MAKING IT TOGETHER:

An evaluative study of **Creative Families**
an arts and mental health partnership
between the South London Gallery
and the Parental Mental Health Team

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OPENERS

CREATIVE FAMILIES **REPORT:**
MS CARRIE-ANN BLACK, MS MEGAN ELLIS
AND DR LUCY HARRIS, MARCH 2015

ART, CARE AND COLLABORATION: THE EVALUATION OF CREATIVE FAMILIES. ALISON ROOKE, IMOGEN SLATER AND LAURA CUCH

EVIDENCING THE DIFFERENCE MADE
Dr Alison Rooke, CoDirector, Centre for Urban and Community Research

There is currently a great deal of interest from both the arts and health sectors in bringing together arts practice and social care with a view to partnership work. Participatory arts in particular have become popular with healthcare professionals seeking imaginative, but cost effective, interventions to improve the population's health and 'well-being', the culture of the National Health Service and its institutions. Art, care and health collaborations support many of the declared NHS aims of improving the effectiveness of care and the quality of patient and 'user' experience. Simultaneously, arts organisations are seeking sources of funding and collaborators in a period of local and national funding cuts and fiscal austerity, and are thus looking at new opportunities and sites for artistic intervention and response. These collaborations are certainly exciting, resulting in some invigorating exchanges and interventions that demonstrate potential to improve health and increase wellbeing. However, they also bring challenges. Arts and health collaborations are developing within a complex and evolving local, regional and national policy landscape at a time of intense change.

Increasing social inequalities in the UK are placing significant demands on mental health services and social security provision. Poverty and disadvantage impact adversely on peoples' mental wellbeing, their access to services and the quality of services available to them. A significant body of research has shown how the harsh consequences of welfare reforms, and fiscal austerity, are impacting greatly on mothers and their children. The radical restructuring of social welfare, reduced public services and public sector workforces, rising unemployment, as well as London's housing crisis, mean that mothers and their children are losing out disproportionately. Many of the mothers who took part in *Creative Families* are bringing up their children in conditions of vulnerability and impossibility including: trying to find affordable childcare, unsuitable and unaffordable housing, struggling to balance unpaid care and paid labour, surviving on shrinking welfare benefits, and coping with insecure immigration status.

These problems are exacerbated in Southwark, the inner city borough where the project took place. As the Centre for Parent and Child Support report points out, Southwark has a high percentage of single parent households, an increasing birth rate, as well as a high number of reported incidents of domestic violence. It is therefore unsurprising that Southwark has a significant number of referrals to Children's Social Care, a high number of children subject to child protection plans and 'looked after' children (Southwark Mental Health Family Strategy, 2012). These multiple 'stressors', can impact significantly on the mental health of all of the family. The *Creative Families* programme provided many mothers in these circumstances with the opportunity to meet other parents, work with artists and a supporting team, make art and reflect on their own creativity with and without their children.

The weekly *Creative Families* session provided a valuable rupture from the prevailing stressful and complex conditions of parenting by providing a space for experimentation and working together with others (including other children and parents).

The tremendous value of this weekly 'interstice' for the mothers and their children is discussed in the reports here, as well as inter-sectoral working practices which made it so successful.

Creative Families is one example of an arts and mental health intervention which provides valuable lessons for professionals seeking to collaborate across these sectors. It was funded by Guy's and St Thomas' Charitable Trust, as part of their arts and heritage project portfolio, which brings together clinicians, academics, artists and arts organisations.

As this was a pilot project, it was evaluated through an innovative partnership between the South London & Maudsley NHS Trust led by Megan Ellis, Deputy Director of the Centre for Parent and Child Support, and Goldsmiths, University of London, led by Dr Alison Rooke, Co-Director of the Centre for Urban and Community Research at Goldsmiths.

Participative and socially engaged art is often (but not exclusively) evaluated through formative, processual and qualitative methods, while 'health interventions' are frequently evaluated with quantitative methods which evidence clinical outcomes and use assessment scales in order to ascertain longer-term health benefits. The interdisciplinary approach of this project was innovative in that it brought together two sets of institutional and research methodologies, which in turn reflected the health and arts expertise within the project.

The final reports have been authored separately, reflecting the differences in evaluation methods. This two-handed approach reflects a desire to capture the learning that has arisen out of this collaboration. The Centre for Parent and Child Support team worked to identify the best ways to measure and evidence clinical outcomes, yielding potential validated tools that could be used in service evaluation for healthcare professionals. Their report clearly articulates the impact of participation on participants through a number of clinical outcome measures.

Many of the professionals working at the interface of arts and mental health are confident of the difference that participatory art can make. However, the ways that this value is evidenced and recognised often reflects contrasting cultural values and epistemological frameworks. Such frameworks can sometimes overlook the value of art participation. The two evaluations of the *Creative Families* programme reflect the wider demands placed on partners to evaluate their work according to criteria set by funders and commissioners. Debates over the status of the evidence that is produced through evaluation methods of science/facts/rationality versus art/discussion/experience, enact and sustain competing systems of cultural value that are sometimes at odds with one another.

Hence, debates over evaluative methodologies are debates over systems of status, value and knowledge – and themselves a consequence of the governance of research, its organisation and its division of labour. We hope that the reports produced in the evaluation of *Creative Families* contribute to these debates and make a difference in their own right.

AN INTRODUCTION TO A WAY OF WORKING

Heather Kay, School and Community Projects Manager,
South London Gallery

Beginnings

The *Creative Families* programme grew from simple beginnings. Southwark's Parental Mental Health team approached the South London Gallery (SLG) in the autumn of 2011, asking if they could bring a group of parents along to the gallery as part of a programme exploring new spaces within the community. The group came with their children for a one-off workshop led by artist Katriona Beales, looking at themes of shelter in Gabriel Kuri's exhibition in the SLG's main gallery. As the parents built shelters together for their children, stories unfolded about their own experiences of home and family. This simple activity, experienced together, had a profound effect on the group, and evoked far more than the sum of its parts.

We continued to work in this way with the Parental Mental Health team throughout 2012, until the opportunity arose to apply to Guy's and St Thomas' Charitable Trust to fund the *Creative Families* programme. The progression of our work together from one-off monthly workshops to a weekly programme, made a big change to our partnership. We learnt a lot from each other, and of our own expectations or institutional assumptions, and how to communicate our approaches in shared language.

The Reports and Evaluation process: impact on the delivery of the project

The two reports from Goldsmiths' Centre for Urban and Community Research (CUCR) and The Centre for Parent and Child Support at South London and Maudsley's NHS Foundation Trust (SLaM) demonstrate the coming together of two sectors through the Creative Families programme. Whilst CUCR's report takes a qualitative approach to the evaluation, SLAM's report focuses on quantative data; both work together to develop a picture of the programme, speaking to both arts and health sectors.

The aim of the programme was to create a model for bridging these sector, this was embedded at all levels of the programme, in the evaluation processes, the management strategy as well as in the ground level delivery of the project. We wanted to pilot this kind of partnership working, and the programme's success has depended on this capacity to work hand-in-hand whilst maintaining a healthy dialogue. This inter-sectoral learning has been one of the most challenging, and therefore the most rewarding, aspects of the programme. Sustained by a common goal, the diversity of our approaches has been enriching to all involved – the families, the teams and institutions.

Throughout the programme, CUCR were instrumental in these partnerships. They have not only provided an in-depth account of the programme, but also played a key role as a critical friend throughout the project, facilitating shared learning and reflective practice. The Goldsmiths' team provided a framework for evaluation that enabled discussions

between partners and opened up conversations that were key in developing a shared understanding.

Our weekly debriefs became fruitful moments of knowledge sharing, testing each other's approaches and learning to articulate our own methodologies to each other.

Our role as an art gallery within political and social context

I believe that this report not only provides an insight into the workings of the programme, the structures, partnerships and impacts, but also aims to get to the root of creating value for these shared experiences and make sure that these partnerships are sustainable for the future.

In the midst of political turmoil and high-levels of individual vulnerability across the partnerships, we held a common belief in the impact of these shared moments, in artists as catalysts and in the affective quality of art and art-making. This core belief has sustained our work throughout.

What is the role of an art gallery within the current context of social change, when the most vulnerable members of our society are bearing the brunt of the government's austerity agenda? When frontline services are hard-pressed, perhaps aligning ourselves through partnership working to support local authorities is a position that galleries can take to deliver another kind of family programming, focussing on the margins rather than the centre, as catalysts for social change.

A final note of thanks to Frances Williams, former Head of Education at the South London Gallery, who was an instrumental driving force in establishing *Creative Families* and in making it the project what it was.

THE ROLE OF PARTNERSHIPS IN EARLY INTERVENTION
Lucy Brazener, Team Manager and Community Mental Health Nurse,
Parental Mental Health Team

Introduction

Our service, The Parental Mental Health Team, is an innovative nurse led service that works specifically with parents who are experiencing mental distress and have children under the age of 5 in the borough in Southwark. The team is commissioned by Southwark Children Services, managed under the South London and Maudsley NHS Trust, and is part of the borough's Children's Early Help provision. The team was born out of the Southwark Mental Health Family Strategy in 2007, and our service uses the SCIE (2011) Think Family approach.

The partnership with the SLG began when we discussed working with a group of parents to facilitate a one-off workshop to promote mental wellbeing. The SLG was very accommodating and the family session was a success, inspiring one parent to go forward and access their own individual therapy. We found that parents valued this artist-led workshop and it provided them and their children an opportunity to enjoy being together, when often families were going through a troubled time in their lives. Part of our service role is to promote access to local children centres, and other programmes and activities that promote child health outcomes. The Department of Health (2013) in their policy *Giving all Children a Healthy Start in Life,* outlines the government priorities to help parents in the most at-risk families to give their children the best possible care and start in life. By forming partnerships with arts organisations such as the SLG, and with local children centres, we aim to improve the lives of children and their parents by engaging them with our work at an earlier stage and overcoming the barrier in engaging in mental health services.

The reports and evaluation process

The Cavendish Square Group (2015) recognises that the first 1000 days of a child's life are vitally important, as what happens during this formative period will have a significant effect on the child's wellbeing and whether they develop mental health difficulties as an adult. One of the difficulties with early intervention work is that it can be difficult to prove health outcomes and thus influence funding. However, these two reports begin to build a platform for this type of intervention involving health and arts partnerships, as an effective model to engage young families with parental mental health needs.

Whilst the two reports from Goldsmiths and The Centre for Parent and Child support initially appear to be two very different approaches, it could also be argued that they comfortably sit alongside each other offering useful statistics and information from very different perspectives. It is also important to highlight that for us this has been a nurse led project from the very beginning, with a nurse researcher conducting the evaluation commissioned by our service.

It is hoped that the findings from the two reports will inform service improvements with potential to optimise health and child outcomes, as well as the experience of parents and families engaging in our service. We also hope to use these reports to help secure future funding for the programme during a time of austerity, as well as disseminating the findings to those interested in potential partnerships in the arts and mental health.

Early intervention and the role of *Creative Families*

The Southwark Mental Health Family Strategy Group (2012) recognises that prevention and early intervention are essential in working with families where a parent is experiencing mental health difficulties, to support families before crisis emerges and provide early identification of need. The partnership formed with the South London Gallery and local children centres in the *Creative Families* programme aimed to demonstrate that an art programme is effective in terms of engaging young families where a parent is experiencing mental health difficulties, and enable identification of barriers to accessing help at an early stage.

Our service is commissioned yearly and we are always looking for ways we can improve our delivery to engage the families that meet the criteria for our team, to ensure the best positive mental health outcomes for the parents and their children. In developing our partnership with the SLG we recognised, in context with the South London and Maudsley Arts strategy (2013-18), that the participation in the arts can have a positive impact on mental wellbeing, promoting recovery and social inclusion. Therefore the *Creative Families* programme is mutually beneficial to our service, the SLG and local children's centres in terms of building relationships with families, with often complex needs, to overcome the fear and stigma of being a parent engaging in mental health service.

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THE REPORTS

ART, CARE AND COLLABORATION: THE EVALUATION OF *CREATIVE FAMILIES.*

Ms Carrie-Ann Black,
Ms Megan Ellis And Dr Lucy Harris
March 2015

1. BACKGROUND

National Context

The importance of social and emotional wellbeing in relation to a child's healthy development in their foundation years (0-5 years) is recognised within Government Health and Social Care policy.

Most parents living in difficult or poor social circumstances provide a nurturing and caring environment for their children, in spite of the multiple stresses they experience. However, we know that where a child is living in a multi-stressed family there is increased risk that they will be exposed to adverse factors such as neglect, domestic abuse, parental substance misuse and parental mental illness (NICE, 2012). The impact of experiencing these adversities increases the possibility of children experiencing emotional and behavioural problems that negatively impact on their development (Farrington et al. 2006). For example, research examining children's 'school readiness' has shown that children in the poorest 20% of families have increased risk of developing conduct problems from the age five than those children from more affluent families (Aldfogel&Washbrook, 2008).

Poor mental health is a significant feature in marginalised parents who face multiple and complex problems and stressors. Analysis of serious case reviews between 2009–2011 highlighted that parental mental health problems featured in the majority of cases, with children under 12 months old being over-represented (Ofsted, 2011).

Evidence also indicates that children in these families have the poorest outcomes if a parent is not engaged with services. It is recognised that early intervention and prevention are essential in working with families before crises emerge and are compounded; however there is a gap in early intervention for vulnerable families with young children (Family Action, 2012). This group are often marginalised, at the fringes of society and find universal services inaccessible (Day et al, 2011; Kazdin& Whitley, 2003). Therefore, there is a need to develop creative ways of engaging marginalised, multi-stressed parents in early intervention programmes.

Local Context

Southwark is an inner city London borough with a young population, 42% of the population is aged 20 to 39 years old compared with 35% in London and 27% in England (Southwark Council, 2014). There is a high percentage of single parent households in the borough and an increasing birth rate, as well as a high number of reported incidents of domestic violence. There are also a significant number of referrals to Children's Social Care, with a high number of children subject to child protection plans and children who are looked after (Southwark Mental Health Family Strategy, 2012). Often families will be experiencing a number of stressors, which can impact significantly on the mental health of the family members.

The Southwark Mental Health Family Strategy (2012) aligns with government priorities in recognising that prevention and early intervention are essential in working with families, where a parent is experiencing mental health difficulties, to support families before crises emerge and to provide early identification of family needs.

Thresholds to secondary mental health services in Southwark are high and many people with conditions such as mild to moderate depression and anxiety disorders are often untreated (Family Strategy Group, 2007).

Developed in a bid to engage with 'hard to reach' families at an early stage the *Creative Families* project was developed. A successful bid from Guy's and St Thomas' Charitable Trust was secured to run this innovative two year art programme working with up to 70 parents experiencing mental health difficulties who have children under the age of five. The *Creative Families* project was established as a south London partnership between the Southwark Parental Mental Health Team (which is an innovative nurse led service that works specifically with parents who are experiencing mental distress and have children under the age of five), Southwark children centres and the South London Gallery.

The evaluation of the *Creative Families* project has been undertaken by Goldsmiths University of London and the Centre for Parent and Child Support, South London and Maudsley NHS Foundation Trust/CAMHS Research Unit, King's College, London. The final reports have been authored separately reflecting the differences in evaluation methods utilised and to ensure they are represented with clarity and cohesiveness. It is recommended that the reports are read together to provide the reader an opportunity to get a full sense of the programme's context and outcomes.

