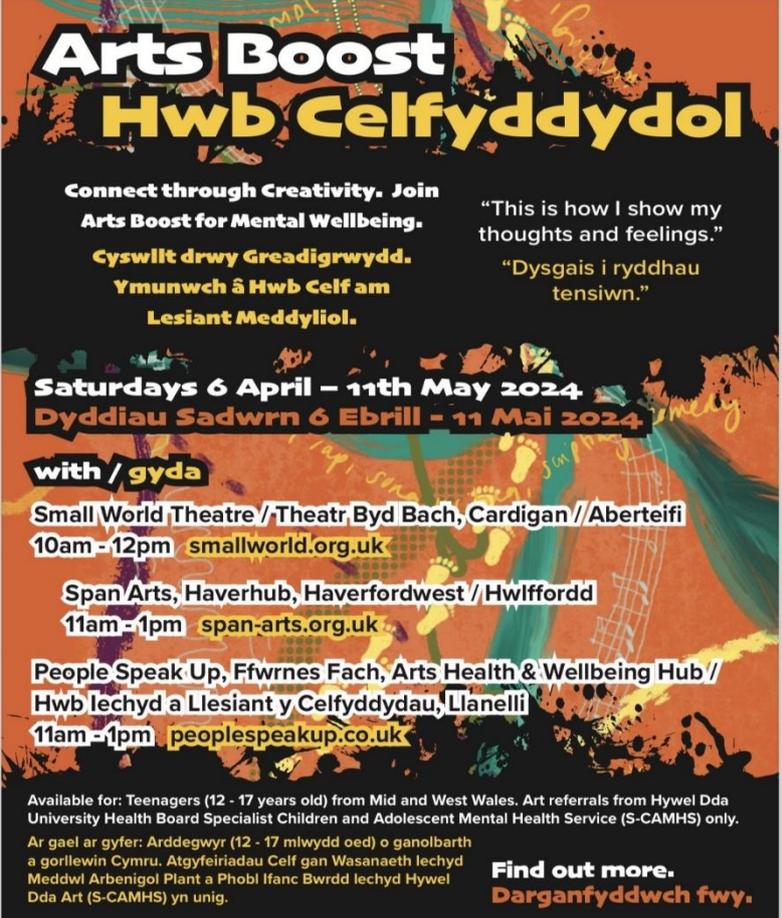
- A focus on delivering in-person activities that are closer to home and more accessible.
- Continue to bring a multi-art approach to the offer and build on lessons learnt to date.
- Continue to provide a reflective space for participating artists, structuring this support pre, mid and post-delivery as a valuable part of the scheme.
- Provide the intervention for up to 36 YP meeting eligibility criteria and referred by SCAMHS.
- 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 as part of the programme being delivered by the artists.

2.4 Arts Boost 3 Methodology

As in previous years, programme activities were delivered across two seasons. Referral was via SCAMHS, with patients meeting eligibility criteria invited to participate by a SCAMHS practitioner. Referrals in year 3 were focused away from being a diagnostically lead scheme, and more towards YP with mild and moderate conditions known to SCAMHS, with the intention of the scheme having a wider reach and being available to more YP.

- For the third consecutive year, the same three arts partners were contracted (Span Arts, People Speak Up and Small World Theatre) via HDUHB Multi Quote Platform. The request for tender for Arts Boost Year 3 is shown in Appendix 2. The three arts partners Offered Creative Freestyling across all sites to provide more clarity and simplicity for clinicians, to offer YP opportunities to co-create the artistic provision based on their interests and to encourage YP to sign up to the provision closest to their home rather than due to artform to encourage participation in the local area to promote the ability to continue taking part with their local arts partner on completion of the Arts Boost programme. All provision took place on Saturdays based on experience of past programmes.

○



Arts Boost
Hwb Celfyddydol

Connect through Creativity. Join Arts Boost for Mental Wellbeing.
Cyswllt drwy Greadigrwydd. Ymunwch â Hwb Celf am Lesiant Meddyliol.

"This is how I show my thoughts and feelings."
"Dysgais i ryddhau tensiwn."

Saturdays 6 April – 11th May 2024
Dyddiau Sadwrn 6 Ebrill - 11 Mai 2024

with / gyda

Small World Theatre / Theatr Byd Bach, Cardigan / Aberteifi
10am - 12pm smallworld.org.uk

Span Arts, Haverhub, Haverfordwest / Hwlfordd
11am - 1pm span-arts.org.uk

People Speak Up, Ffwrn Fach, Arts Health & Wellbeing Hub / Hwb Iechyd a Llesiant y Celfyddydau, Llanelli
11am - 1pm peoplespeakup.co.uk

Available for: Teenagers (12 - 17 years old) from Mid and West Wales. Art referrals from Hywel Dda University Health Board Specialist Children and Adolescent Mental Health Service (S-CAMHS) only.
Ar gael ar gyfer: Ardegwyr (12 - 17 mlwydd oed) o ganolbarth a gorllewin Cymru. Atgyfeiriadau Celf gan Wasanaeth Iechyd Meddwl Arbenigol Plant a Phobl Ifanc Bwrdd Iechyd Hywel Dda Art (S-CAMHS) yn unig.

Find out more.
Darganfyddwch fwy.

Logos: PSU, Span Arts, The Baring Foundation, small world theatre, GIG NHS, Bwrdd Iechyd Prifysgol Hywel Dda, Cyngor Celfyddydau Cymru, Y LOTERI GENEDLAETHOL THE NATIONAL LOTTERY

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.

2.4.1 Proposed Timelines / Plan

There were 2 seasons (Spring 2024 and Summer 2024) of 6-week workshops:

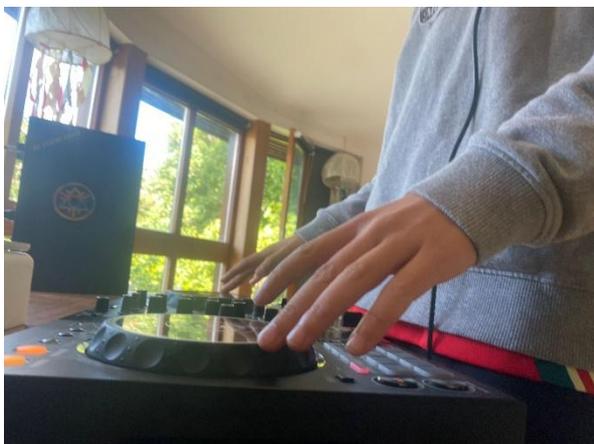
- Season 1: April 2024 – May 2024
- Season 2: July 2024 – August 2024

The arts interventions were provided for identified individuals aged 12-17

2.4.2 Season one - Spring 2024

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 YP aged 12-17 years. Whereas in year 1 when the majority of sessions were delivered online due to pandemic restrictions, as in year 2, sessions in year 3 were delivered in person. YP 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. 10 individuals participated, aged 11-17 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.



2.4.3 Season two - Summer 2024



During season 2 the 3 arts providers delivered activities in six sessions over a six-week period. Sessions offered age-appropriate creative activities for YP aged 12-17 years. Whereas in year 1 when the majority of sessions were delivered online due to pandemic restrictions, as in year2, sessions in year 3 were delivered in person. In addition, an artist involved in the Stepping In programme supported the programme. (Wales Arts Health & Well-being Network (wahwn.cymru))

3.0 Evaluation

Input from HDUHB's Research & Innovation (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.

3.1 Evaluation aims and objectives

As in years 1 & 2, the aim of the year 3 evaluation was to address key questions, via a series of linked objectives.

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

This will be evaluated by:

- Project forms and service data
- Patient outcome questionnaires
- Interviews with participants
- Artists' reflective diary entries

2: What did artists learn from Arts Boost?

This will be evaluated by:

- Art partner feedback (review meetings, reflective diaries, project reports and online questionnaire)
-

3: What factors affected implementation & What were the barriers/challenges?

This will be evaluated by:

- Interviews with project team members
- Project team reflective reports

4: How has the grant been spent?

This will be evaluated by:

- Budget breakdown

3.2 Evaluation 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.

3.2.1 Data collection

Patient demographics were collected via the HDUHB equality form. Data relating to referrals and attendance were collected by SCAMHS 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 previous years, views on patient outcomes were collected through interviews between SCAMHS 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.