About the Project

Creative Families project content:

- **Each cohort ran for 10 weeks as a closed group for up to 12 parents.**

- **During the first five weeks the parents are invited to learn new creative skills and artist techniques in the children's centre while their children play in the crèche.**

- **The second five weeks, their children join the parents in the session which are held at the South London Gallery, where together they take part in interactive artist play.**

- **The group is facilitated by an artist in association with the South London Gallery and a member of the Parental Mental Health Team. The mental health worker supports parents, during, and in-between the sessions. They facilitate and manage any disclosures or discussions related to mental health, wellbeing and distress.**

Key Aims

Key aims of the *Creative Families* project:

- **Improve mental wellbeing of parents who are experiencing mental health difficulties and who have children under the age of five.**

- **Improve the emotional development of children aged under five whose parents are experiencing mental health difficulties by promoting positive attachment between them through artist-led workshops.**

- **Reduce feelings of social isolation and increase levels of self-esteem of the parents, by using arts as a tool for communicating and exploring personal issues, creating new social networks and strengthening family bonds.**

- **Improve access for vulnerable families with children under five to universal services available in the borough of Southwark, including local children's centres and the South London Gallery.**

- **Gain an understanding of how the participants viewed the quality of the mental health practitioner's relational engagement during the project.**

2. EVALUATION OF CLINICAL IMPACT

Clinical Outcomes

The projected mental health outcomes for the parent were identified as:

- Reduced stress and anxiety
- Improved mood
- Increased confidence and self-esteem
- Reducing feelings of isolation
- Promote positive engagement and attachment between parent and child
- Promote positive emotional, social and cognitive development of the child

Methods of Evaluation

In order to capture a range of data, a mixed methods approach was adopted for the evaluation. Reviewing the intended project outcomes yielded several potential validated tools that could be utilised in the service evaluation. There were several considerations to explore to identify the best fit of measurement for the outcomes. The measure needed to be validated, relatively short in length and simple in structure. The demographic of the parents registered with the Parental Mental Health Team suggested that a large prportion of the parents would have English as a second language. There was a recognition that these are vulnerable families managing significant social stressors, therefore it is important to be sensitive to their situation and try to keep the number of questions asked to a minimum.

Quantitative Methods

Research Tools Identified:

CLINICAL OUTCOMES IDENTIFIED	TOOLS FOR MEASURING THE OUTCOME **Reducing feelings of anxiety and stress and improve mood**
Depression , Anxiety and Stress Scale (DASS) Reduce feelings of social isolation	**Parenting Stress Scale *** Increased confidence and self-esteem
Loneliness Scale* Increased opportunities for the positive interpersonal relationship	**The General Self-Efficacy Scale (GSES)** Promote positive engagement and attachment between parent and child
The Parent-Infant Relationship Global Assessment Scale (PIRGAS) Promote positive emotional, social and cognitive development of the child	**The Brief Infant Toddler Social and Emotional Assessment (BITSEA)**

* During the first cohort a board range of measures were used: measures that duplicated data were not used in subsequent cohorts.

Research Tools Explained

Depression, Anxiety and Stress Scale – The **DASS** is a self-reported 21 item questionnaire designed to measure the severity of a range of symptoms common to depression, anxiety and stress. Each item is scored from 0 (did not apply to me at all) to 3 (applies to me very much or most of the time). Each section of the scale, depression, anxiety and stress, is scored out of a maximum of 42 points, with a potential overall total score of 126 points. The higher the score the higher the perceived levels of depression, anxiety and stress for the parent. The tool includes recommended cut-off scores for conventional severity labels ranging from normal, mild, moderate to severe and extremely severe. These labels do not have any direct relationship with diagnostic category classification systems; however they provide meaningful descriptions for scores and provide scope to consider movement between categories over the course of an intervention.

The General Self-Efficacy Scale – The **GSE** is a self-reporting 10 item questionnaire to assess a general sense of perceived self-efficacy and how respondents recognise their ability to cope with daily hassles. It is also considered as suitable to indicate quality of life at any time point. Responses are made on a four point scale with the total response to all 10 items yielding a final composite score from 10-40. The higher the score, the greater degree of perceived self-efficacy.

The Parent – Infant Relationship Global Assessment Scale – **PIRGAS** is a self-reporting tool with a 90 point scale based on a continuum which is used to assess the quality of the individual infant-parent relationship. The higher the score the more well adapted the relationship is considered to be.

The Brief Infant Toddler Social and Emotional Assessment – **BITSEA** is a standardised norm referenced instrument designed to assess the social emotional problems and competencies of children. The **BITSEA** has items that measure certain areas such as externalising problems, internalising problems, dysregulation, maladaptive behaviours and atypical behaviours as well as competence. The tool measures the parent's perception of these areas, which are combined to form two scales on the measure: the **Problems Scale** and the **Competence Scale**. The scores are considered in the context of the young child's age.

These tools were used to generate quantitative data that will be used to clinically evaluate the programme. Part of the evaluation was to measure relational engagement and parental experience specifically with the mental health practitioner in the group. A relational measurement tool (Day et al., 2011) focusing on the characteristics of partnership and skills and qualities of an effective helper (Ellis & Day, 2013) was used. The mental health practitioner was asked to complete the measure with parents at the start of the project, at the mid-point and at the end. The measure requires parents to score how much they resonate with each of the 15 statements which describe possible aspects of their relationship with the mental health practitioner. Each statement is rated on a likert scale from 1 equalling 'not at all', to 4 equalling 'all the time'. Training was provided to the mental health practitioners in relation to using the tool as well as offers of supervision.

Qualitative Methods

Brief, semi structured interviews _(see Topic Guide below) were undertaken with a small sample of the client group to enrich the data collected by exploring the experience of the participants. See Goldsmiths report for a more detailed qualitative evaluation of the project.

Topic Guide

1. **Tell me about your experience of the *Creative Families* project.**

  Prompts: What was it like being part of the *Creative Families* project? Think about group, format and content.

2. **Tell me what was most helpful about it the *Creative Families* project?**

  Prompts: What did you get from attending the programme? Was there anything that was unhelpful about the *Creative Families* project?

3. **Can you tell me what it was like having a mental health practitioner in the sessions?**

  Prompt: Was there anything helpful or unhelpful about having the mental health practitioner in the session?

Demographic of Project Participants

The *Creative Families* project ran for 2 years, from January 2013 to December 2015. There were six cohorts in total. 46 parents participated in the project with 36 completing the 10 week programme, an 78% completion rate. The project was open to both mothers and fathers however all participants were female. This is representative of the largely female patient demographic for the Parental Mental Health Team. The pie charts in this section provide a range of demographic data on the parents who took part in the *Creative Families* project.

Figure 1: Parental ethnicity
The majority of mothers identified themselves as from an African country. The project participant demographic reflects the ethnically diverse borough in which it took place. According to the Census (2011) approximately 60% of the population in Southwark identify as coming from an ethnic minority, which is mirrored in the demographic data collected in the *Creative Families* project.

Figure 2: Parental Relationship Status
The majority of parents taking part in the project where either married of cohabiting (56% in total) and 44% of parents were single or separated.

Figure 3: Employment Status
Figure three indicates that the majority of parents taking part in the programme identified as being unemployed whilst on the programme.

Figure 4: Education Status
The majority of participants who took part in the project had gained G.C.S.E level qualifications or above.

Figure 5: Social work involvement
28% of the parents who took part in the *Creative Families* project had current social service involvement with their families, with their children being on either a child protection or child in need plan.

The majority of parents attending the project accessed some level of community based services (88%) prior to joining the group. The majority of these services were related to their roles as parents and care and development of their children, from children centres to play groups. However a small number of parents accessed services to support their own mental health and wellbeing as well as practical services around education and housing. Although it is not clear from this evaluation the extent to which these services were utilised.
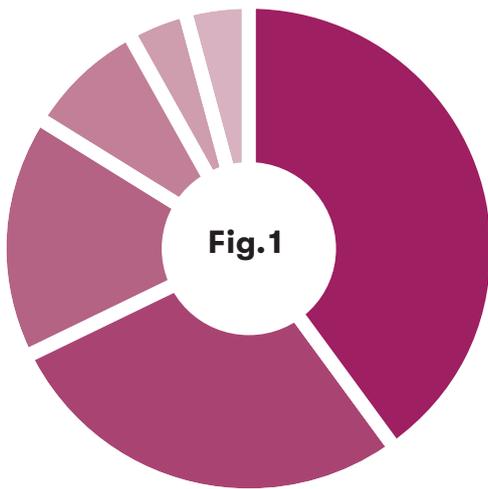
Figure 1: Parental ethnicity

The ethnicity of the participants is represented in Figure 1.

- 40% African
- 28% White British
- 16% South American
- 8% Asian
- 4% Black British
- 4% Caribbean
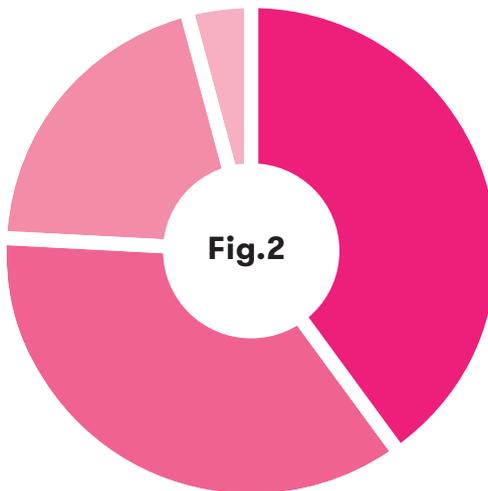
Figure 2: Parental Relationship Status

Figure 2 represents the parent's relationship status at the time of taking part in the *Creative Families* programme.

- 40% Single
- 36% Married
- 20% Co-Habiting
- 4% Separated
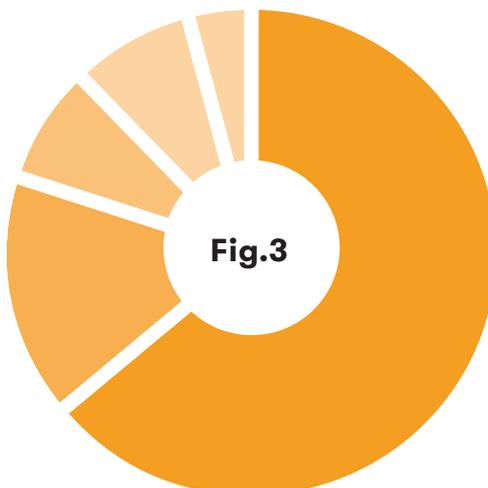
Figure 3: Employment Status

Figure 3 outlines the employment status of the participants at the time of taking part in the *Creative Families* Project.

- 64% Unemployed
- 16% P/T Employment
- 8% UHR
- 8% F/T Employment
- 4% Student
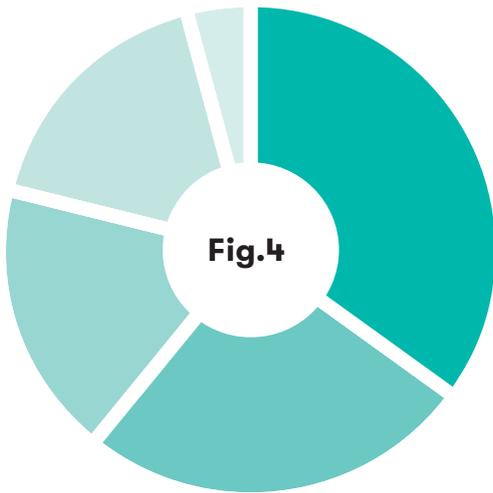
Figure 4: Education Status

Figure 4 represents the highest qualification that has been gained by the programme participants.

- 35% GCSE
- 26% Degree
- 18% A Level
- 17% No Qualification
- 4% Post Graduate
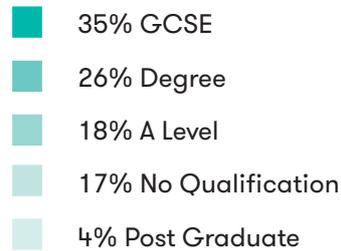
Figure 5: Social work involvement

Figure 5 represents the how many families had social work involvement whilst taking part in the project.

- 52% No History
- 28% Current
- 20% Historical

3. SUMMARY OF RESULTS

The table opposite breaks down the results of the **DASS** for every participant; it indicates individual scores for each measure within the **DASS**. In this table parents have been coded and allocated a letter that identifies them to the clinical evaluation team. Time point 1 T1 (Time 1) point refers to the data collected prior to parents starting the *Creative Families* project and T2 (Time 2) refers to the data collected on completion of the programme.

Table 1: Results of the DASS

Parent	Time Point	Depression	Anxiety	Stress	Total
A	1	19	14	20	53
A	2	14	16	16	46
B	1	32	30	38	100
B	2	24	28	40	92
C	1	12	12	38	62
C	2	10	18	30	58
D	1	14	14	18	50
D	2	0	0	0	6
E	1	24	24	36	90
E	2	24	24	26	72
F	1	12	14	16	42
F	2	12	6	6	24
G	1	14	22	22	58
G	2	10	12	22	44
H	1	2	4	10	16
H	2	2	2	0	4
J	1	14	4	4	22
J	2	M/D*	M/D	M/D	M/D
K	1	6	4	2	12
K	2	2	0	2	4
L	1	12	6	20	38
L	2	M/D	M/D	M/D	M/D
M	1	12	12	26	50
M	2	18	12	22	52
N	1	M/D	M/D	M/D	M/D
N	2	0	0	0	0
O	1	2	2	22	46
O	2	24	14	24	62
P	1	30	14	24	68
P	2	8	8	10	26
Q	1	20	20	24	54
Q	2	4	2	18	24
R	1	12	14	24	50
R	2	6	4	16	26
S	1	24	8	30	62
S	2	8	0	8	16
T	1	14	10	22	46
T	2	16	2	14	32
U	1	28	18	30	76
U	2	0	8	14	22
V	1	16	10	30	56
V	2	6	8	12	26
W	1	18	10	28	56
W	2	2	6	8	16
X	1	28	24	22	74
X	2	6	6	10	22
Y	1	26	14	20	60
Y	2	8	6	14	28
Z	1	12	20	22	54
Z	2	8	8	12	28

*M/D = Missing data

Table 2: Summary of DASS Results

Data has been extrapolated from table 1 and is summarised in table 2, 3 and figure 6.

Table 2 demonstrates how participant's scores have changed over the period of the programme; a decrease in score indicates a reduction in the severity of symptoms for each of the three clinical components. An increase in scores suggests that levels of severity have compounded during that time

Table 2	Decrease in score	Increase in score	No change in score	Total
Depression Score	17n (77%)	2n (9%)	3n (14%)	22n (100%)
Anxiety	17n (77%)	3n (14%)	2n (9%)	22n (100%)
Stress	19n (86%)	1n (5%)	2n (9%)	22n (100%)

n = number of people

The results indicate that 77% of participants had a reduction in their depression and anxiety scores and 86% of participants had a reduction in their stress scores from pre project to post completion. The five participants who had an increase in score between the two time periods had an average increase of 7 points.

Table 3: Average participant DASS scores at time point one and two

Table 3 shows the average total DASS score at both time points:

Table 3	Depression Average Score	Anxiety Average Score	Stress Average Score	Total Average Score
Time point 1	16	14	23	59
Time point 2	10	8	15	32

Figure 6: Average participant scores, Depression, Anxiety, Stress Scores and Total DASS scores

Figure 6 shows that participants saw decrease in depression, anxiety and stress scores by the end of the *Creative Families* project. It indicates that there has been a 22% improvement in total scores for *Creative Families* project participants between Time Point 1 and Time Point 2.

Fig.6

■ Time Point 1
■ Time Point 2

Depression   Anxiety   Stress   DASS
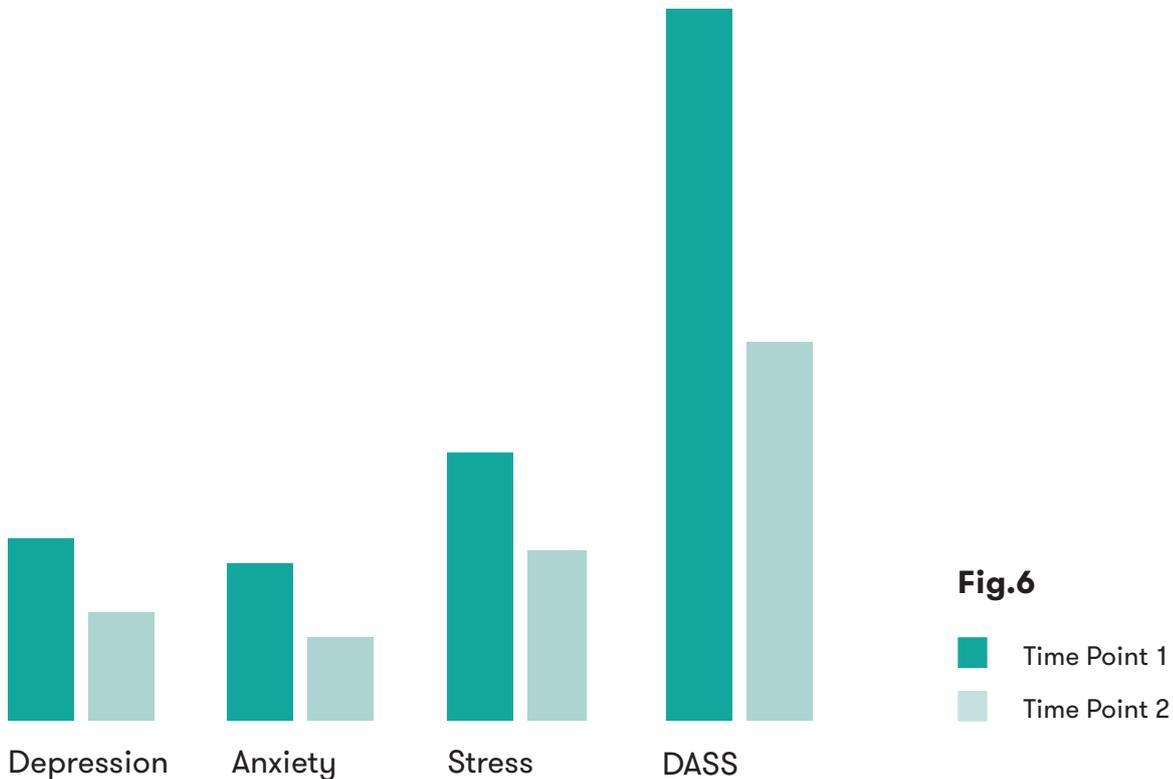
Figure 7: Bar Chart representing total GSE Scores for each parent (overleaf)

19 parents (79%) found that they have improved self-efficacy scores post completion of the *Creative Families* project. Four participants (17%) had lower self-efficacy scores, with the average decrease being four points. One participants score remained static between time periods (4%).

The average GSE score for time point one was 25.8 and for time point two 29.8, indicating a 10% increase in self-efficacy scores across the sample.

GSE Scores Pre and Post completing the Programme

Figure 7 demonstrates the General Self Efficacy Scale (GSE) scores for each participant at time point 1 and 2.

Fig.7

Time Point 1
Time Point 2
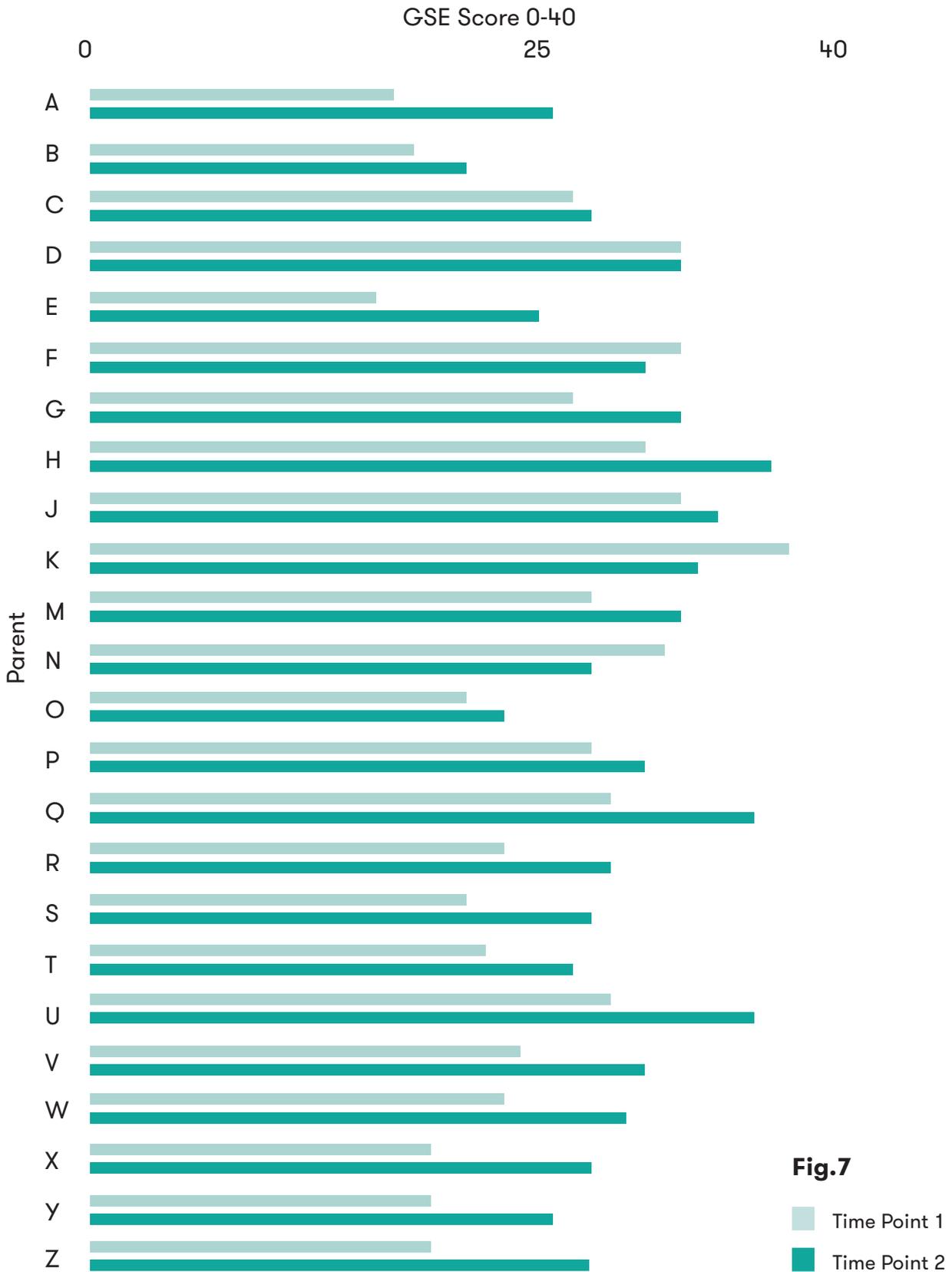
Table 4: PIR-GAS Scores Time 1 and Time 2

Table 4 outlines the parents' PIRGAS scores at the two time points:

Parent	PIR-GAS Score Time 1	PIR-GAS Score Time 2
A	80	85
B	40	70
C	90	90
D	70	91
E	*M/D	*M/D
F	75	80
G	85	90
H	70	75
J	91	95
K	60	70
L	*M/D	*M/D
M	80	80
N	95	90
O	90	100
P	80	85
Q	80	95
R	91	94
S	90	95
T	90	90
U	90	95
V	90	95
W	65	70
X	70	75
Y	60	71
Z	91	95
AA	75	80

The data indicates that 88% of participants had improved PIR-GAS scores from pre starting the project to post completion, the average score increased by 7 points during this time period.

Three participant's (12%) PIRGAS scores did not change during the project and one participant's score (4%) decreased between time point by five points.

The average PIR-GAS score at Time 1 was 73 and at Time 2 it was 79.

Table 5: BITSEA Scores Time 1 and Time 2

Parent	Time 1		Time 2	
	Problem	Competence	Problem	Competence
E	19	3	23	2
F	4	6	22	2
G	13	2	10	1
H	19	7	2	2
J	22	9	17	8
K	32	4	30	4
M	16	6	12	5
N	4	3	4	3
O	25	2	23	2
P	21	2	9	2
R	20	4	16	5
S	8	4	4	1
T	5	8	5	4
U	14	2	17	1
V	10	9	3	5
W	15	11	6	5
X	10	4	2	2

Figure 8: Bar chart representing BITSEA Problem Scores at Time 1 and Time 2

Figure 8 demonstrates the **BITSEA** Problem Scores for parents at both time points.

This bar chart demonstrates that 80% of project participants had a reduction in their primary child's problem scores between time points. 10% of participant's scores remained unchanged during the project, whilst another 10% of participants saw an increase in their scores.

Figure 9: Bar chart representing BITSEA Competence Scores at Time 1 and Time 2

This bar chart demonstrates the BITSEA Competence Scores for the primary child as generated by parent responses to the measure, both pre and post taking part in the programme. Figure 9 demonstrates that 65% of project participants had a reduction in their primary child's competence score, which means the parents' perception of their child's competency improved during the period of the *Creative Families* project.

25% of project participants did not change their score within the time period and 10% of participants saw an increase in their scores.
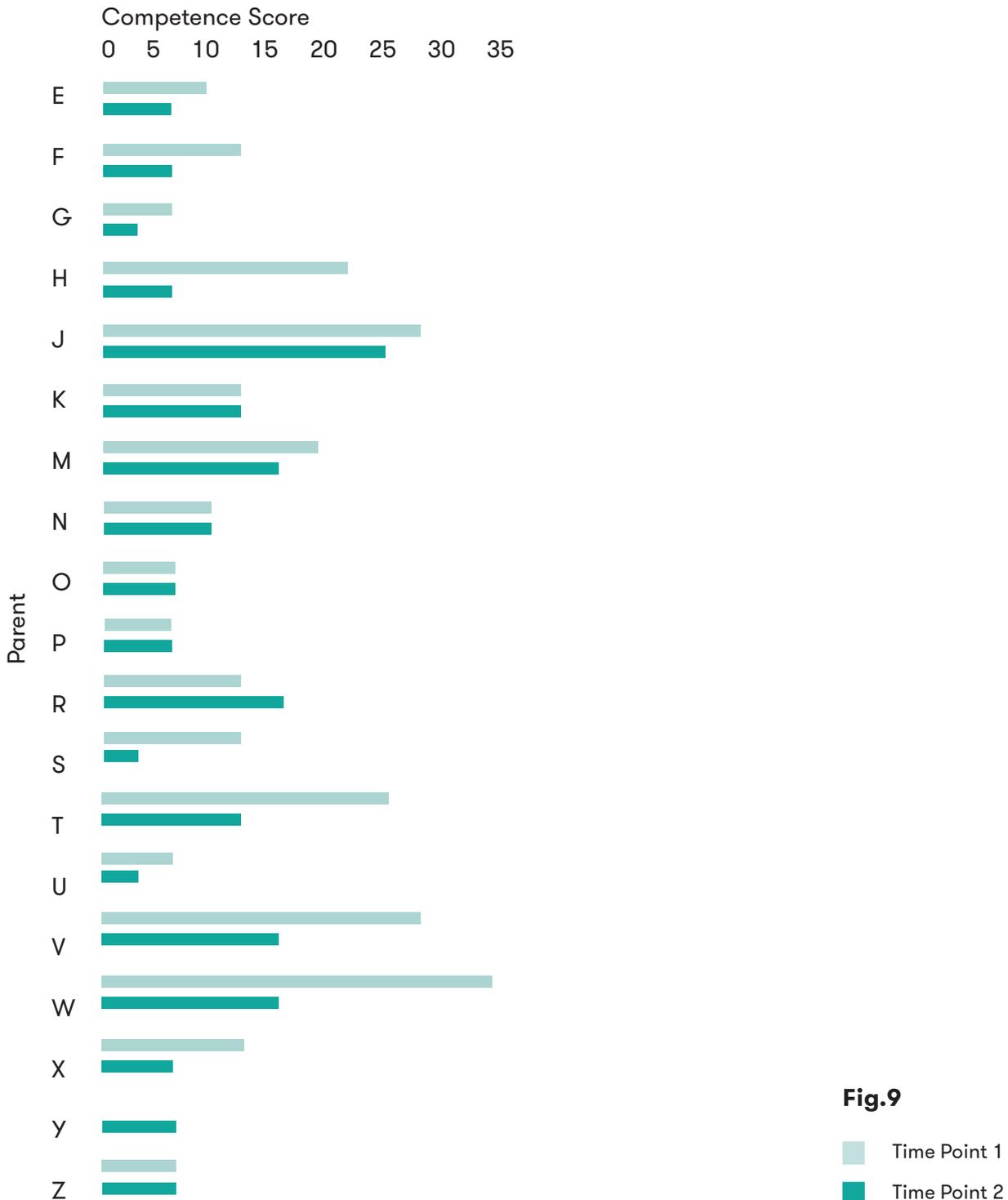

Fig.9

Time Point 1
Time Point 2

Figure 10: Total Problem and Competence Scores at Time 1 and Time 2

This bar chart demonstrates the average participant BITSEA Problem and Competence scores at both time points. Figure 10 indicates that both the average problem score and the competence score decreased within the time frame.

Fig.10

Time Point 1
Time Point 2
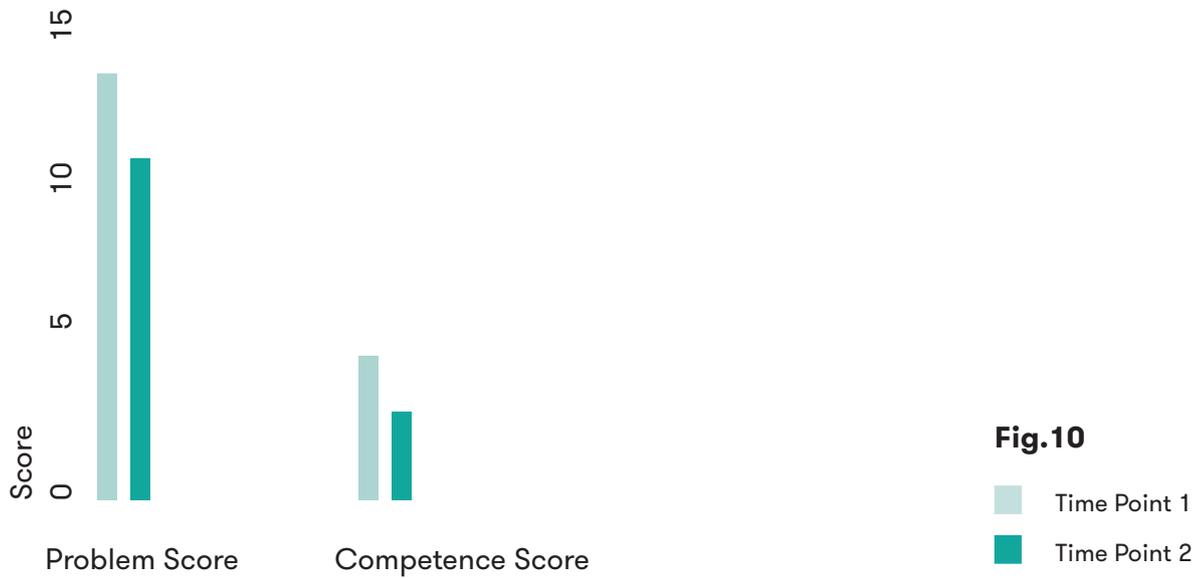
**Themes From Semi-Structured Interviews
and Relational Measurement Tool**

Semi-structured telephone interviews were completed with a small sample of project participants using the topic guide detailed in section 2. Outlined below are some of the key themes from those conversations:

Knowing you're not alone
Participants consistently feedback that there was real value in sharing experiences as it made them appreciate other people had difficulties too and needed some extra support. This in turn reduced feelings of isolation or that "you're the only one experiencing this."