3.2.2 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.

4.0 Findings

4.1 Overview

4.1.1 Referrals & recruitment

Across the 2 seasons, a total of 109 flyers (Appendix 6) were sent to YP across HDdUHB deemed suitable and who met the necessary admission criteria for Arts Boost 3. A number of parents responding to these, several of which had also been made aware of the project through social media platform and increased general public awareness. Furthermore, efforts to promote the project with clinical colleagues had increased awareness and lead to further enquiries. As will be shown, this translated into a total of 17 YP attending one or more sessions across both seasons.

A press release was issued by the Health Board each time Arts Boost is open for referrals [Arts programme to support children and young people's mental health returns - Hywel Dda University Health Board](https://hduhb.nhs.wales/news/press-releases/arts-programme-to-support-children-and-young-peoples-mental-health-returns/) (https://hduhb.nhs.wales/news/press-releases/arts-programme-to-support-children-and-young-peoples-mental-health-returns/)

4.1.2 Demographic data

Demographic data was collected via the equality form (Appendix 5) which covered nine areas: Age Range; County of Residence; Gender Identity; Disability; Ethnic Group; Sexual Orientation; Caring Responsibilities; Household Income; Language.

Of the 17 participants that attended one or more of the sessions (across both seasons), 16 returned a completed equality form, from which the follow demographic data was retrieved.

Most participants were in the age range 14 – 18 years old (12 participants), with remaining four being aged between 11 – 13 years old.

On gender identity, the option 'Girl' had the highest count with thirteen participants making this selection, a further two chose 'I prefer not to say' and one selected 'Woman'. Participants were also asked to record if their gender identity was the same as their sex as assigned at birth. Of the 16 participants, 14 individuals answered 'Yes', while the two individuals answered, 'Prefer not to say'.

When asked if they considered themselves to be disabled⁵, nine individuals answered 'No', five answered 'Yes' and two answered 'Prefer not to say'.

The five 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, with Figure 1 illustrating their responses.

Note 1. Four of the five selected more than one option.

Note 2. No one selected the any of the following available options – 'Blind or have a visual impairment uncorrected by glasses', 'Physical Impairment or Mobility Issue' and 'Deaf or have a hearing impairment'.

Participants were asked which race or ethnicity best described them. Most responded 'White British' (13 participants). One individual stated they were 'Asian/British Asian: Bangladeshi', one stated they were 'Other: White: Welsh', while one selected 'Prefer not to say'.

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

When asked if they provided unpaid care by looking after someone who was older, disabled or seriously ill, 13 participants had no caring responsibilities. Two indicated that they fulfilled a 'secondary carer' role and the remaining 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'. Of the 16 participants, 15 chose 'English' and one chose 'Welsh'.

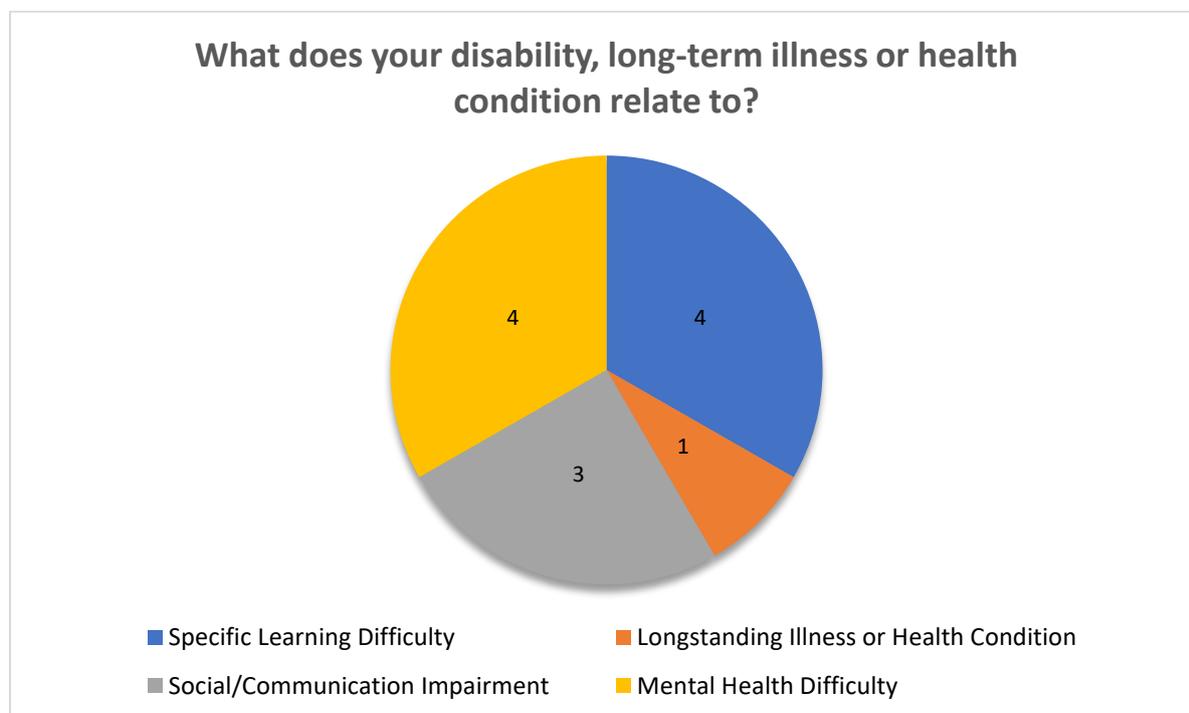


Figure 1. Participant responses when asked what their disability, long-term illness or health condition related to.

4.1.3 Attendance

The number of YP attending sessions in season two (7) was down on those attending season one (10) – this being particularly visible in Figures 6 & 7, although Small World Theatre bucked this trend by increasing their number YP attending to 4 in season 2.

Likewise, the number of individual sessions attended across the groups saw a fall from 47 to 20. Given a theoretical maximum of 6 YP spaces over 6 weekly sessions and these being provided by 3 different arts partners across Hywel Dda, this equates to a potential total of 108 sessions being available per season, Table 1 below illustrates the programme take-up rate. Fundamentally attendance was similar across all three providers, but was seen to be low in comparison to the total number of places offered. With a significant drop observed in season 2 for 2 of the providers (Span Arts and PSU) and a slight increase with one provider (SWT).

	Season 1	Season 2	Combined – <i>Season 1 & 2</i>
SWT	27%	36%	32%
Span Arts	42%	14%	28%
PSU	61%	6%	33%
Totals	44%	19%	31%

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

4.2.1 Outcome Rating Scale (ORS) results: Season One

ORS scores were collected for all individuals who attended the activities across both seasons. 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. (Note: the dashed lines indicate that the YP did not attend 1 or more intervening session. The absence of a line indicates that the YP's started after the initial session/s or stop before the final 6th session.)