Mental ill health can affect anyone
Participants stated that they felt reassured by other people sharing their mental health problems. Their experience was validated by hearing that mental ill health effects other people and can impact on anyone.

Increased confidence
Participants talked extensively about how the project had helped to increase their confidence in relation to engaging with others and activities. They stated that it was confidence building to expose yourself to both a new situation and meeting new people. Whilst this may have been difficult at first, participants reflected that they really appreciated this. It gave them confidence to undertake other activities outside of the family home, which was something many of the parents had been reticent to do previously. On a practical level it was powerful to have a reason to "get out of the house".

Learning and trying things out
Parents spoke about practical learning particularly in relation to styles of play and engagement. Parent's commented on adopting some of the engagement techniques they had learnt from the project at home with their children. They also noted that they were continuing to utilise these approaches after the project finished.

What did having a mental health practitioner bring to the group?
Participants expressed that there was real value in having met with the mental health practitioner from the Parental Mental Health Team prior to their group starting. The mental health practitioner provided a reassuring and familiar face for participants, which was particularly helpful during the early weeks when participants were more anxious and had not established relationships with their peers.

Participants described it as comforting to have the mental health practitioner in the group that had an awareness of the difficulties that they were experiencing as individuals. This was because the mental health practitioner has provided the participants with an experience of not being judged when they shared their stories which increased their confidence about disclosing these stories within the group.

Relational Measurement Tool

The relational measurement tool was designed to be used at three time points during the project to measure how participants viewed their relationship with the mental health practitioner over the course of the project. Practitioners were not able to complete the tool at the multiple time points therefore it was not possible to undertake a comparable analysis of this tool over the project period. Of the 15 statements those which were rated the highest the most frequently were:

"You are easy to talk to and a good listener"

"You are interested in my ideas"

"You understand my situation."

The second set of statements receiving the highest response were:

"You are trustworthy and caring"

"You understand how I feel."

The responses to the relational measurement tool appear to echo the themes from the telephone interviews in relation to the role of the mental health practitioner in the group. There is crossover in relation to participants feeling that their mental health practitioner was understanding of their experience.

Data Outcomes In Summary:

- On average, participants' levels of perceived depression, anxiety and stress decreased over the 10 week period.

- *Creative Families* project participants on average saw a 22%improvement in their DASS scores on completion of the course.

- 79% of the participants had improved self-efficacy scores post completion of the *Creative Families* project. The average self-efficacy score increased by 10%.

- On average, problem scores and competence scores decreased overthe ten week period. Thus indicating that participant's perceptions of their primary child's social-emotional and competency development improved during the project.

The participants' gave feedback that the project was an:

- Opportunity to learn and try out new approaches to interacting with their child.

- Helped to increase confidence in relation to undertaking activities or accessing service within the community.

- Helped raise mental health awareness e.g. participants' increased understanding that poor mental health can affect anyone and a sense that there were not alone in relation to problems they were experiencing.

- Participants' described having a mental health practitioner in the group as both positive and helpful.

4. CONCLUSION

This evaluation indicates that participants experienced a reduction in their depression, stress and anxiety levels during the project, whilst their self-efficacy improved. Participant's perceptions of their child's social – emotional and competency development improved during the project. The qualitative data indicated that parents experienced an increase in confidence, which in part was attributed to their experiences of taking part in the project. Parents who took part in the project fed back it had provided a space to learn and try out new approaches to interacting with their child. There was also an improvement in infant-parent relationships during the project, as indicated in the **PIRGAS** scores. These findings address a number of the key aims of the *Creative Families* project which are outlined on page 18, including improvement in mental wellbeing of participants who are experiencing mental health difficulties and who have children under the age of five and increased levels of self-efficacy and reduction of feelings of isolation for parents taking part in the project.

The evaluation brought to light some particular themes in relation to the subject of mental health and wellbeing. Participants felt being part of the project had demonstrated to them that poor mental health can have an impact on anyone. This in turn had a positive effect for parents in relation to reducing feeling of isolation. The mental health practitioner role within the project was considered both positive and helpful for the participants.

The parents highlighted the value of meeting with the mental health practitioner prior to starting with the project as a means of reducing anxiety about attendance. Participants reported that they also found it helpful to have mental health practitioner in the room because the practitioner had an understanding of their individual circumstances, which participants described as supportive and reassuring.

Limitations of the evaluation:

Parents perceptions of their child's social and emotional competence showed some improvement but further studies would be required to explore if there is a relationship between these scores and quality of bonding and attachment between parent and child (as outlined in projects key aims on page 5). The evaluation reports that participants felt an increase in confidence around accessing community base services however there was not the scope within this evaluation to investigate the quantifiable effect of this or if there where specific services which parents continued to utilise.

Next Steps:

The findings outlined in this evaluation of the *Creative Families* programme has demonstrated some preliminary themes which indicate improvement in emotional health and wellbeing of parents. To strengthen and build on these findings it would recommended that future studies of the *Creative Families* project look to further investigate causal relationships, by considering controlling some of the existing variables.

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CREATIVE FAMILIES PROJECT: REPORT

Alison Rooke, Imogen Slater
and Laura Cuch

The Evaluation Team are: Dr Alison Rooke, Project Director, Imogen Slater, Lead Researcher, and Laura Cuch, Research Assistant.

a.rooke@gold.ac.uk
http://www.gold.ac.uk/cucr/

1. EXECUTIVE SUMMARY – *MAKING IT TOGETHER*

This final report, *Making it Together* summarises the findings from the evaluation of the *Creative Families* project, identifies achievements and sets out key elements of promising practice. It follows on from the Interim Report (September 2013) at the midpoint of *Creative Families* programme, which identified some of the projects strengths and made recommendations for the remainder of the delivery period.

About *Creative Families*

Creative Families is an innovative early-intervention arts programme for parents experiencing mental health difficulties and their children aged under-five in Southwark. This two-year early intervention initiative was comprised of six, ten-week long interlinked artist-led workshop programmes for groups of parents and their children. It was funded by Guy's and St Thomas' Charitable Trust as part of their arts and heritage funding of projects that bring together clinicians, academics, artists and arts organisations.

Creative Families aimed to improve participants' mental wellbeing thereby impacting positively in terms of the children's emotional development, and improving vulnerable families' access to universal services leading to reducing the likelihood of parents becoming secondary mental health service users.

The project was piloting an innovative collaboration with the intention of establishing a transferable model for working with vulnerable families. As a pilot it set out to develop and test a new way of working that involved partnership between artists, an arts organisation, parental mental health services and children's centres.

Parents were referred to the project by the Parent Mental Health Team (PMHT) through the Common Assessment Framework (CAF) if they were considered to be likely to benefit from the *Creative Families* workshops. 60 workshops were delivered in six discrete programmes of 10 sessions each. A commissioned artist ran each programme and was supported by staff from the South London Gallery's (SLG) Education Department and a member of the PMHT.

A total of 46 parents and 61 children attended. The project has used a format where the first five workshops were held at a Children's Centre where childcare was provided, followed by five family workshops at the SLG in the Clore Studio, with the children present. The PMHT and Children's Centres resourced the crèche places for the children of participants in order to support the parents during the first five sessions. All of the workshops ended with a lunch for the parents, their children and the delivery team. After this a debrief reflective evaluative session took place between the delivery team made up of staff from the PMHT, SLG staff and the commissioned artist.

Context

This report explores the social and policy landscape in which *Creative Families* is situated and is arguably borne of. The current climate of fiscal and cultural austerity can be seen as a *push factor* with the arts sector facing significant cuts and arts organisations adapting practices in order to secure much needed funding. Concurrently, the health sector, also facing substantial cuts, and adapting to new financial models, are seeking newer, experimental yet cost-effective solutions to improving public health. Simultaneously, intense changes to the socio-economic landscape and the consequent increase in social inequalities due to public spending cuts and benefit 'reform' in the UK, are placing significant demand on mental health services and as insecurity, poverty and disadvantage impacts adversely on peoples' mental well-being, their access to services and the quality of services available to them[1].

Themes and findings

This section summarises some of the central themes and findings arising from the evaluation of the *Creative Families* project. However it cannot be said to represent the multi-faceted richness of the project which the following report attempts to do some justice to articulating. The project has created a myriad of opportunities for learning for all those involved – parents, children, staff and organisations. The continuity and commitment to collaboration has meant that early lessons and the discussions which arose out of them were built on and this resulted in a resulted in a successful professionally developed, delivered and managed project.

This final report revisits the emergent themes identified in the Interim Report before discussing the second phase of delivery. Many of the early lessons have been addressed and early findings have been deepened. It is recommended that for a full sense of the project this report is read conjunction with the Interim Report. The early evidence of the projects impact on participants has been strengthened. There have been opportunities to assess the extent to which the impact continued beyond the life of the workshop attendance. The admittedly partial evidence here is promising. Furthermore, the projects intersectoral learning and trust has been consolidated. This report also focuses on the significance of the delivery teams' professional complementarity and the distinctiveness of the artists practice at the heart of the project. We conclude with a summary of the projects promising practice and draw out some indicators of future good practice.

1 Bell, David. *Mental illness and its treatment today*. Centre for Health and the Public Interest (CHPI). 2013

Key themes and findings that this report explores and highlights include:

• The project demonstrated **a commitment to interdisciplinary practice** between with the project delivery team and partner organisations.

• The **complementarity of the *Creative Families* multi-sectoral team** has meant that the project has been successful in delivering a well-attended, well-managed project that **demonstrates positive benefits for participants.**

• **Artist practice has been a *catalyst for innovation*** and inter-sectoral learning and reflection. There has considerable development in both the health and arts teams' approaches and understanding of risk and responsibility. There have been on-going discussions of the partner's relationship to and understandings of risk and the questions this raises for future collaborations at delivery team planning meetings and partner review meetings.

• The **high calibre of the artists commissioned** for *Creative Families* meant they were able to skilfully work with a group which required a great deal of sensitivity in regard to balancing individual needs and group dynamics, and also to facilitate self-expression whilst also negotiating the parameters of professional guidelines for working with vulnerable people. **The role of the artist as a socially engaged practitioner; was at the centre** of *Creative Families*. The artist is a nodal point in the project's inter-sectoral partnership and its interface with participants.

• The delivery team worked with **a commitment to open creative exploration**, *adapting* to the unpredictability that characterises participatory and socially engaged arts processes. Simultaneously the project has worked with the intention of developing **a clear *delivery model*.**

• **A flattening of the professional/service user relationship**, whilst building on empathy borne from a common identity as parents, has taken place during the project. There has been learning within both teams on how to find **a balance between the closeness and distance, combining ethical protocols of both professions.**

• **The workshop design structure was carefully considered and worked well,** accounting for the various needs and requirements of the majority of parents. It was based around 10 week programmes running during term times. The first five sessions were held at a Children's Centre with the children in a crèche whilst the parents attended, and the subsequent five sessions were at the South London Gallery with children and parents together. All of the sessions concluded with a shared lunch which was followed by a team reflection and evaluation session.

- The need for *containment* and *boundaries* has been carefully balanced with the affective dimension of the art practice. As a result the project has provided a **safe space** where participants could explore their feelings creatively, including difficult feelings about parenting, without these overflowing to an extent that they disrupted the sessions.

- *Creative Families* created moments and encounters that can be understood as **social interstice**. These interstices or *in between spaces* are of heightened significance in the considering the value and impact of the programme. It was critical to success that the *Creative Families* approach allowed for a space that was **reflective, expressive, creative and importantly non-judgemental.** Participants made a positive distinction that it involved art but was **not therapy**. The *Creative Families* interventions provided a rupture from the prevailing stressful and complex conditions of parenting by experimenting both with social and creative communication and being together with others, including other parents.

- **Voluntary participation** and choice is a pre-requisite for positive engagement and therefore participants need clear information on the nature of the referral requirements and expectations involved.

- The feedback from participants was very positive overall. **Many of the participants noted changes and improvements in their relationships with their children**, partners and other family members, coincident with more positive feelings about themselves. This extended to feelings of increased confidence in their ability to meet new people and make friends which has led to some instances of wider impacts with participants returning to study or work.

2. INTRODUCTION

The title of this report *Making it Together* reflects the cooperation and collaboration that has been integral to the *Creative Families* project. This cooperation and collaboration has been evident, at a partnership level and at the delivery level, in the workshops and in the detailed planning and reflection that surrounded them. *Making* and *exploring* characterised the whole project and this was done together with other parents, artists, and professionals, each with contrasting disciplinary frameworks of value. *Making it Together* also points towards the hands-on element of the workshops, the material expression and exploration that the workshops facilitated, and the ways that the participants came to realise something about themselves through the process of making things and playing with materials. One of the challenges of the project was finding ways of exploring art and creativity firstly with parents, and then together with a large group of noisy, messy and unruly under-fives. However, this was also one of the most important ways that the ethos of care, collaboration and creativity at the heart of the project was expressed and made apparent by all involved. Furthermore, it was here, in the midst of what, on first sight, might have appeared to be chaos, that many of the parents found ways to respond imaginatively to the difficulties of balancing one's own needs with those of a child. This was also the starting point from which parents took home what they had experienced in the workshops to practice together with their families.

This final evaluation report follows on from the Interim Report written in September 2013 at the midpoint of *Creative Families* programme. The Interim Report identified some of the projects strengths and made recommendations for the remainder of the delivery period. It also informed several public events and an Arts and Humanities Research Council (AHRC) funded Cultural Value Expert Workshop[2] which brought together arts and health professionals to develop a shared sense of purpose and the recognition that arts practice not only improves *patient management* but also make a valuable contribution to the education and training of health practitioners. The Interim Report was also a useful means of introducing the project to the subsequent artists delivering the later workshops. It informed their ideas for their activities and helped them to identify the potential issues that might arise in their workshops. It also set the scene for encouraging their reflexivity during their commission. This final report, *Making it Together*, summarises the evaluation findings, identifies the projects achievements and sets out elements of promising practice.

At the Children's Centre it was all about me; and here (at the gallery) it's much more about the kids, which is brilliant because the benefit for us is that you can be quite relaxed. It's amazing how people will watch over your children and take interest in them. And that's really nice. Participant

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2 Available at: http://www.ahrc.ac.uk/Funded-Research/Funded-themes-and-programmes/Cultural-Value-Project

About *Creative Families*

Creative Families is an innovative early-intervention arts programme funded by Guy's and St Thomas' Charitable Trust as part of their arts and heritage funding of projects that bring together clinicians, academics, artists and arts organisations.

The project contributes to the Trusts strategic development areas of:

- Arts engagement to improve the mental health and wellbeing of children and young people
- Artists as catalysts for innovation.

The project partners are: South London and Maudsley NHS Trust(SLaM),
Parental Mental Health Team (PMHT),
South London Gallery (SLG)
Grove, Ann Bernadt and Crawford Children's Centres.

The project addresses Guy's and St Thomas' Charity's strategic priority to 'help improve the health of the local population' and supports the Charity's particular interest in projects with benefits for mental wellbeing which include an arts component.

The project's aims meet the Charity's particular concern for improving the involvement of individuals in their own health and improving the healthy development of children, and are being delivered in Southwark, which is one of the Charity's geographic areas of focus. These objectives are clearly reflected in the project's aims.

The *Creative Families* project aims to improve the mental wellbeing of parents of children aged under five years who are experiencing mental health difficulties (for example, depression, anxiety, post-natal depression), by offering a holistic range of hands-on creative opportunities in a non-stigmatising environment where parents can work alongside their children and other parents in a similar situation.

The project aims to lead to the following health benefits and longer-term outcomes:

reduced feelings of anxiety and stress
improved mood
increased opportunities for positive interpersonal relationships and creating new social networks and strengthen family bonds
increased levels of confidence and self-esteem
reduced feelings of social isolation
increased understanding of own mental wellbeing
increased positive coping strategies

In doing so the projects objectives are:

- To improve the emotional development of children aged under five whose parents experience mental health difficulties by promoting the positive attachment between them and their parent/s.
- To improve access for vulnerable families with children aged under five to universal services in Southwark, including those run locally at children's centres and at the SLG, and promote options based on individual need, which may be signposting on to MH services.
- To lower the number of parents needing to become secondary mental health service users by providing an effective, welcome and non-stigmatising early intervention programme.

As well as achieving these aims through the projects impact upon participants, the project was piloting this type of innovative collaboration with the intention of establishing an innovative transferable model for working with vulnerable families. As a pilot it set out to develop and test a new way of working that involved partnership between artists, an arts organisation, parental mental health services and children's centres. This placed exploration, collaboration and learning at the core of this project, which was therefore tasked with additional aims beyond delivery which included:

- Increasing the understanding and developing the working relationships between the partners

- Developing, testing and honing a model which if seen to be efficacious can be used and adapted beyond the current project.

The Project In A Nutshell

Creative Families aimed to improve the mental wellbeing of families living in Southwark with children who were aged under-five. Parents were referred to the project by the Parent Mental Health Team (PMHT) through the Common Assessment Framework (CAF) if they were considered to be likely to benefit from the *Creative Families* workshops.

The *Creative Families* sessions were one of several options that the Parental Mental Health Team could offer along with one-to-one sessions offering emotional support and psychosocial approach group therapy. Potential participants were carefully assessed before referral and criteria included whether they are appropriate for group work, whether they will be able to sustain their involvement and some interest in creativity or art.

To date 60 workshops have been delivered in six discrete programmes of 10 sessions each. A total of 46 parents and 61 children have attended. The project has used a format where the first five workshops were held at a Children's Centre where childcare is provided, followed by five family workshops at the South London Gallery (SLG) in the Clore Studio, with the children present. The PMHT resourced the crèche places for the children of participants as part of the project budget in order to support the parents during the first five sessions.

All of the workshops ended with a lunch for the parents, their children and the delivery team. After this a *debrief* reflective evaluative session took place between the delivery team made up of staff from the PMHT, SLG staff and the commissioned artist.

This structure was *bookended* by visits from the Centre for Parent and Child Support, evaluation team and/or the PMHT Support Practitioner which focussed on completing 'before and after' clinical outcome questionnaires. After the programme has finished the PMHT Support Practitioner continued to keep in touch with participants through telephone contact and home visits which are offered in order to continue to work with a family where need is identified. The Gallery Education Team has also kept in touch with many of the participants, encouraging them to take part in gallery programmes and local arts activities. Some families attended the Children's Centres and continued to receive support there.

Project Architecture

The table below details the workshops, artists and participant numbers. It is worth noting that it was decided that the first two artists commissioned to work on the project should each run a further programme as it was felt that the first programme presented a l*earning curve* and that it would therefore be cogent to have the opportunity to use this learning to inform a second programme.

Workshop Series	Artist	Participants No. adults (A), children (C)	Locations
1	Davina Drummond	8A, 12C	SLG + Grove Children's Centre
2	Lawrence Bradby	8A, 12C	SLG + Crawford Children's Centre
3	Davina Drummond	7A ,9C	SLG + Grove Children's Centre
4	Lawrence Bradby	6A, 10C	SLG + Crawford Children's Centre
5	Daniel Lehan	10A, 10C	SLG + Ann Bernadt Children's Centre
6	Jessica Scott	7A, 8C	SLG + Grove Children's Centre
TOTAL	4 artists	46 adults + 61 children	3 Children's Centres

Fig 1. Programme logistics

3. EVALUATING CREATIVE FAMILIES

The project has been evaluated through an innovative partnership between the South London & Maudsley NHS Trustled by Megan Ellis, Deputy Director of the Centre for Parent and Child Support, and Goldsmiths, University of London, led by Dr Alison Rooke, Co-Director of the Centre for Urban and Community Research at Goldsmiths.

This interdisciplinary approach brings together two sets of institutional and research methodologies which in turn reflect the health and arts expertise within the project. Participative and socially engaged art is often (but not exclusively) evaluated through formative, processual and qualitative methods while *health interventions* are frequently evaluated with quantitative methods evidencing clinical outcomes through the use of clinical assessment scales in order to ascertain the longer-term health benefits of programmes.

At the Interim Reporting stage there was some synergy between the evaluation reports in regard to impact on participants, with both evaluations findings identifying overall reduced depression and reduced isolation. It is hoped that this report will be read in conjunction with the CPCS report. We originally aimed to write a *joint* final report comparing the data and findings. Unfortunately limited resources have meant that this is not possible. As an alternative the evaluation teams invited the mental health and arts partners to respond to the reports produced by each team and the ways that they make sense of the project.

The CUCR Evaluation Methodology

In order to encourage and critically accompany the project and partnership,the evaluation process was built into the overall project from the beginning. CUCR avoided trying to invent an externally generated technocratic formula or *toolkit* to evidence the projects' value and which could then be used to measure against the projects' aims and objectives. Rather than detract from the demands of delivery we sought to recognise the affordances and capacities that are mobilised through qualitative research methods and the cultural values that underpin these.

The CUCR evaluation assessed the projects' processes, impacts and outcomes at both delivery and strategic/operational levels. One of the intentions of the project was to create a robust and usable framework that could be used by non-arts professionals and disseminated to partners and peer organisations. An evaluation framework setting out indicators of success, and research questions was circulated early in the projects lifetime. This provided a starting point for discussion and reflection for partners.

The CUCR evaluation created an opportunity to critically and collaboratively interrogate the relationship between health and art cultural institutions by examining the underlying or prevalent understandings that underpin such exchanges. The CUCR team have drawn

upon extensive connections in the social and cultural study of the interface between parenting, mental health and public policy within a context of fiscal austerity to add value to the research and evaluation role. Several public events running alongside the main programme delivery have provided opportunities for all stakeholders to reflect upon art and mental health interventions.

In keeping with the traditions of participatory and socially engaged art which often seeks to encourage *reflective individuals and engaged citizens* our methodology aimed to explore the meaning and significance of participatory arts practice, as well as whether the project achieved its aims and how it achieved them. Our ethnographic approach has meant that we have worked in partnership with an ethical commitment to criticality, collaboration and change, whilst navigating a path between *etic* and *emic* perspectives[3]. Through observation and interviews we have tried to make sense of the cultural values surrounding the project and the benefits for all stakeholders.

Evaluation activities included:

• Interviews with key staff and external stakeholders in order to record reflection, review and progress at different stages.
• Developing hands-on qualitative methods appropriate to the task of evaluating the impacts of participation on this particular group throughout the programme delivery and beyond.
• Attendance at relevant meetings and events.
• Facilitating reflection at planning meetings.
• Carrying out research into the relevant current policy material relevant to the project.
• Identifying 'good' or promising practice.

The evaluation team has:

• Conducted participant observations of 26 sessions.
• Developed a 'session log' as a reflective tool and record for each workshop. The delivery team has completed these collaboratively at the end of each session to reflect on the sessions and inform planning subsequent sessions and assist with artist development and agile delivery.
• Facilitated evaluation workshop sessions with participants at the end of each programme.
• Conducted interviews with Lawrence Bradby, Lucy Brazener, Lorraine Campbell, Nikki Crane, Chris McCree, Davina Drummond, Shohreh Jamshidi (PMH support worker), Heather Kay, Daniel Lehan, Jessica Scott, Frances Williams, Danna Johnson and Tina Worms (Children's Centre staff).
• Attended ongoing partner meetings, planning and review meetings.
• Collaborated with SLG Education Team organising a *Creative Families Reunion* as part of the task of gathering longitudinal data.
• Gathered quantitative data on uptake of universal services.

- Taken part in a public event on 'Parenting, Art and Wellbeing' at SLG.
- Taken part in 'Creative Collisions' public event at the Ortus Centre.
- Applied for and received an AHRC Award to enable an *Expert Workshop* to interrogate the wider significance of the project in the fields of art and mental health.

3 Headland, T. N. (1990). 'A dialogue between Kenneth Pike and Marvin Harris on emics and etics' In *T.N. Headland, K.L. Pike, & M. Harris (Eds.) Emics and etics: The insider/outsider debate. Frontiers of anthropology, v. 7.* Newbury Park, Calif: Sage Publications

4. POLICY AND SOCIAL CONTEXT

The Interim Report discussed the policy context that each of the partners engaged in the project from. This was discussed further in the Creative Collisions Report which set out some of the policy drivers for arts and mental health collaborations. This report identified the current climate of fiscal and cultural austerity as a *push factor* in two ways. Firstly austerity means that arts organisations, always necessarily opportunistic in seeking funding and facing significant cuts, look to see new trends that may inform project delivery.

Arts organisations, due to the history of UK cultural policy, necessarily adapt practices and programmes and seek new collaborators in order to secure necessary public funding. The arts sector has faced ongoing and substantial cuts from both national funding organisation and from local authorities where as discretionary, arts and heritage services are often seen as a *soft touch* for cuts[4].

Concurrently, the health sector, also facing substantial cuts, and adapting to new financial models, are seeking newer, experimental yet cost-effective solutions to improving public health. Simultaneously, intense changes to the socio-economic landscape and the consequent increase in social inequalities due to public spending cuts and benefit *reform* in the UK, are placing significant demand on mental health services and as insecurity, poverty and disadvantage impacts adversely on peoples' mental wellbeing, their access to services and the quality of services available to them[5].

Concerns about the impact of welfare reform on mental health have been raised by a number of professional organisations including The Royal College of Psychiatrists[6] with the growing incidence of depression among women being a particular problem[7] and lone mothers' risk of depression being three times greater than that of partnered mothers or women without dependent children[8] (Targosz et al, 2003). Financial hardship and insecurity are significant sources of stress, which in turn is a contributory factor to the onset and severity of mental health problems, thereby contributing to child poverty[9].

4 http://www.spectator.co.uk/arts/arts-feature/8951831/dont-believe-the-spin-this-arts-cut-is-a-disaster/

5 Bell, David. *Mental illness and its treatment today*. Centre for Health and the Public Interest (CHPI). 2013

6 http://www.rcpsych.ac.uk/policy/projects/live/welfarereform.aspx

7 Wittchen H Et all (2011). 'The size and burden of mental disorders and other disorders of the brain in Europe 2010' *European Neuropsychopharmacology* (2011) 21, 655–679

8 Targosz S, Bebbington P, Lewis G, Brugha T, Jenkins R, Farrell M and Meltzer, H. (2003). 'Lone mothers, social exclusion and depression' *Psychological Medicine 33*(04), 715–722

9 http://www.jrf.org.uk/sites/files/jrf/9781859354919.pdf

Parenting and Austerity

Creative Families targets a particularly vulnerable group who are suffering the harsh consequences of welfare reforms and fiscal austerity which impacts on women disproportionately[10]. Furthermore, as a number of social theorists have argued, the economic circumstances of parenting are the surest indicator of children's wellbeing (with family wealth remaining the biggest predictor of educational success), moral discourses around *problem families* individualise and psychologise the consequences of social inequality. Moreover, as Jensen (2012) argues, the emergence of the science of happiness is preoccupied with mothers in particular:

In the Happiness paradigm, it is not the social, economic and material costs of motherhood, (the motherhood penalty, patchy and unaffordable childcare, incompatibilities between unpaid care and paid labour, shrinking welfare benefits for lone parents, a lack of well-paid flexible work and so on) which create maternal unhappiness but the failure of mothers to fully and selflessly embrace and willingly retreat into happy housewifery[11].

In a nutshell, the issues facing the parents who took part in *Creative Families* are deeply structural and sociological. The radical restructuring of social welfare, reduced public services and public sector workforces, rising unemployment, as well as London's housing crisis, mean that mothers are losing out disproportionately. Many of the participants in *Creative Families* are bringing up their children in these conditions of impossibility. In these conditions as Tyler argues mothers are:

[T]o be at once held more responsible than ever before for the future successes (and failures) of your children and yet at the same time to be increasingly vulnerable (through the retreat of state support, public services and welfare benefits) to the conditionalities and precarities of late capitalism[12].

10 See http://thewomensresourcecentre.org.uk/wp-content/uploads/NEWN-impact-of-austerity-measures-case-study-June-2013-.pdf

11 Tracey Jensen, Tough Love in Tough Times Studies in the Maternal, 4(2), 2012, p18 www.mamsie.bbk.ac.uk

12 Tyler, I. 2012, Austerity Parenting: new economies of parent-citizenship available at http://www.mamsie.bbk.ac.uk

13 Available on request from GSTT

5. REVIEW OF INTERIM FINDINGS

In the Interim Report[13] we discussed, in depth, the strengths of the project and its challenges. The difficulties and opportunities for reflection that were addressed in the first three delivery blocks meant that there was a great deal of dialogue, learning and reflection between partners and between the delivery team. The findings included:

The project demonstrated a commitment to interdisciplinary practice between with the project delivery team and partner organisations.

Artistic practice has been a *catalyst for innovation* and inter-sectoral learning and reflection. There has considerable development in both the health and arts teams and approaches understanding of risk and responsibility. There have been ongoing discussions of the partners' relationship to and understandings of risk and the questions this raises for future collaborations at delivery team planning meetings and partner review meetings.

The delivery team worked with a commitment to open creative exploration *adapting* to the unpredictability that characterises participatory and socially engaged arts processes. Simultaneously the project has worked with the intention of developing clear delivery model.

- A flattening of the professional/service user relationship, whilst building on empathy borne from a common identity as parents, has taken place during the project. There has been learning from both teams on how to find a balance between the *closeness and distance*, combining ethical protocols of both professions.

- The need for 'containment' and 'boundaries' has been carefully balanced with the affective dimension of the art practice. As a result the project has provided a safe space where participants can explore their feelings creatively, including difficult feelings about parenting, without these overflowing to an extent that they disrupt the sessions.

- The feedback from participants was very positive overall. Many of the participants noted changes and improvements in their relationships with their children, partners and other family members. This extended to feelings of increased confidence in their ability to meet new people and make friends which has led to some instances of wider impacts with participants returning to study or work.

She sets the foundation. For example she says, you can do this, you can do that, lots of different things that you can do, or you can play with the children. Knowing that, it just means that you can't fail. You do what you can do, there's no actual perfection. You're not getting graded, it's just for you. It's made a difference. It has boosted my confidence. Participant

To a great extent the second phase of the delivery (workshop series 4, 5,and 6) has been a period when this learning was consolidated. There has been a good deal of continuity amongst the core delivery team and partnership. This continuity helped mitigate the departure of the Head of the Education Team at the SLG, who had been instrumental in co-designing the project with PMHT and the Children's Centres. The first two artists, Davina Drummond and Lawrence Bradby, each delivered a second series of workshops and the final two new artists, Daniel Lehan and Jessica Scott were able to reflect on the challenges previous artists had faced through conversation and preparatory meetings and reading the CUCR and CPCS reports in advance. This continuity and commitment to collaboration has meant that early lessons and the discussions which arose out of them were built on and this resulted in a successful, professionally delivered and managed project.