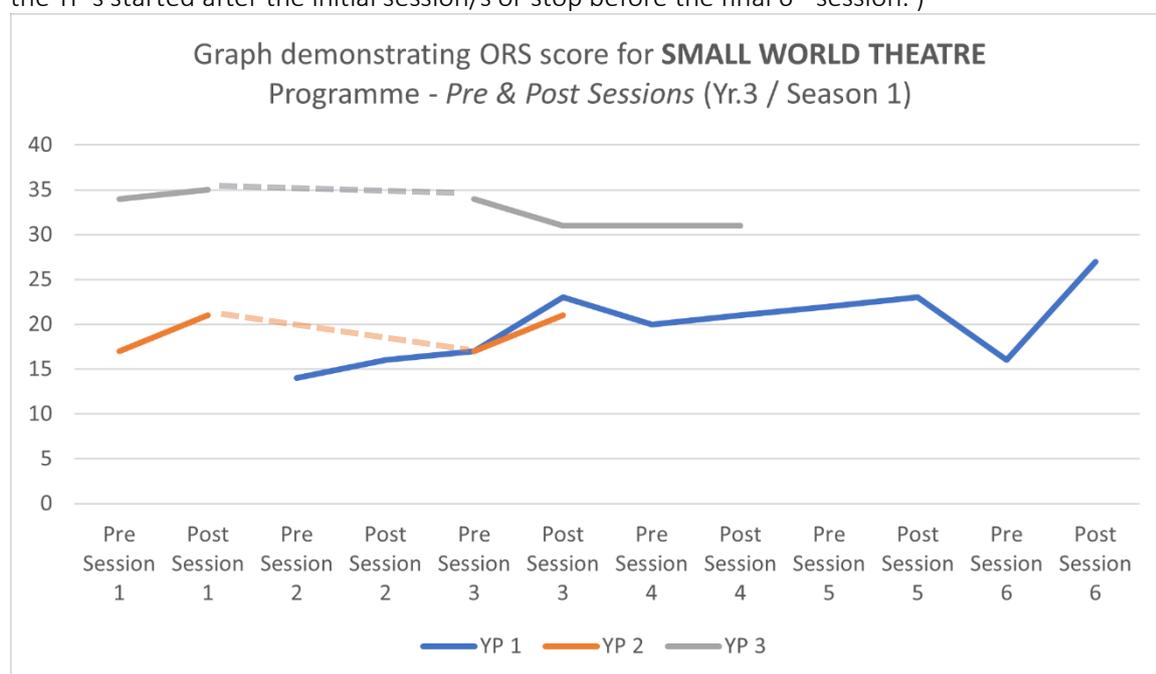


Figure 2. Changes in ORS scores over time for participants attending the Small World Theatre programme.

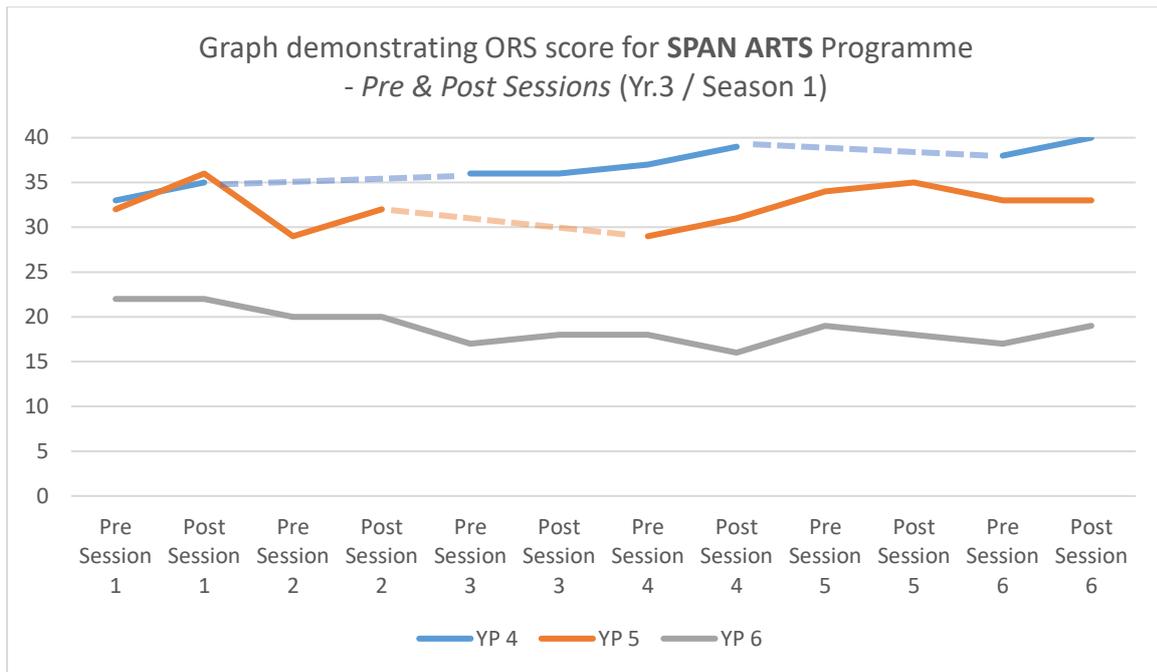


Figure 3. Changes in ORS scores over time for participants attending the Span Arts Programme.

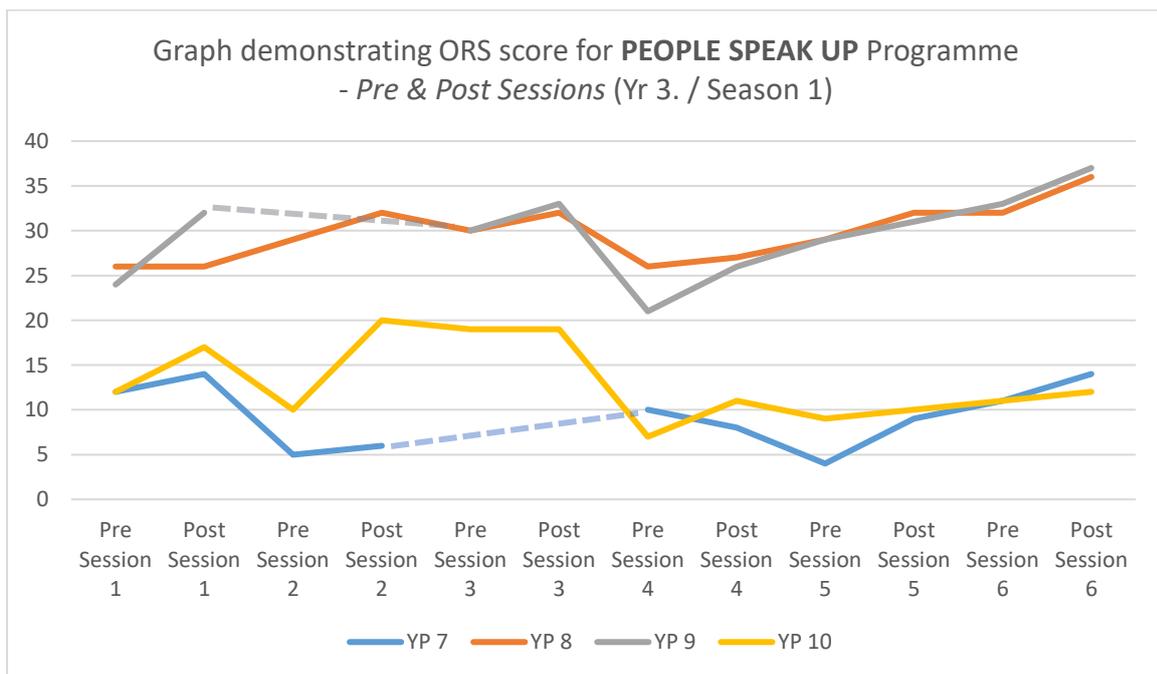


Figure 4. Changes in ORS scores over time for participants attending the People Speak Up programme.

Across season 1 and using the data used to populate figures 2, 3 & 4, it was observed that the ORS scores increased over the attended sessions in seven of the ten attending participants, there was no change in the score for one participant and two showed a fall in the scoring. A generally positive effect was also apparent with the sessions attended in season 1, with 79% resulting in an increased ORS score. These results suggest an overall beneficial effect on the YP’s mental wellbeing and mood as a result of their attendance at a session – potentially regardless of the number of sessions attended.

A lack of observable long-term effect across all sessions could be due to the small sample size of 10 YP. Larger powered studies would be needed to determine the effect of the programme on participants wellbeing across sessions.