The project brought together professionals from arts education and social care sectors. Whilst this was initially challenging, the dialogue and collaboration between these professions has resulted in an innovative, professional cross-sectoral project which has not only ensured that participants have a positive, stimulating and safe experience, it has also resulted in significant professional development as a result of the exchange and learning between different areas of professional practice.

This report now evaluates the remainder of the delivery, develops some of the themes of the Interim Report in light of this delivery, examines the project's longitudinal impact and sets out the project's promising practice.

6. FINDINGS: VALUE AND VALUES + PROFESSIONAL COMPLEMENTARITY

Institutional Value and Values

The complementarity of the *Creative Families* multi-sectoral team has meant that the project has been successful in delivering a well-attended, well-managed project that demonstrates positive benefits for participants. The project has been marked by a commitment to interdisciplinary partnership. Project partner review meetings and delivery team planning meetings have provided valuable opportunities for inter-sectoral learning and reflection on the different sectoral values which come together through the project and its evaluation. In these meetings the arts and mental health teams had valuable opportunities to share their professional perspectives on the project.

Alongside this, the project provided a starting point for a number of conversations on art and mental health collaborations, and the relationship between art and parenting and the evaluation of such interventions.

The SLG team have been active in co-instigating public conversations on the project along with the Evaluation partners. Public facing events have included a gallery talk on *Parenting, Art and Wellbeing* at SLG (with Williams, Rooke, Drummond and Bradby), a *Creative Collisions* public event at the Maudsley's Ortus Centre (with Williams, Kay, Drummond, Jamshidi, Bradby, Rooke and McCree). Frances Williams (former Head of the Education Team at the SLG) actively collaborated with Alison Rooke at CUCR on developing the AHRC funded Cultural Value Expert Workshop *Creative Collisions and Critical Conversations.* The SLG also hosted this event and Carrie-Ann Black from the Centre for Parent and Child Support at the Institute of Psychiatry, participated and presented.

The *Creative Collisions* and *Critical Conversations* facilitated a cross disciplinary exchange sharing approaches to identifying the economic, cultural, social and symbolic value of arts participation with regard to mental health. The expert participants critically reflected on the diverse requirements of the evaluative frameworks and methodological approaches employed by these sectors. The invited expert participants ranged from those commissioning, researching, curating and delivering informal and user-led mental health arts support and research interventions and more formal primary and secondary care service provision for those experiencing mental health problems. The workshop brought together approaches to combining art and mental health which include; conventional arts therapies which apply psychodynamic approaches; participatory arts as arts-in-health services which focus on the personal development of individuals and their families; service-user led community arts projects which apply community development and social inclusion approaches to support individuals who have experienced mental health problems to connect with their communities. They also include artistic responses to mental health and psychiatric settings both historic and contemporary, artist responses to their own mental distress.

The workshop was organised in the knowledge that the process of making these interventions meaningful to funders and policymakers brings the risk of overlooking the specific cultural significance and fragile experience of taking part in these collaborative interdisciplinary interventions.

Collaborative Delivery

Inter-sectoral collaboration was also realised on a micro-scale through the delivery team in the work of planning the sessions responsively and collaboratively. The PMH Team have taken time to explain the working processes *behind the scenes* prior to the engagement workshops, for example, home visits, and assessments, referral processes and on-going support outside of the sessions. The PMHT acting on their professional responsibility for *safeguarding*[14], were able raise awareness of the vulnerabilities of the referred participants within the arts team, without identifying individuals. This included their social vulnerability (for example not having recourse to public funds, living in insecure accommodation), their mental vulnerability and distress and its impact on their parenting (for example, children being emotionally neglected or exposed to violence or self harm). The arts team brought an ability to imaginatively adapt to the necessary confines of the project, such as the timescale, the space, the presence of sometimes demanding children, the needs and abilities of the participants, while maintaining the integrity of the process and the creative work produced. Together they successfully created a non-judgemental safe interpersonal and creative space.

The structure of the project, sessions at the Children's Centre with professional childcare provided and the subsequent sessions at the Clore Studio (at the SLG), meant the parents and their children have been able to gain maximum benefit from the project.

14 The UK Government has defined the term 'safeguarding children' as: 'The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.' www.safeguardingchildren.org.uk.

Fig 2. Project delivery partners roles & contributions

PMHT
Referral and ongoing support
Safeguarding
Supporting participants within and
beyond sessions

SLAM
Quantitative
Clinical Evaluation

CUCR
Qualitative
& formative evaluation

Parents and their children

Childrens Centre
Referral and hosting sessions
Ongoing services for participants
and their children

SLG Education
Artist commissioning
Mentoring artists
Hosting sessions

The Complementarity of the Delivery Team

The workshop delivery team consisted of the artist, the Gallery Education worker and the Mental Health Practitioner (and at many of the sessions a member of the evaluation team has also been present). Each member made a valuable contribution and together they provided a very effective network of support. In interviews and evaluation sessions the warmth, care and professionalism shown by the delivery team has been greatly appreciated by the participants. This was emphasised on many occasions.
As discussed in the Interim Report the Mental Health Team actively supported participants in the awareness of their struggles at home, they attuned to potential issues that may arise and raised the artist and gallery education team's awareness about this (without breaching confidentiality).

The South London Gallery Education Team's Community Projects Manager, Heather Kay, was pivotal in commissioning appropriate artists, ensuring continuity across the commissions, introducing the artists to the project and its methodology as it became established, encouraging reflection, and mentoring early career artists. Together these two professionals supported the artists in a challenging situation. As a result they did not have to juggle organising and facilitating creative activities with providing emotional support in moments of distress. At the outset there was some negotiation over these roles, however, they developed and became established and clarified over the lifetime of the project through dialogue and growing trust between the delivery team.

Fig 3. Delivery Team workshop roles and responsibilities

Role	Workshop Responsibilities
Gallery Education Worker	Mentoring and supervising the artists
	Venue and materials logistics
	Co-ordination with PMHT
	Liaison with artist within and post sessions
	On-going post projects communication with the participants
	Facilitating post-session reflection and completing session log
	Helping with childcare in sessions
Mental Health worker	Liaison with participants
	Liaison with and feedback to the PMH Team
	Co-ordination with gallery Education Team
	Providing emotional support in sessions and *containment*
	Follow up support work with participants between sessions
	Taking part in reflection and evaluation
	Helping with childcare in sessions
Artist	Leading on creative activity and participation
	Planning time before and during programme
	Taking part in reflection and review

Workshop Design

In the Interim Report we discussed the project design and scheduling. The project was carefully scheduled in order to fit with the school timetable and therefore allowed parents with school age children as well as under-fives to participate. The childcare from the Children's Centre, (funded by the PMHT), was front-loaded to allow parents to get involved in the first five sessions without having to care for their children at the same time.

The advantages of this structure are that:

- It allows parents to have some time to explore their creativity, begin to be mindful of their own needs, and get to know each other without the children demanding their attention.
- It requires that parents leave their children in childcare, for many for the first time. While this was initially difficult for some parents, it was a significant starting point in developing independence in both the children and their parents.
- It allows artists to begin to develop some purposeful focussed activities with the parents, and for the artists and staff to engage with parents without distraction.

While this model has clear benefits for the parents it came with challenges particularly in the later 'family workshops'. The presence of a group of between ten to twelve under-fives in the studio based workshops, some of whom had behavioural difficulties was 'draining' and challenging for the delivery team. For some parents the presence of the children was frustrating as they were keen to continue to make the most of this valuable opportunity to explore their own creativity and to have space for themselves. This was the case with the groups participating in programme 3 and 6 in particular.

Artists' voices:
I tried to encourage them to do things together with their children, but the parents just wanted to do things on their own. They were really self-focused and enclosed. They enjoyed doing things by themselves. They just wanted to be in the corner making. These mums don't have that time. That was the main difficulty. Davina Drummond, Artist

The first weeks were great. But as soon as the kids came in, it became really irregular. It affects what they get out of it. When children came, they had to compromise and share their time with their kids. Attendance has been more sporadic and there has been an issue with punctuality. Although it's true that there were illnesses and holidays and they've kept in regular contact. Jessica Scott, Artist

There was not complete agreement amongst participants on this, some parents in workshop four stated that they would have preferred to do more sessions with the children. Also, it should be noted that in the earlier workshops some the children were too young to be able to begin to play with other children and the mothers felt frustrated in the second half, as the child could not participate. After feedback to the PMH team, parents were only referred if their children were over one year old.

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Contrasting participant perspectives on the presence of children:

The best for me were the first five weeks. My son is so little that we can't really do crafts together. And I can't leave him by himself. It was great to be able to focus. It reignited my creativity. But it was difficult to do the activities these last weeks and I can't leave him by himself because the kids are quite full on and he's so little.

From these sessions I would improve having more time with the children in the sessions. Less on your own and more with the children. It was good to have kids together. I loved the clay and the things we could do together. Project participants

The transition period was often difficult but overall the delivery team and partners felt that the structure worked well and accounted for the various needs and requirements of the majority of parents. Some artists purposefully structured into the sessions with the children a 'beginning' and 'ending' child oriented group activity such as singing songs in a circle, or taking turns to say something. The lunch provided also brought all parents and children together and this was consistent across all of the workshops which meant that the children and adults built up relationships throughout the whole programme.

Post-workshop Reflection

The delivery team reflection session which focussed on completing a session log (see appendix 1) was fundamental to the project learning and development. It provided a chance for the whole team to discuss how the workshops went, identify and address difficulties and decide on follow up action, and factors which would have to be taken into account in the design of the next week's workshop. While this was undertaken for the purposes of evaluation it is integral to the projects promising practice. This calm moment, after the workshops where children were present, has been particularly important for the artists as they valued getting the team's perspectives on how things went. In the midst of delivering sessions it was often impossible to be completely aware of all that was happening in the room.

I have insights into situations, group dynamics and, you know all kinds of things that might be present in the group, feelings which aren't identified, I intuitively pick those up, and I think I have quite a wide range of people's skills. Daniel Lehan, Artist.

The Role of the Socially-Engaged Artist in Creative Families

While we recognise that this was essentially a collaborative project, the role of the artist was at the centre of *Creative Families.* The artist is a nodal point in the projects inter-sectoral partnership and its interface with participants. It is here that that the expectations and agendas of partners, participants, and the delivery team themselves came together. The socially engaged, creative practitioners of *Creative Families*, thus, were situated at the centre of a dense and sometimes contradictory network of expectations.

~~artist~~
~~workshop artist~~
session ~~leader~~
~~session producer~~
~~instigator~~
~~catalyst~~
~~provocateur~~
~~jester~~
~~joke~~
~~fool~~
~~shaman~~
~~guru~~
~~teacher~~
~~mentor~~
~~minder~~
~~trainer~~
~~coach~~
~~gamesmaster~~
~~host~~
~~MC~~
~~orchestrator~~
~~scene setter~~
~~facilitator~~
artist

Image: Lawrence Bradby's reflection on the role of the artist in *Creative Families*

In general terms, socially engaged art practices de-emphasise the materiality of art and ideas of art as producing an object. Instead they re-conceive it as an open and collaborative process. Doing so, they not only challenge conventional notions of art but also set the frameworks by which to assess art and its achievements into motion. Struggles over the role of the artist in general are informed by the ethical, political and ideological frameworks of project partners. They are also shaped by, and actively shape, different understandings of the nature and purpose of art and of socially engaged art and artist-residencies in particular. In this regard it is telling that socially engaged art practices usually take place within contexts of deprivation and marginalisation in order to bring about social change inspired by the ideals of democracy, equity and equality.

Instrumentalised by such agendas, artists are tasked with producing positive experiences and impacts (when there are inevitably moments where the opposite is the case). Artists often find themselves experiencing feelings of disappointment, debilitating pressure, indifference and uncertainty which are also navigated and managed[15]. In this context, much of the work of the socially engaged artist is concerned with understanding the nature of the invitation, questioning their own and *local* assumptions, as well as analysing and acknowledging how their own creative practices and objectives sit within the wider horizon of expectations surrounding a commission.

In art and mental health collaborations specifically, artists share their skills, their capacity for imagination, expression and vocabulary. As pointed out by Sally Tallant discussing the Serpentine's *Hearing Voices, Seeing Things* project, artists are:

Equipped with a vocabulary and language that can help articulate the most challenging of realities... Language underpins communication, so finding something to say is perhaps key to liberating subjectivity, especially for those who have difficulties with language.[16]

In participatory practice, artists have a crucial role in making, drawing, painting, writing, working with text, shaping materials, playing and performing. These are all are expressive modalities of communication and production and the translation of often difficult feelings for participants. These artworks created can be understood in the art theorist Grant Kester's terms as *conversation pieces*. These conversation pieces emerge around matters that stir responses. Examples were given of matters that are often simultaneously intangible inter-subjective matters (being a mother who is struggling with parenthood) and material circumstances (living in a small space and isolated from one's support networks). The dialogical process characterised by participatory art has the capacity to activate a shared attachment to what matters (both issue and materiality), the development of empathy, the capacity to interact with others different from oneself, and to come together even when there is disagreement about the issues and things. These processes thereby provide the opportunity for shared reflection (and, at times, action).

The *Creative Families* artists were able to skilfully work with a group which required a great deal of sensitivity in regard to individual needs and group dynamics, self-expression whilst also negotiating the parameters of professional guidelines for working with vulnerable people.

Creative Families as a Social Interstice

Creative Families created moments and encounters that can be understood as social interstice. These interstices, or *in between spaces*, are of heightened significance in considering the value and impact of the programme. As the curator and art critic Nicolas Bourriard argues in his influential book *Relational Aesthetics*:

[t]he interstice is a space in human relations which fits more or less harmoniously and openly into the overall system, but suggests other trading possibilities than those in effect within this system.[17]

In this sense, the *Creative Families* interventions provided a rupture from the prevailing stressful and complex conditions of parenting by experimenting both with social and creative communication and being together with others, (including other parents). Rephrased in Bourriard's terms the workshops constitute gaps in space, time and everyday experience in order to suggest other possibilities of being. In *Creative Families* these were other possibilities of being oneself, and other possibilities of being a parent. As discussed in the Interim Report, parents often compared their experience of the sociability and safety of the workshops in contrast to other *open* spaces, such as *drop-in* sessions for parents and their children, where they feared judgement. When reflecting on his participation in the programme, Lawrence Bradby discussed the contrast between the information he was given on each participant from the PMH Team, in regard to their circumstances and struggles in advance of the workshops was and the individuals and personal experiences that were shared in the group:

During the Creative Families sessions the parents were articulate, discursive, and frank. They vented frustrations, they laughed, they challenged each other's ideas and pre-conceptions. At other times, particularly in the second half of the course, when the children joined us, they were also, at different times, upset, tearful, frustrated, angry, exhausted.

I think that this difference in behaviour, this impression we were meeting different people to the ones the PMH team met, is a significant element in how the Creative Families sessions operated. I am not claiming that the PMH team had misunderstood the parents, and the parents did not conceal their problems during Creative Families. I believe that for the duration of the session the parents were different people.[18]

This interstice was created through careful collaborative effort. Central to this was the space opened up through art and creativity, but surrounding this was the establishment of a supportive safe space. This was achieved through some of the methods of mental health group work and education such as sharing in a small circle, having beginning and ending 'ritual' like activities and turn taking. These practices established continuity across the sessions which was deepened by having a small, stable team of professionals supporting a small closed group. This temporary 'interstice' was a spaces of imagination which enabled experiences of doing things differently, opening up opportunities for

participants to engage and experiment with their imaginations and feelings.
As the anthropologist Arjun Appadurai reminds us, imagination is: *a collective tool for the transformation of the real, for the creation of multiple horizons of possibility.*[19]

15 A. Rooke (2014) *Curating Community? The Relational and Agonistic Value of Participatory Arts in Superdiverse Localities, Cultural Values* (London: Arts & Humanities Research Council), p. 5. Available from: http://www.ahrc.ac.uk/Funded-Research/Funded-themes-and-programmes/Cultural-Value-Project/Current-and-Past-Research-Activities/Documents/EW%20Rooke%20-%20Curating%20Community.pdf Accessed 20/11/2014].

16 Tallant, S.(2006) *Hearing Voices, Seeing Things*, Exhibition Catalogue. Bob And Roberta Smith and Jessica Voorsanger. Serpentine Gallery.

17 N. Bourriaud (2002) Relational Aesthetics (Dijon: Les Presses du réel), p. 16.

18 Lawrence Bradby, Text written for SLG in response to his residencies.

19 A. Appadurai (2002) 'The Right to Participate in the Work of the Imagination' (Interview by Arjen Mulder), *TransUrbanism* (Rotterdam: V2_Publishing/NAI Publishers), pp. 33–46 (p. 34).

The Artist's Practice

The first and third sets of workshops were led by artist **Davina Drummond**[20]. Drummond's practice is concerned with craft, motherhood and the process of making. The sessions used printmaking, text and fabric to explore the participants' feelings, experiences of making alongside others. Parallels between mothering and crafting were explored in an oblique way. A metaphorical toolkit of parenting qualities and skills for difficult situations were explored, cotton bags had these tools printed on them. Here feelings were explored tentatively through affirmation, including feelings of patience and impatience when making things, the inevitability of making mistakes and the necessity of dealing with imperfection. Davina was also keen to ensure that the participants had something physical to take home, (a calendar, a stamp) and creative skills (printmaking). Davina ensured that the artwork was affordable (using polystyrene food packaging rather than expensive lino for example), so that it could be replicated by participants.

The second and fourth series of workshops were delivered by **Lawrence Bradby** (of Townley and Bradby[21]). Lawrence Bradby's sessions focused on playing and learning to think about the domestic space and the challenges of parenthood in a playful way. Lawrence facilitated a wide range of playful activities, which involved drawing, arranging domestic objects and transforming them, playing games and storytelling.

Participants had the opportunity and space to have fun as adults, to reconnect with their own playfulness, as well as to share and discuss their feelings and the everyday challenges of parenting. In the second five sessions Lawrence facilitated activities which involved parents and children playing together as well as with the whole group. One of the tactics here was exploring child-led play, whereby parents were encouraged to let their children play with minimum interference; instead they merely followed the children and observed them. Some of these activities included singing, making bubbles, drawing with water, playing with objects, etc. A digital camera was available for anyone to take pictures of the activities and through the whole project Lawrence regularly displayed the pictures as a tool to reflect on previous sessions with the group.

A *Stress Board* and an *Observation Board* were created. These were for everyone present to be able to share difficulties and observations about what was taking place. In the fifth session participants were asked to engage in the editing of a selection of images from the first five weeks, to be included in a book that each parent took away at the end of the project.

The fifth series of workshops was led by **Daniel Lehan**[22]. Daniel's work is text-based informed by his training and previous practice as a painter. He engaged the participants in playful activities using and re-organising text that they would then write and paint. Daniel's practice is concerned with happenstance and everyday conversation and the production of personal fonts and text. This involved using stencils and handwriting to create artwork around emotionally significant words and phrases, which enables participants to share their own experiences and feelings around parenting and cultural

differences. One of the tasks they were involved in was to collectively put together a sign post with individual painted chosen words pointing towards different directions. Words were used as catalysts for artistic creativity and personal expression.

The final series of workshops was led by **Jessica Scott**[23]. Jessica's work uses the domestic and the home as a form of universal understanding and a way of connecting with others. Her work has an emphasis on revaluing typically female skills and female craft traditions. She facilitated activities such as writing on crockery, writing on tea towels and producing a collective quilt. Her approach was similar to Davina's, with similar craft activities and a focus on using recycled and cheap materials, so that participants would learn to be creative by producing work at very low cost.

Throughout all workshops conversations about the challenges of being a parent occurred naturally over the workshop activities. At times activities were specifically about the challenges of parenthood. For example Daniel, in one activity asked participants to write questions they wish to ask about being a mother: *How I/When Do I do/What Happens When?* on large sheets of paper. Then other members of the group had to select a question to answer in the form of a slogan. Jessica asked participants to think and talk about 'what advice could your tea towel give you if it could talk' and to relate this to the act of washing up with someone and the conversations you would have in that time. Similarly mental health was not an explicit theme of the workshops; instead the difficulties of parenting in adverse circumstances were discussed as they arose organically.

20 Davina Drummond's first set of workshops were co-devised with artist Yara El-Sherbini.

http://davinadrummond.com and http://www.yaraelsherbini.com

21 http://www.axisweb.org/p/townleyandbradby/

22 http://www.daniel-lehan.com/

23 http://jessica-scott.com/

01/DAVINA DRUMMOND
JANUARY–MARCH 2013

Image: Davina Drummond, *Crafting Motherhood: Strength, Calm, Humour, Comfort Ribbons*

02/LAWRENCE BRADBY
APRIL–JULY 2013

Image: Lawrence Bradby, *Giant Bubbles* in the SLG's back garden

03/DAVINA DRUMMOND SEPTEMBER–DECEMBER 2013

Image: Davina Drummond, *P.A.T.I.E.N.C.E.: Rubber Stamp Making and Printing on Bags*

**04/LAWRENCE BRADBY
JANUARY–MARCH 2014**

Image: Lawrence Bradby, *D.I.Y. Adventure Playground* in the SLG's Clore Studio
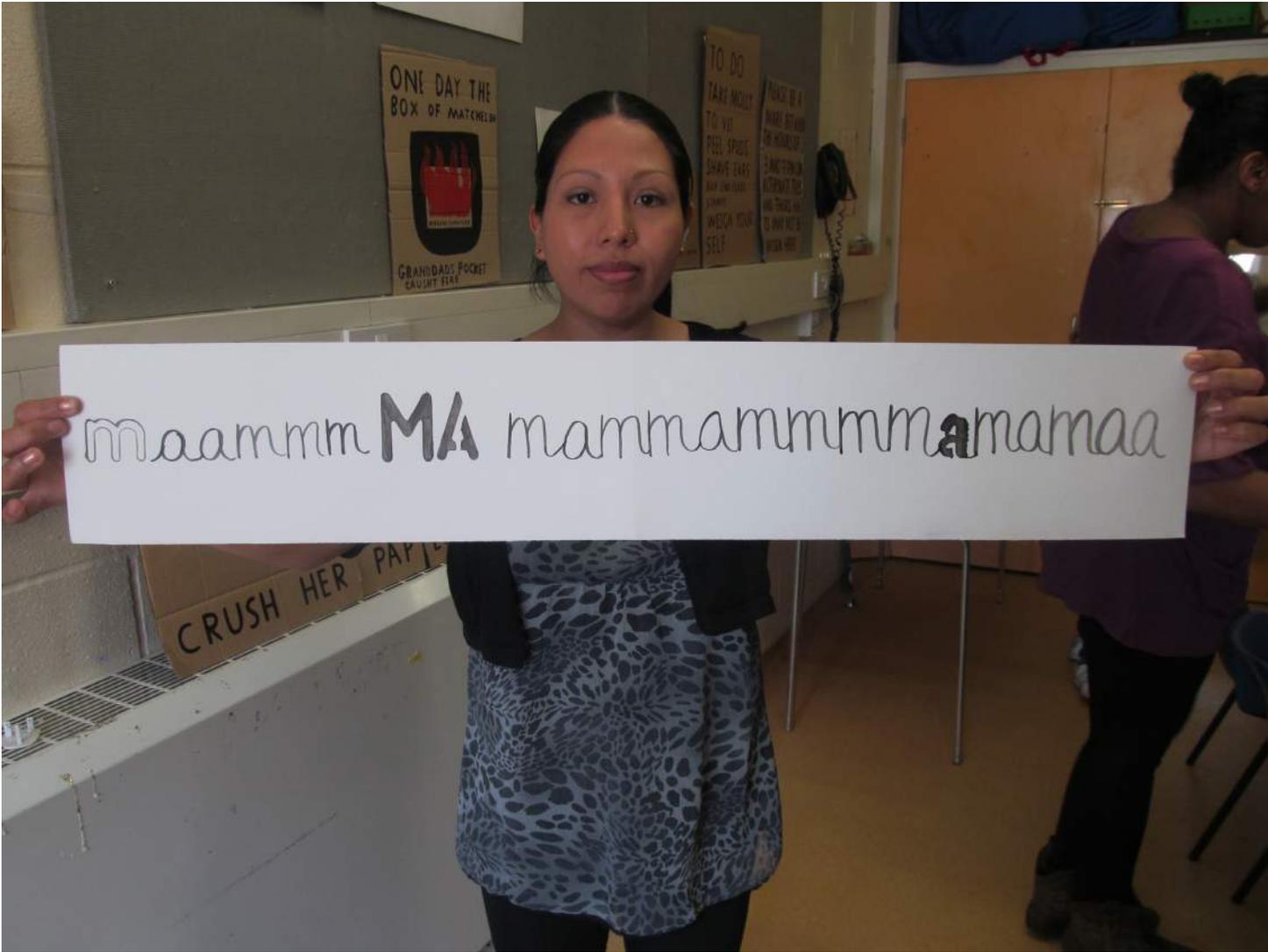
Image: Daniel Lehan, *maammmMama: Sounds of Motherhood*

**06/JESSICA SCOTT
OCTOBER–DECEMBER
2014**

Image: Jessica Scott, *Motivational Crockery: What Advice Would Your Plate Give to You?*

CREATING SAFE WORKSHOP SPACE:

Welcome and Goodbye
Bringing everyone together (including the children) at the beginning and end of a session.

Ground rules
Establishing creating clear and agreed rules regarding what can be shared in and outside of the group. For example gaining clarity about and agreeing principles regarding confidentiality, that information won't be shared outside the group (unless child protection issues are raised).

Mindfulness
Encouraging parents to be mindful of how much they share with others, making sure they feel comfortable with what is shared.

Boundaries
Making sure all present have clear boundaries.

Continuity
Making sure that there is continuity across the workshops in terms of the people in the room, timing, and the place sessions take place in.

Removing preconceptions and anxieties
about being able to making *good art*.

Playfulness
Creating opportunities for adults to play and recognising child-led play.

Process
Placing an emphasis on the process and participation rather than the creation of an artwork.

Balance
Finding a balance between the artists intention and the need for adaptation to the situation.

Beyond filling time
Ensuring the process is relevant to the participants. This might include trying out new ways of tackling old situations, making art that explores issues of relevance to participants – often tangentially using light or familiar motifs

Feedback
Gather feedback at the end of each session, (but recognise that this is not always possible).

Recognition
Giving people something to take home such as a book, a stamp, badges, calendars as a recognition of their achievement.

Team Reflection
A post-session debrief is important for raising any concerns from the session and collectively identifying how to address them.

Criticality

One of the areas of tension in the delivery was the extent to which the participants negative feelings such as frustration, despair and depression, and struggles with parenting were opened up or discussed. There is a strong tradition of socially engaged practice which seeks to responds critically to the social setting of a residency or commission. This tradition is reflected in Jessica's quote here:

Parenting and mental health is being seen in a microcosmical way: you and your children. But there is a lot beyond that, which is political. If people could connect with that political aspect it would be reassuring. […] It is good to encourage people to see themselves as part of something wider, because it's empowering. And also that keeping yourself aware of the wider context is good for your mental health.

The sensitivity of the *Creative Families* intervention and the vulnerability of the participants meant that this criticality was often not deemed possible. Instead the art workshops were more tentative in their approach. Nevertheless as the project progressed and the delivery team developed trust and understanding of each other's practice there was greater acknowledgement of the difficulties and issues faced by participants, which inevitably came to the surface at times within the sessions. Jessica Scott sensed that many of the parents emotional issues were present and underlying the activities:

I think that maybe some of the tensions between parenting and mental health could have been touched on more during the first five sessions. I got the sense that this was something that was shied away from a bit when suggested and we kept things focused on finding positives which was good. But perhaps there could have been space for exploring the darker side of things in a controlled way (i.e. through the art) which might have ultimately been helpful in terms of making the parents feel less isolated in their experiences, athough hopefully the group served that purpose anyway on another level.

However, it is important to note that Jessica's sessions were particularly difficult due to the group dynamic which was not safe and cohesive, due to the presence of one participant who was somewhat hostile as she believed her attendance was not completely voluntary (see discussion below). Consequently some of the tensions Jessica refers to were purposefully avoided in group sessions.

Artist Development

Creative Families was undoubtedly a demanding commission for the artists. The introduction of the children in the second phase of family workshops was testing as it radically shifted the focus of the workshops and impacted on what kind of creative activities were achievable and appropriate. One of the core skills of the socially engaged artist is the ability to adapt tasks and activities to different and changing circumstances. The four *Creative Families* artists were able to skilfully adapt to the challenges of the family workshops as was observed as they progressed.

The artists' fees were relatively low given the calibre of artists taking part and the complex demands of the commission. However, in interviews several of the artists commented on their ethical commitment to the project as they felt it was socially important and genuinely making a difference. It also complemented and informed their existing artistic practice. Lawrence Bradby and Davina Drummond delivered their sessions and subsequently went on to discuss the significance of the commission in the context of their practice at several public events. In interviews Jessica Scott discussed how *making work as is the work*. By drawing on her feminist art practice the commission provided an opportunity to find out *what works* and *what doesn't* from the perspective of people who are outside the art establishment. This was a valuable opportunity to work with a group of people closely exploring her creative ideas through making.

The project appealed to Daniel, as it was an opportunity to work closely with people not formally trained in art:

I'm also very much interested in outsider art: art created by people who are isolated culturally or psychologically from other people. I think sometimes people will make work which is really, really interesting, people for whom art is not a daily concern.
I often find that the work they make can often be very good and interesting because they haven't gone through that whole training that I have gone through. Daniel Lehan, Artist.

Beyond Art Therapy

Although the project has had positive outcomes for the wellbeing of participants, discussions of the project have continuously resisted attempts to frame the workshops as art therapy. As discussed above, the social interstice created through practice providing a temporary space away from day to day problems in general, and the challenges of parenting in particular. This enabled and stimulated the participants' creativity and imaginations and helped them to develop ways of taking this stimulation and creativity home.

One of the features of *Creative Families* socially engaged method is that it has a central principle of choice: both the artists and participants discussed the value of this experience of choice in the making process. The choice of activities and the non-directed nature of the family sessions with the children were also appreciated by the participants in particular. Unlike interventions within an art therapy paradigm, the participants are not required to address specific problems through their art, nor are they expected to discuss the art they make in light of their personal problems.

The value here is in participants being able to share as much as they are comfortable within the workshops as feelings arise whilst simultaneously making art, enjoying the process and then feeling pleased with and proud of the results. This making process also provides a 'safety net' for the emotions in the room.

As Daniel Lehan explains here:

If we weren't doing art and we were you know to have somebody to answer the question: are there any questions you've always wanted to ask as a parent, I think if you have that arts safety net it's hugely more manageable than sitting around a table answering those kinds of questions. […] It was then the case of how strong we push the pedal on a car. Do we put it on to accelerate or to slow it down, and I think the way the arts activities are being structured, is that people can put the brake on or they can put the accelerator on.

As discussed above, the artists worked adaptively, designing the sessions in dialogue with the delivery team based on reflections on the previous sessions. The artists were aware that the participants were struggling with their mental health, without being told of the specific reasons they were referred to the workshops. There were valuable opportunities to consult with the Mental Health Practitioner in the debrief sessions (without breaching confidentiality).