4.2.2 Outcome Rating Scale (ORS) results: Season Two

ORS scores for each individual in season two are shown in figures 5, 6 & 7 below:

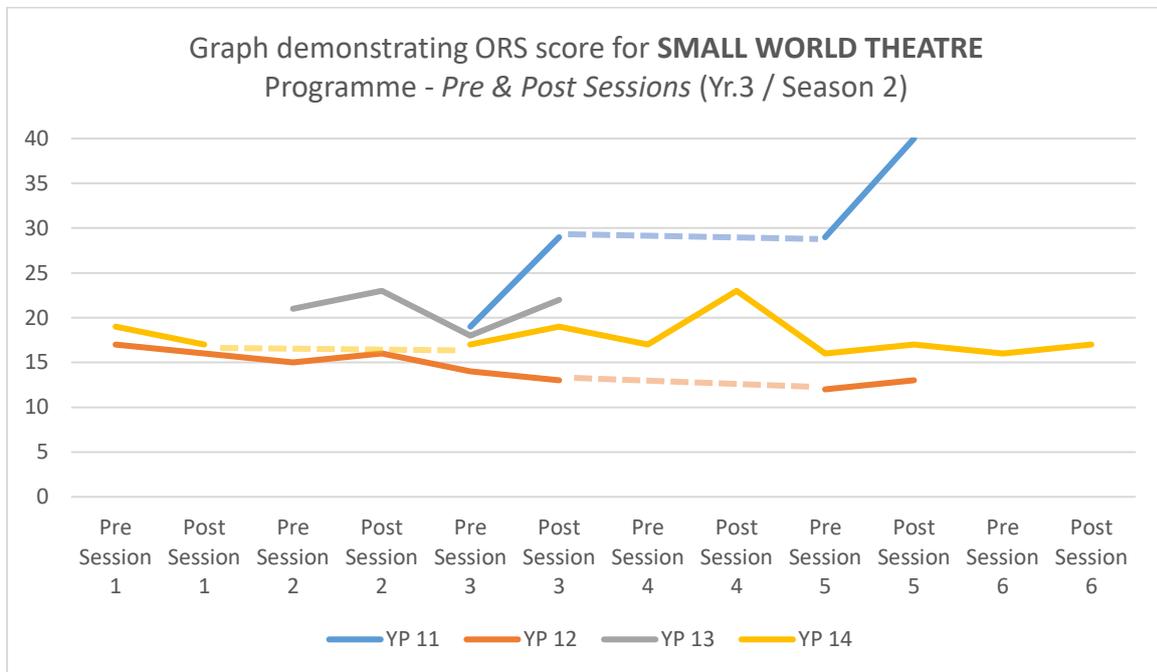


Figure 5. Changes in ORS scores over time for participants attending the Small World Theatre programme for Season 2.

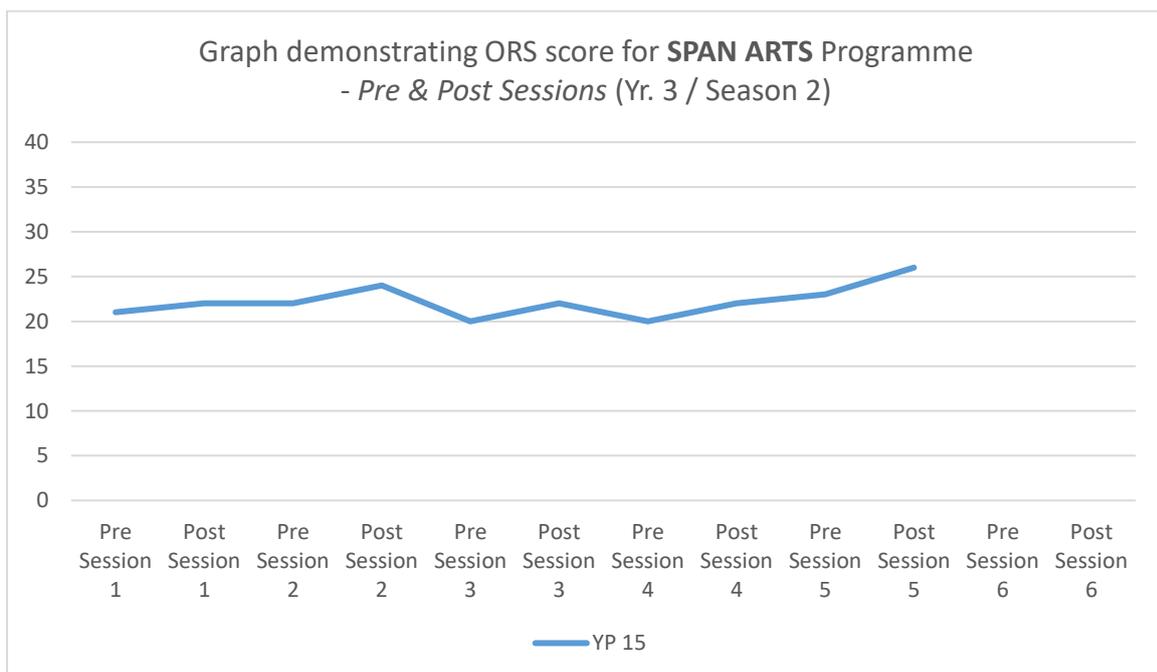


Figure 6. Changes in ORS scores over time for participants attending the Span Arts programme for Season 2.

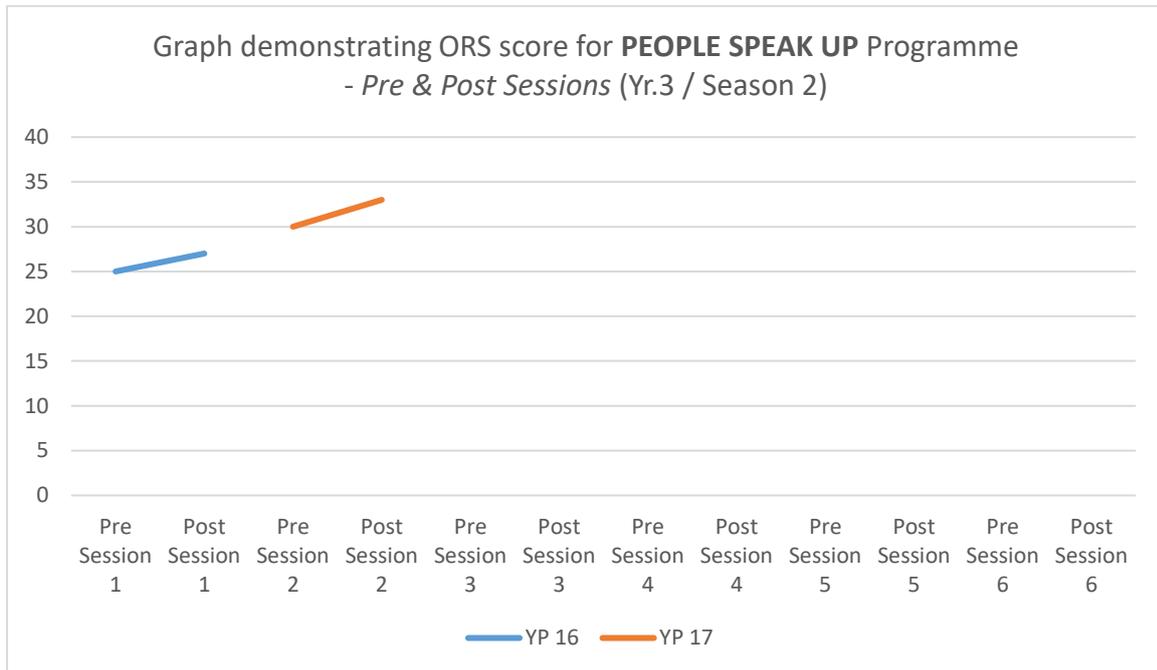


Figure 7. Changes in ORS scores over time for participants attending the People Speak Up programme for Season 2.

Season two continued the generally positivity with five of the seven YP recording an increase between the first and final ORS scoring. In most cases, this positivity continued after each individual session, with 85% showing an increase. However, these changes must be seen in context due to the fall in both the number of YP attending season 2 and individual sessions attended.

4.2.3 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’. YP are asked to describe their experience over the past two weeks, with higher scores indicating higher levels of wellbeing.

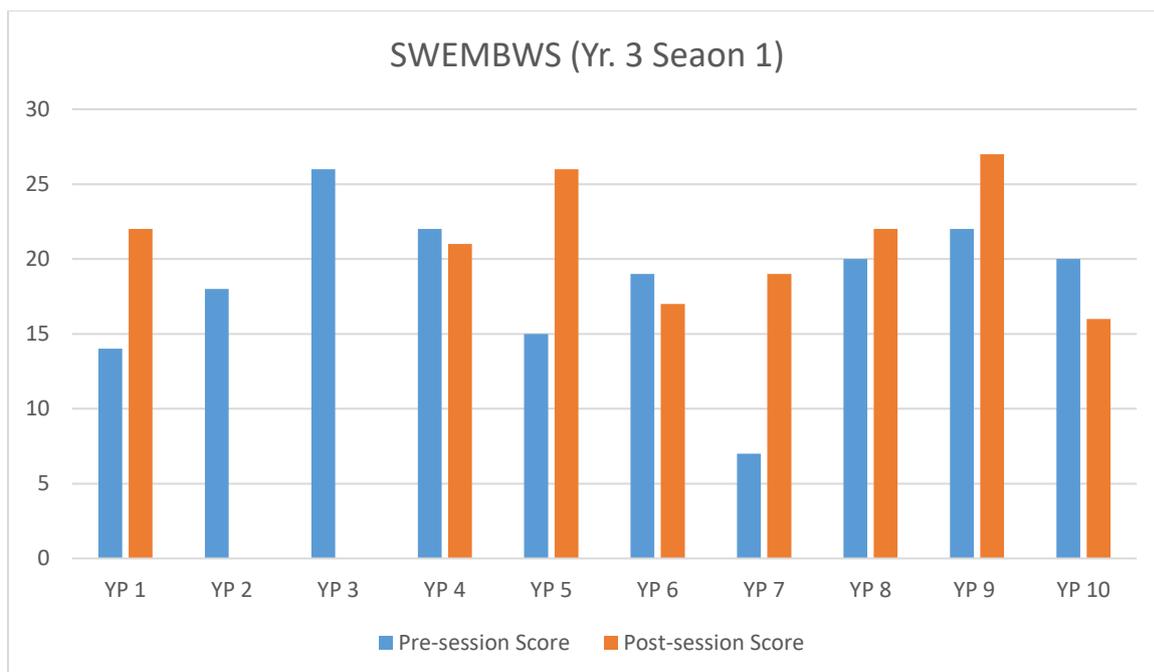


Figure 8. Graph illustrating YPs pre and post arts boost SWEMBWS scores from season 1.

Figure 8 shows that in season one, 8 out of the 10 participants completed both pre and post session SWEMBWS scores. Out of these 8 participants, 5 reported a higher post score, with 3 reporting a lower post score. It is notable that while the scores of 3 participants fell, these were relatively modest falls. Conversely, for the 3 of the 5 YP who's scores increased, they did so significantly.

The 2 participants for which there wasn't a post season score were absent for the final session, and as such, would not have the opportunity to complete the scoring. Whilst these returns may be encouraging, once again this must be put into context with the overall numbers involved.

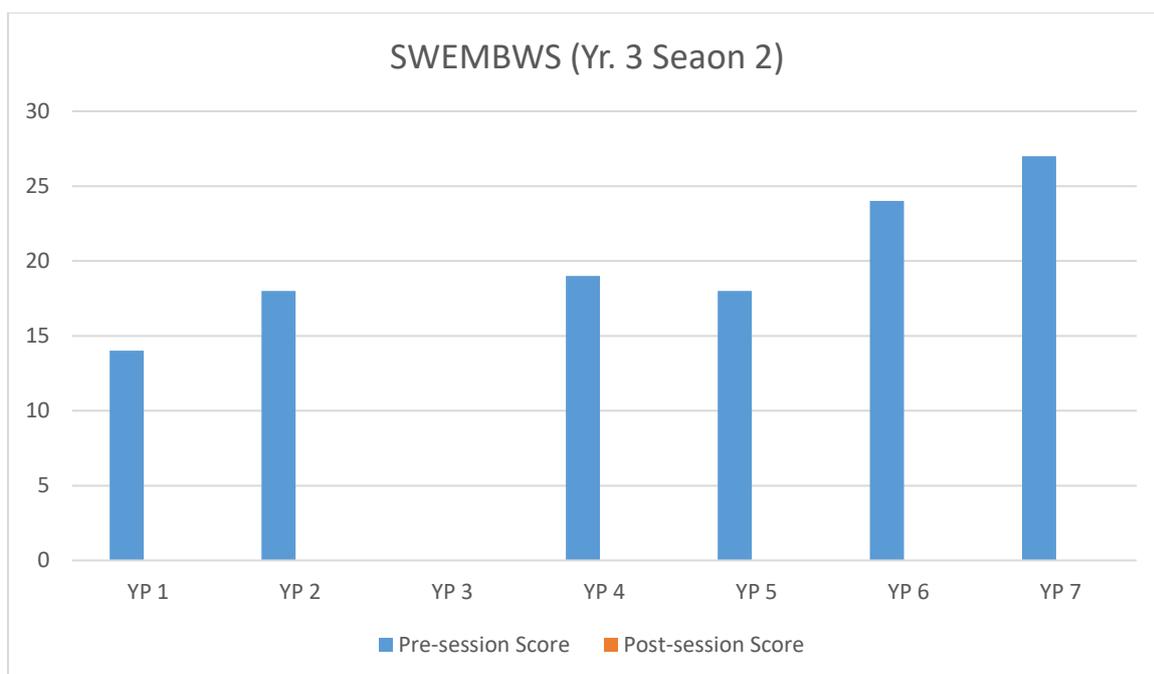


Figure 9. Graph illustrating YPs pre Arts Boost SWEMBWS scores before season 2.

As can be seen in Figure 9, 6 of the 7 YP in season two completed an initial SWEMBWS assessment. One of the recommendations to come out of Year 2 (no. 4) was the need to ensure complete datasets were collected, unfortunately, as can also be seen in Figure 9, no SWEMBWS data was available to indicate their post season assessment – the reason/s for this being unclear.

Naturally the absence of the aforementioned data does limit what conclusions can be drawn from Figure 9, however it does provide an indication as to the wellbeing of the 6 participants at the start of the season two, this being notably an average of 3 points higher than that in the first season.

	Season One		Season Two	
	Pre-score*	Post-score	Pre-score	Post-score
Lowest Score (<i>of all participants</i>)	7	16	14	n/a
Highest Score (<i>of all participants</i>)	26	27	27	n/a
Average	17	21	20	n/a

**Average calculated from 8 who provided both pre & post scores.*

Whilst pre & post season comparisons are only possible for season one, it is welcoming to see that the 'range' of scores is much reduced following the conclusion of season. It is also perhaps noteworthy to highlight that the Lowest and Highest scores recorded at the end of season one were not by the same participants who'd provided the corresponding scores at the beginning.

4.2.4 Impact and experience of YP

The image below (Figure 10) is a visual representation of words, highlighted based on frequency and relevance, that formed part of participant responses to interview questions that explored their experience of the Arts Boost interventions. Content analysis of interview transcripts together with artists' reflective diaries has further developed insights into common themes.



Figure 10. Visual representation of words highlighted based on frequency and relevance in response to interview questions and recorded in reflective diaries.

As part of the feedback captured by children and young people who took part several key themes were identified:

4.2.4.1 Relaxing & Safe Environment

Comments and feedback about the year 3 YP program revealed several of the key themes that were previously seen in both years one and 2. The most commonly used terms that the YP were used to describe the sessions were 'relaxing' or 'chilled' – as shown in Figure 10.

<i>'It made me more relaxed.....and how to be relaxed overall'</i>	YP
<i>'These Saturdays are something to look forward to</i>	YP
<i>'I really enjoyed today, feeling really relaxed :)'</i>	YP

Another recurring theme from both the YP and the artists/facilitators was that they felt 'safe'. As one artist explained, feedback from the YP is that they enjoyed a space where they could come and be themselves, they enjoyed the art activities and the opportunity to try out different activities.

'they made me feel safe, happy and supported'

YP

Furthermore, several participants expressed that the arts programme provided an environment where people were comfortable and helped them find a place of understanding and support. This was also highlighted in the artist feedback, where participants initially 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.

'This is the only place I look forward to going to. Everyone is so nice, it's so nice to be around people who understand me because my parents don't always understand, they don't understand what its like to not want to be alive but here I feel I can talk about anything'

YP

4.2.4.2 Bonding, Friendship & Mood

One major impact of the sessions is that it provided an environment for (sometimes isolated individuals) to find a place they could interact and be social. There was apposite social benefit of the sessions, offering the opportunity for participants to meet new (like minded) people. There seemed to be a particularly positive effect on the confidence of participants, which was a recurring theme.

'I haven't had friends since I was 12, now I do'

YP

'everyone gets included'.....'I met people who make me feel happy'

YP

Again the fact that the sessions were in-person was seen as a great advantage as staff felt they were more able to engage with YP and provide better 1:1 support as well as to the whole group. 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. with one parent relaying that the arts sessions had had a significant impact on their child's life providing a space for the child to open up and reengage with their creative side.

'Thankyou for Saturday's session – I really think it was an enjoyable and important experience for C – she showed me a photo of the art she did, and its beautiful. I know that she gets so much out of drawing and painting, but while she's been poorly, she has 'neglected' (or been unable to access) that side of her – and to be able to have the supported space to reengage with this is just lovely, and she'll gain so much from it

Parent

'By the way, G really enjoyed the session last week – thank you so much for arranging this'

Parent

Another important noticeable change in the participants was the improvement in their mood and confidence because of being part of the arts sessions.

"I met people who make me feel happy"

YP

4.2.4.3 YP Testimonial

Included are two testimonials from two YP who took part in the arts boost 3 programme. The testimonials reflect the significant impact that the programme. It is important to note that when the YP1 first came to the sessions they did not engage with anyone unless someone spoke to them first and often took themselves off to the side room. By session 4, they were running the warmup games, joined YPSU and became the person in the group that connected the young people as they asked them all questions in a group, allowing room for conversation and ensuring everyone was included. This has resulted in the group forming strong friendships. YP2 identified that the sessions were a safe place where the person could explore difficult topics and feel understood.

Testimonial YP 1

"I have enjoyed meeting new people and doing the paper Mache. I have made new friends which is big, and I feel comfortable around others which I don't usually. This is the only place I look forward to coming to.

YPSU was really fun and I don't have friends so I have made new friends which gave me confidence, YPSU will never end thankfully.

Since coming here, my confidence has grown. I would like to volunteer in the future.

I feel part of something, I really love it, it's like my favourite thing ever now, everyone just gets each other, I wish this project wasn't ending but at least I can come to Wednesday."YP1

Testimonial YP 2

"This is the only place I look forward to going to, Everyone is so nice its so nice to be around people who understand me because my parents don't always understand, they don't understand what it's like to not want to be alive but here I feel like I can talk about anything"

4.3 What did artists learn from Arts Boost?

4.3.1 Feedback from the Artists/facilitators

Analysis of artists' reflective diaries, together with feedback provided at review meetings, via project reports, has enabled themes relating to artists' perspectives on intervention development and delivery to be identified.

4.3.1.1 Induction, training, and support

.3 Arts Boost artists returned from previous years whilst 3 new artists joined the programme.

Pre and post project communication was praised as was the revised as was the 'Induction Pack for Artists and Art Partners'. There was special and universal praise for the sessions given by the artists, amongst the words used were:

- Very positive/beneficial and great resource
- Useful and engaging
- Rich and & supportive

The positive experience for all involved was helped by the knowledge gained over previous years such that the project has developed and improved.

A lot of growth and change'

Artist

4.3.1.2 Positives from the Project

Overall there were several key positives identified as positives for arts boost 3 these included:

- Safe and nurturing environment
- Offering a variety of different art forms across the seasons – taster sessions.
- YP transitioning from the Arts Boost projects to the arts partners youth groups
- Having music in the background

'A safe space to talk, 1-2-1 interactions with facilitators, activities that they enjoyed doing, reconnecting with art, being able to be honest and open, being given a variety of activities to take part in'.

Artist

4.3.1.3 Things that worked well

There were several parts of the programme that worked well these included:

- Showing the YP a short presentation of the activities they'd be getting up to.
- The 'freedom' to express themselves in a 'safe & supportive space' allowing 1-2-1 interactions.
- Having a variety of arts – taster sessions and working with multidisciplinary artists – this allowed for a consistency of adults present each week and as such, the YP became familiar and comfortable and avoided having to get to know new artists each week.
- Using the arts partner's own base – in 2 of the 3 cases.
- Having music on in the background.

'We feel this is an important service, opening up the arts to young people who are under CAMHS across the county. We can see a massive improvement in confidence and wellbeing in some of the participants'
Artist

4.3.1.4 Thoughts on the Arts Boost project for YP

The arts partners had several key reflections on the impact of the arts boost programme on the YP involved. The most commonly used words from all involved in Arts Boost 3 were 'safe' & 'safety'.

- Very much needed and constantly growing – there are lots of YP who would benefit
- Important service that opens up the arts to YP
- Value in the project specifically for those who have problems in their daily lives
- *It's a safe space for young people to be themselves, gain new skills and experience.*

YPs immediately identified with the space, they all commented on how they wish it was their home and complimented how it made them feel comfortable. Parents also complimented the space throughout the project.
Artist

4.3.1.5 Impact of YP wellbeing

Overall the artists and facilitators reported a very positive impact on participant wellbeing, these comments included:

- Supported by the ORS, artists saw a 'marked improvement and comfort level throughout the season'.
- YP were friendly, supportive, non-judgemental and interested in one another.
- 'Clearly the project had great value for one particular YP who came to every session she could, all the way from X, just for the first hour as she had to return as she had a Saturday job to get back to.'
- There was laughter, they became chatty and comfortable
- Increase/growth in YP confidence and ability, such that 2 YP were able to run the warm-up games themselves.
- Some YP continued with arts away from the organised sessions, growing in confidence to the extent that they brought their artwork into the following session to show the others.

There has been a big growth in confidence amongst the young people - 2 of them ran the warm up games themselves. The YPs started bringing in the creative work that they had been doing at home to show the other YPs in the group. This showed the comfortability had grown amongst the group. Some of the work was not just art, there was poetry and dance. Parents also highlighted that they could see strong friendships had been formed in the group.'
Artist

4.3.1.6 Issues & barriers faced in the 3rd year of Arts Boost.

The arts partners and facilitators identified several issues which included:

- A recurring theme was the low number of YP, and their attendance at session was also down – are there methods by which the arts partners could help referrals? There were a range of reasons put forward as to the reasons why this may be the case. This led to a deal of frustration on the part of the artists who felt that so many more YP could have benefited.
- Useful if the arts partners could set their own dates
- At one session there was a clash caused by the age range of YP attending – ‘they were at such different development stages and had such strong personalities and beliefs, that they clashed’
- We felt the dynamics between the combination of YP we had on this particular series may have adversely affected the wellbeing of the younger participant.
- Timing of the seasons – season 1 in spring occurs in the lead up to exams that many YP will be facing and season 2 in the summer when holidays could be a barrier.
- Availability during the summer – as above for the YP but also for the facilitators – meaning a lack of consistency (in attendance) week after week. during the summer
- One YP had difficulty with completion of the ORS, while initially thought to be a language, this was not the case.

4.3.1.7 Suggested/potential improvements

There were several suggestions for improvements made by the artists and facilitators:

- Lots of YP would benefit....so important that as many as possible are given access to support their mental health wellbeing
- Strongly believe in a narrower age range, especially where YP are sharing their experiences
- Having more information about the YP who’d be attending before each season
- Explore the possibility of staggering the delivery of session by the 3 different arts partners

4.3.2 Artist Testimonial

Included is a testimonial from one Artist who took part in the arts boost 3 programme. The testimonial reflects the significant impact that the programme had on YP that attended. The testimonial particularly reflects that the programme has provided a safe environment and a place that YP can build their confidence and creativity. Below is a testimonial from this Artist:

“YPs immediately identified with the space, they all commented on how they wish it was their home and complimented how it made them feel comfortable. Parents also complimented the space throughout the project. 4 out of 4 from the project have joined our weekly Young People Speak Up group. There has been a big growth in confidence amongst the young people - 2 of them ran the warm up games themselves. The YPs started bringing in the creative work that they had been doing at home to show the other YPs in the group.

This showed the comfortability had grown amongst the group. Some of the work was not just art, there was poetry and dance. Parents also highlighted that they could see strong friendships had been formed in the group. YPs were able to articulate their thoughts and feelings through art by artistically expressing different emotions and talking as a group about those feelings. This allowed them to be out of their comfort zone and therefore gain trust amongst each other and build a stronger relationships within the group.” PSU

4.4 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.

4.4.1 Referral process

The referral process has evolved for year three. The referral criteria were widened from health needs factors such as 'food and mood' towards improving the wellbeing of YP with mild to moderate mental health conditions, who are known to SCAMHS and awaiting or receiving intervention.

Overall uptake was still quite low with more capacity for YP to participate with a drop off being observed for two of the providers in season 2.

4.4.2 YP Attendance

Records of the number of YP attending one or more sessions in each season, as well as their attendance at individual sessions, were gathered by the arts partners and used to populate Figures 2-7 and Table 1. Attendance across the seasons was the one constant on which all artists/facilitators had an opinion.

The data showed a small fall in both the overall number of YP attending and the number of sessions they attended compared to year 2. Whilst no single reason could be identified for the somewhat disappointing attendance levels, the following provides some insight as to the reasons why this may be the case – these being supplied by YP themselves and/or via the arts partners.

- Transportation – as illustrated and supported by the information shown in Figure X, several YP had to travel large distances in order to attend a session. This often translated into a reliance on the availability of family/carers to take them to the sessions or rely on public transport (if available) and suitable.
- Both Arts Boost seasons were 6 weeks in duration and while one was in the spring and the second in the summer, there were only 7 weeks between the conclusion of the first and the start of the second. Timetabling of a season/s will never suit all YP, however consideration should be given to more equitable spacing throughout the year.
- During the spring and early summer, many YP and especially those facing GCSE exams, will have additional demands any spare time.
- Several season 2 sessions were missed by the YP being on family holidays or due to summer/Saturday jobs.
- Much of the stress in the system caused by the Covid pandemic has been tackled such that only Carmarthenshire continued to have a waiting list, with the result that the number of potential attendees had reduced.
- Could higher rates of drop out be attributed to low attendance overall so YP felt more exposed?

4.4.2.1 Artist/facilitator feedback regarding attendance included:

In acknowledging that (low) attendance was an issue, it was evident that there are pros & cons to different levels of attendance. While lower attendance certainly afforded greater interaction and 1-2-1 attention from the artists, those attending with others had the opportunity to form bonds and exchange experience with other YP but at the same time, with some YP, this may add to increased anxiety and the possibility of conflict

- Suggested that the inconsistent attendance also had an impact on the group dynamics.

- Sessions on Saturdays and in particular Saturdays during the summer months, had an impact on the ability of some the arts partners/facilitators due to their own commitments.
- Conversely, while it was felt timetabling sessions in midweek would deal with some issues, it was also acknowledged this would simply introduce others.
- For some, this low attendance led to a feeling of frustration – ‘when there are so many YP out there that would benefit’ – it also triggered discussion on the referral process? criteria.
- A suggestion that staggering the sessions across the 3 counties might improve attendance.
- It was also suggested that the level of courage to overcome their nerves, especially for their first sessions should not be underestimated. Indeed, this initial fear/nervousness may prevented some YP from attending at all.

4.4.3 Geographical factors

While covering over 25% of the area of Wales, the HDUHB only serves circa 11% of the Welsh population. Furthermore, the distribution of these residents across the 3 counties served by the health board adds yet a further dimension to the unique geographical challenges faced in offering and delivering its’ services – the Arts Boosts projects in HDUHB face these same issues.

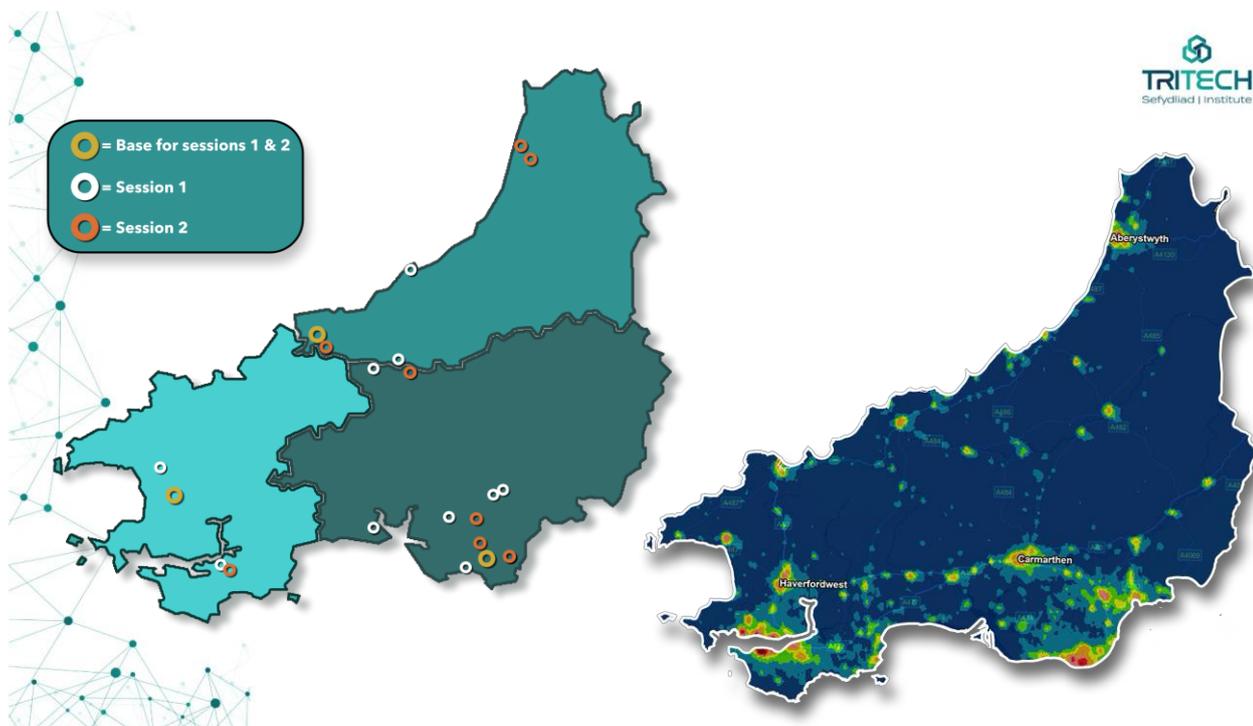


Figure 11. The area covered by the HDdUHB.

The images in Figure X provides a visible representation of the unique geographic challenges across the area covered by HDUHB.

1. The illustration on the right is a ‘light pollution map’. Using the adage ‘where there’s light there’s life’, it provides a visual representation of the population density hot-spots across the 3 counties that the HDUHB covers.
2. The illustration on the left shows the location of where the 3 arts partners delivered their sessions. It also shows an approximation of the location of the YP attending seasons 1 and 2.

For those unfamiliar with the area, Figure 11 serves to illustrate the distances involved and emphasises the lengths to which the YP and their families/carers/support were prepared to travel to attend the sessions – this being further exacerbated by the limited public transport options.

4.4.4 Data collection

As in previous years, both the SWEMWBS and ORS were collected (as advised within the arts in mental health toolkit) from the YP as well as feedback from the art partners.

ORS data collection was consistently recorded such that it was used to populate Figures 2 – 7. While SWEMWBS data was available for season 1, no such data was collected or made available for this review from season 2.

Issues with regard to the collection of ORS and SWEMWBS data were also features of previous evaluations, and as such, a concerted effort needs to be made in order to address these in future projects. While a previous suggestion of ‘thank you’ vouchers encountered procurement issues, this approach is still considered as an avenue to consider, however given that there was no SWEMWBS data available at all for season 2, may suggest a more systemic issue.

The amount of feedback received from participating artists and facilitators was variable both in terms of quantity and content. While some routinely provided weekly feedback, others did so on an intermittent basis and in some cases, little weekly feedback was made available for perusal. Given the value that such feedback can provide, the introduction of a standardised feedback form and the close monitoring should be given due consideration.

4.4.5 Venues

For year 3, two of the three arts partners were able to deliver their sessions at their own bases. Span Arts, who have their base in Narberth, however it was decided that both seasons should be delivered in the county town of Haverfordwest, as this was a more accessible site.

The arts partners all felt that delivering sessions at their own bases were much preferable for a number of reasons including not having to deal with the transportation of associated items, a more comfortable/relaxed environment, more space available and removing the fear of ‘making a mess’ and personalising the space.

4.4.6 Gender Representation.

As was also seen in the second year, none of the YP attending this third year of Arts Boost identified themselves as being male. Whilst the reasons behind this observation may be many, complex and beyond the remit of this evaluation, future Arts Boost projects should consider this bias and consideration may be required to whether this is a reflection on: those that meet the criteria, those who were offered the opportunity to partake or whether it was down to uptake.

4.4.7 Collaborative working

Collaborative working continues to be a clear positive aspect of the project and is being seen as a positive to the growing community of practice in terms of using the arts to improve the mental health of YP 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.

4.5 Budget breakdown for Year 3

A table of how the money was spent for the delivery of arts boost 3 can be seen below. The table shows the cost of delivering the service (£28,290) and the cost of the evaluation team at Hywel Dda UHB to carry out the evaluation in addition to match funding from Hywel Dda Charities

Activity	Amount
Arts partner costs	£28,290 (£9430 x 3)
HDUHB R&I team input	£3,310
Total	£31641.80

5. Conclusions

Throughout year three the Arts Boost programme has continued to provide a positive impact for the YP who have been involved. This has been showcased throughout the report by the positive feedback from both YP and the artists and facilitators involved. Qualitative feedback from both YP and artists has suggested great benefit of the Arts Boost programme for this year's cohorts of YP and their mental health. Particularly themes were raised around how 'safe' participants felt at the sessions and how people who often felt isolated were able to make friends and build relationships. YP 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 journey.

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. Overall, interpretation of quantitative data was challenging due to incomplete data and few datasets in some cases.

Although there were similar numbers seen as in year two of arts there is still a significant issue with achieving the maximum out of the sessions. across most sessions the groups were 'underfilled' and could have facilitated more YP. In addition in two of the groups a significant reduction in attendance was observed in season 2. Although uptake for the programme was quite low (compared to what it could facilitate), attendance of sessions for participants who had signed up was very good and dropout rates were also low. These trends have now been observed across all three years of the arts boost programme despite the numerous mitigations and strategies put in place.

The arts boost programme has been working collaboratively with the SCAMHS team now for 3 years building a strong partnership, however, recruitment of YP remains one of the biggest challenges which is difficult to solve due to the rural and widely dispersed geographical nature of Hywel Dda being Wales' geographically largest health board. This means that YP have to travel long distances to access provision. This has led to the understanding that the patient pathway requires a redesign and that the provisions should be offered to the maximum number of appropriate YP and should be offered at more locations to improve accessibility. The evaluation has highlighted that the programme needs to evolve further to reach and support more YP as we are still not fully subscribed. We are still exploring how best to increase uptake. In future a significant part of the evaluative process should be used to explore why people don't attend. Was it because they wanted a more 121 experience? Are there high numbers of neuro diverse YP?. It was also suggested that the wide age range of participants could also be a particular issue.

Findings in year three 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 three 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 YP. The project strongly promotes the prudent health care principles, with a strong co-production and participation with YP 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.

5.1 The Future

As part of this evaluation several recommendations have been put forward for Arts Boost Tear 4 (see recommendations sections).

Arts Boost continues to show great potential to improve well-being in YP and this has been recognised nationally as the project has provided the initial evidence to inspire a shared national focus for Arts and Minds strategic funding From the Arts Council of Wales and the Baring Foundation on **improving outcomes for young people, with mild to moderate mental health conditions, accessing CAMHS across Wales.**

“The success and learning from Hywel Dda University Health Board’s Arts Boost, already working in this area, has shown us the possibilities, scope and opportunities that this direction can provide.” Arts Council of Wales.

Recommendations

Recommendation 1: Review of the Referral Process

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 young people (YP) to improve uptake. Possible avenues include exploring new and additional touch points including · substance use team who sit under primary SCAMHS · Schools in reach team · School nurses · Young carers In the secondary system. Explore with the SCAMHS teams ways of offering the provision to more CYP in their mental health care journey with SCAMHS.

Recommendation 2: Redesign the participant pathway for arts boost year 4

Design an Arts Boost Supportive Patient Pathway which reaches and benefits as many CYP as possible by piloting a new supportive pathway to tackle some of the barriers to attendance.

Recommendation 3: Explore how to support CYP after the program to keep on their arts and health journey

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: Data Collection

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. And align evaluation plans with the national approach to evaluation being undertaken by the Arts Council of Wales.

Recommendation 5: Review feedback and data collection tools

Review of the participant feedback tools to ensure that the most appropriate tools are being used for collecting participant feedback. In particular review of the feedback forms for the artists is required. The amount of feedback received from participating artists and facilitators was variable both in terms of quantity and content. While some routinely provided weekly feedback, others did so on an intermittent basis and in some cases, little weekly feedback was made available for perusal. Given the value that such feedback can provide, the introduction of a standardised feedback form and the close monitoring should be given due consideration.

Recommendation 6: Run a Workshop to understand the learnings from the previous arts boost programs

Use some of the funds and time to run a workshop with all key partners involved in arts boost. to reflect on our learnings of the past 3 years and shape a plan for next steps. The workshop should involve Arts and Health and S-CAMHS and research teams in Hywel Dda together with our arts partners, commissioned artists, young people with lived experience of SCAMHS and the Arts Boost programme . This will inform our approach to the proposed Supportive Patient Pathway and allow

more time for building a shared vision and understanding of how the programme meets the needs of the young people targeted.

References

- 2 <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
- 3 [Lack of Early Mental Health Support puts Pressure on GPs | Young Minds](#)
- 4 [DCMS report April 2020 finalx 1 .pdf \(publishing.service.gov.uk\)](#)
- 5 [Creatively Minded - The Baring Foundation](#)
- 6 [New report by UCL researcher's links participating in arts and culture to longer, healthier lives - SBRG \(sbbresearch.org\)](#)
- 7 [SBB-Evidence-Brief-Arts-and-young-people.pdf \(sbbresearch.org\)](#)

Appendix 1: Arts Boost 2 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.

**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
Dda's Child & Adolescent Mental
Health Service (sCAMHS) and awaiting
or receiving intervention.**

(Project Title - Arts Boost 3)

INDEX

1. RFQ Award Criteria

2. RFQ Specification

3. Appendix 1

Schedule B Summary of Costs
Schedule C Quality Information
Schedule D Certificate of Collusion
Schedule E Canvassing Certificate
Schedule F Acceptance of Terms and Conditions

Schedule A Pre-Qualification Questionnaire

4. RFQ Return Documentation

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 2024 – 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.

Recommendations from Arts Boost 2.

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 _____

(for and on behalf of _____)

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 _____

(for and on behalf of _____)

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 6:



Saturdays 6 April – 11th May 2024
Dyddiau Sadwrn 6 Ebrill - 11 Mai 2024

with / gyda

Small World Theatre / Theatr Byd Bach, Cardigan // Aberteifi
10am - 12pm smallworld.org.uk

Span Arts, Haverhub, Haverfordwest // Hwlfordd
11am - 1pm span-arts.org.uk

**People Speak Up, Ffwrnes Fach, Arts Health & Wellbeing Hub /
Hwb Iechyd a Llesiant y Celfyddydau, Llanelli**
11am - 1pm peoplespeakup.co.uk

Available for: Teenagers (12 - 17 years old) from Mid and West Wales. Art referrals from Hywel Dda University Health Board Specialist Children and Adolescent Mental Health Service (S-CAMHS) only.
Ar gael ar gyfer: Ardddegwyr (12 - 17 mlwydd oed) o ganolbarth a gorllewin Cymru. Atgyfeiriadau Celf gan Wasanaeth Iechyd Meddwl Arbenigol Plant a Phobl Ifanc Bwrdd Iechyd Hywel Dda Art (S-CAMHS) yn unig.

Find out more.
Darganfyddwch fwy.



Appendix 7: 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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