Within the sixth series of workshops there was considerable tension as one participant was reluctant to join in with group activities and behaved in a somewhat hostile manner towards the delivery team. This participant was under the impression that her attendance and punctuality was being scrutinised as she had been referred to Children's services from her child's school. She seemed to think she needed to be punctual to the group, as part of her children's services plan, i.e. to make up for taking her child to school late.

Her behaviour was puzzling to the artist and Gallery Education worker. Furthermore it upset the trusting group dynamic that was developing. This instance underscores the fact that voluntary participation and choice is a pre-requisite for positive engagement and that participants need clear information on the nature of the referral requirements and expectations involved.

7. IMPACT AND BENEFITS

In the Interim Report we set out the ways that the project had made a difference to participants and their parenting during the period of taking part in the workshops focussing on participants' sense of well-being and how this had, in turn, benefitted their children.

One of the themes of the Interim Report was the tension between the Mental Health Team's protocol of working with *service users* and an arts sector tradition of working with *participants*. As *service users* parents who attended become *those with mental health problems* who are recipients of art that is being delivered or provided. This stands in contrast to an arts education approach of working with participants in a process of co-production. Simultaneously the artists and those working with the parents are placed in a role of the *creative, skilled* or the *carers*.

The project's impact on participants has been significant and diverse as discussed below. It includes parents feeling less depressed, less isolated and more able to cope with their children and the adverse circumstances many of them are facing.

However, this individual impact should be considered within the wider politics of gallery education, and the wider policy drivers which seek to reduce the inequalities of cultural participation and access to the arts and their benefits. The recently published Warwick Commission Report on Cultural Value finds:

High socio-economic background, university-level educational attainment and a professional occupation are still the most reliable predictors of high levels of engagement and participation in a wide range of cultural activities, with this correlation being especially marked for those activities that attract significant public funding. With the wealthiest, better educated and least ethnically diverse 8% of the population forming the most culturally active segment of all. [24]

In the context of gallery education and the desire to widen audiences and increase cultural participation, the project has interesting potentials. It has certainly reached families who have come to an art gallery for the first time. Feedback from participants discussed the ways their perceptions of art spaces had changed.

In the Interim Report we explored the shift that the artists had made from a service paradigm to one of exchange, dialogue and collaborative creativity. Their move from *service delivery*[25] was not a movement away from thinking about the usefulness or social function of art, nor from the importance of issues such as reducing isolation and assumptions about parenting, but rather against paradigms where participants are *users* or *clients* and there are expectations about how they should be 'treated' and worked with. The project in itself has encouraged participation and involvement in arts and culture and interest (and this is particularly significant given the growth of the local south London arts scene and the associated gentrification of the local area).

However, there is a sense that while the project has had a significant impact on the participant's well-being, they have remained, to a large extent *arts service users*. The SLG's Education Worker has however, worked hard to break down barriers. She has encouraged participants to get involved in the gallery activities, especially those aimed at families, and to break down barriers to participation at the gallery (and was successful in providing a work placement to one parent). This is to a large extent indicative of many of the participants starting point and everyday struggles.

At the reunion, when I invited one parent to The Sunday Spot, our weekly family workshop, she seemed really interested. She asked "will you be there?" and when I said I wouldn't be, but my colleague Zoe would be who was great, she admitted that she wouldn't go. Heather Kay, SLG Education Team

The project's impacts should therefore be understood in the context of the participants' personal and social circumstances as discussed in the introduction to this report, and in the conjunction with the CAMS report which offers some demographic context. Many participants were living in insecure and precarious circumstances, deemed 'hard to reach', living with multiple and complex problems and stressors due to social disadvantages including:

•   Living in poor quality, overcrowded and temporary accommodation.

•   Being subject to immigration control and having no recourse to public funds.

•   Experiencing lone parenthood and or/being away from family support networks due to immigration.

•   Unemployment and long-term reliance on social welfare.

•   Having one or more dependant children with diagnosed or undiagnosed behavioural difficulties.

24 Available at http://www2.warwick.ac.uk/research/warwickcommission/futureculture/
    and http://www2.warwick.ac.uk/research/warwickcommission/futureculture/finalreport

25 This model of socially engaged practice in care settings is discussed extensively in Modalities of Exchange.
    This was an evaluation carried out by the Goldsmiths team for the Serpentine Galley.
     A report on the Serpentine's Skills Exchange project. This is also found in the *Book Art+Care: A Future.* (2013)
    http://www.gold.ac.uk/cucr/research/skillsexchange/

Participant testimonies:

But the three of us here, we have not the greatest circumstances so trying to mimic this and take it at home is going to be nearly impossible. Not impossible, but it's going to be a real struggle trying to think outside the box and how is it going to work. To me, I have no storage, no space at home, but I'm still going to try to do things at home. But I'm hoping that if I do get in better circumstances I can remember all of this and take it with me. But, otherwise we're back to square one. But I'm hoping that I'm not back to square one. We're all in very small situations and our babies have not enough space to play. No place to escape.

See that's another benefit of this. That this is the one time that the children get to escape. So for (daughter) she's got light, which is massive because we have no light in our place, there's no natural light. Here she's got space, she's got light, she's got the outdoor space as well. She's got people to play with, so it's really, really good. So, once a week, she's going to be able to run around, which is helping with her sleeping problems. She doesn't sleep very well. And on Thursdays I'm guaranteed that she's going to sleep. And it's so nice to know that. So now, my Thursday has a routine.

The Interim Report found strong evidence of the projects impact in regard to reducing stress, improving confidence, improving relationships, increasing social connectedness, developing coping strategies and overall improving mental and emotional resilience and well-being. As a result in evaluation interviews, participants mentioned very tangible changes in relation to their behaviour (e.g. going out more) and life choices (e.g. going to college, applying for jobs, going on holiday). Themes identified are discussed below.

Creative Parents

A great deal of consideration was given to developing the workshops and the overall programme in a way that the participants would be able to take something home. The workshop activities were designed in such a way that the making and playful activities could be repeated at home. Participants discussed the ways that this had changed their perception of art and increased their confidence in doing art. This transferred directly into ways of working through the challenges of parenting. Changes in the behaviours of the children in the workshops (where the children were present) were noticed by the delivery team. In an interview Heather Kay discussed a *calming down* process as the project progressed.

Participants discussed:

•   Managing to channel and draw on things that they were feeling and turn this into something aesthetic and positive that they were proud of.

•   Learning to think and act creatively in response to difficult everyday situations, particularly in regard to parenting, participants reported being able to turn challenging parenting situations into play and games. Participants reported feeling more playful, and allowing more mess at home as part of a creative process and because they felt more relaxed and less stressed.

•   Changes and improvements in participant's relationships with their children, partners and other family members.

•   Realising the child's need to play and to be sociable with other children.

This was of course contingent on some practicalities. As discussed elsewhere in this report, some parents were living in very small and cramped accommodation.

Social and Affective Impact

One of the themes which came out in the Interim Report was the impact on participants' feelings and their depression in particular. This theme has continued to emerge in evaluation interviews where participants have reported feeling more relaxed, liberated, managing their stress better, learning to calm down, being more patient, less anxious, and feeling happier and less depressed. This was most apparent in changes to their relationships with their children, with reports of learning about their children's needs, parents enjoying playing with them more, having new things to do with them and *letting them be.*

This extended to feelings of increased confidence in their ability to meet new people and make friends. Friendship groups emerged out of some of the groups, with participants getting together after the end of their workshops to do family and cultural activities together: visiting galleries, museums, going to play spaces, etc. Participants spoke of:

•   Managing stress better, learning to calm down, being more patient, less anxious e.g. re: mess.

•   Emotional difficulties being brought to the surface, this seemed to happen organically. A positive as it allowed participants to feel better about themselves through talking while making.

•   Developing trust and mutual support. Building trust, building confidence in making friends, getting to know each other over time, non-judgemental (unlike other parent groups where it is difficult to discuss bad feelings about being a mum), sharing similar issues, advice, support, mutual care, friendships, openness, not feeling alone.

•   Reports of feelings of increased confidence in their ability to meet new people and make friends.

Figure 4: Post Participation Support

Based on information supplied by the PMHT

- 28% Dicharged from PHMT /no further support needed
- 28% Accessing other services (councelling/support groups)
- 18% Remain with or open to PMHT support
- 8% Discharged and referred to other services
- 8% Not accessing any services
- 6% Missing
- 4% Moved out of area
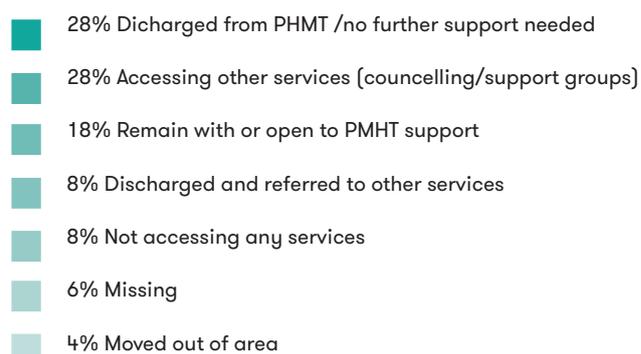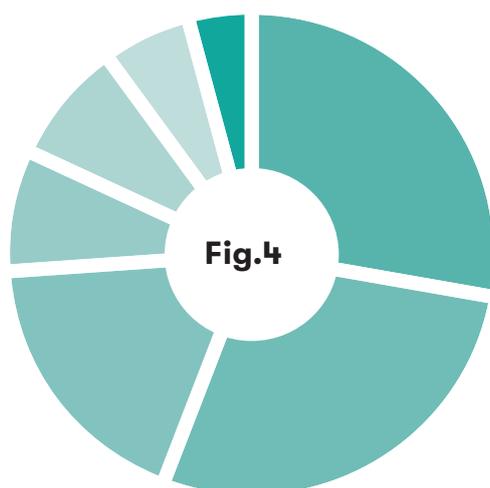
Anonymised data provided by the Children's Centres on use of their services shows that 71 % of participants were accessing Children's Centres after taking part in *Creative Families* with 39% of participants continuing to access Children's Centres a year after participation, 10% accessing 3 months later and 16% accessing services 3 months later (however, these 16% were mostly participants of the later workshops so this contact may continue). As much of this contact is on a drop-in basis it does not necessarily show up in the PHMT records hence the disparity between the 28% figure in the PHMT longitudinal record and the 71% figure in the Children's Centre data. It should be noted that we do not have data on where participants were referred from, therefore it is unclear as to whether these represent increased uptake of universal services.

Participant Perspectives:

This had a very powerful effect on me, actually. Very powerful! Especially the first sessions when it was just us. I felt like I had permission to be creative. Creativity was all right. I think a lot of us have backgrounds and experiences that, unless you were brilliant at everything, including being a mum, then you were a complete failure. So it's quite nice to be in a space where anything is good enough and interesting. And that affects how you are as a parent, because you think, actually you know no one is really judging me all the time. And we are all different with what we choose to play and what we make in the sessions.

When we started I was down, really really low, like everything in my life was going to crumble. After I joined the group, I socialize more, I made new friends, and even with the kids, I was indoors. No new things doing. I didn't take the kids anywhere. I got a referral, so since then we've been doing things, going to New Pin, Family Action. It's nice really, I am more sociable. So now I am out more than ever. But the sessions with Lawrence, that was my first going out. It's nice really. I found that now I am more sociable, I feel more confident. Before that I didn't want to do nothing. Now I am thinking about going back to study, I want to start do something new with myself. I just feel more happier. [laughs]. So they [the children] are relaxed, and you are relaxed. When I want to relax and I want

them to have fun, I say 'come on', I put everything there, and I don't need to stress myself. I didn't have the idea before. The moment I am here I get it. I can be creative and have fun with them, with any material at home. They like to be creative. So with your recycling, just put some newspaper on the floor, so the floor doesn't get messy, and you sit down with them, and they can be messy, and then when they are finished you can just scoop it up. That's 45 minutes being relaxed. I don't have to be shouting and screaming.

Wider impacts

In addition to the impacts discussed above, in interviews and evaluation sessions participants reported a number of wider impacts which they attributed to taking part in *Creative Families*. In many instances the project had been a *lifeline* during a particularly difficult period in their lives. After completing *Creative Families* some participants went on to apply for jobs, attend interviews and return to college as a result of increased confidence and reduced isolation. Participants discussed feelings of increased confidence, getting out of the house more, feeling less anxious when out of the house, and the experience of recognising ones own needs as well as those of ones child:

It has freed me up a bit to be creative and to realise that you can just do some art. It doesn't have to be complicated. It's a way of dealing with feelings. Participant.

Longitudinal Impact

In the Interim Report we discussed the longitudinal impact and the opportunity the project offered to get a sense of the projects impact on participants beyond the life of the project. In order to do this we gathered intelligence from the PMHT based on their contact with participants beyond involvement in a CF programme. We also accessed anonymised data on attendance at the participating Children's Centres. This data shows that parents go on to access universal and other services through referrals and through their own motivation. The SLG's Education Team has also made progress in this area out of a commitment to cultural engagement and arts participation. While the quantitative data presented here is not extensive and has some gaps, it does show that 58% of participants continue to access support, or are open to further support from the PMHT. 18% of participants were formally discharged from PMHT while 8% were discharged and referred to other specialist services. Some participants also received a medical diagnosis for their child for special conditions such as ADHD or autism during the period of participation and some of the professional service referrals are for the child rather than the parent.

I learnt how to cope with my son. He is autistic. I learnt so much because before I started I never let anyone take my child from me, even for one hour to have a rest. So when this course started I had to put my son in the Children's Centre, and we were there for about two hours and it made me feel calm. So it's really good organizationally. When he started school it was supposed to be for three hours, but they couldn't cope with him, only for an hour. But when he came to this, he was in the creche and he was fine, calm, and I have three hours for myself. Afterwards I went to CC and I they helped me get a statement for my son. Participant from Workshop 2 with Lawrence Bradby
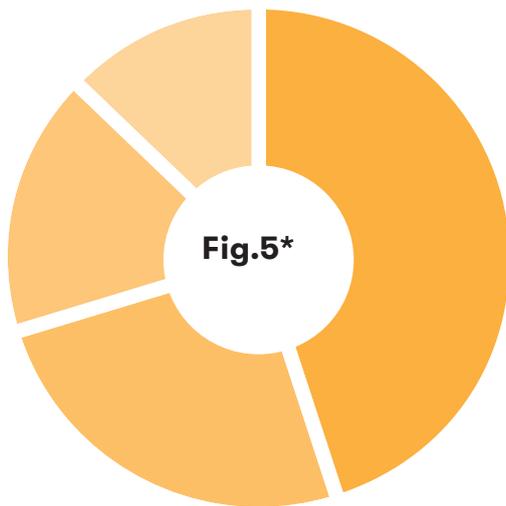
Figure 5: Post Participation Attendance

At participating Children's Centres

- 43% Attending 1 year later
- 24% Not attending
- 16% Attending 3 months later
- 12% Attending 6 months later
- *5% Missing data

The *Creative Families* Reunion

The evaluation team wanted to get parents to think about their 'journey' in terms of their involvement with the CF project. We sought to gain longitudinal data and were interested in what had happened once the programme finished for parents, as many attending had been on the earlier programmes over a year before. We used a timeline encouraging parents to draw their own and then add whatever they wanted to this to highlight and illustrate their experiences. We did a sample one which had prompts to help them think about what they might want to include. This asked things like 'what happened', 'what were the high points and low points' and 'what changed' and were there any difficulties.

Four parents completed timelines whilst others agreed to be interviewed. The charts on the following pages detail the text that parents added to their timelines.

Each of these journeys, whilst only presenting a glimpse of a small snippet of participants' life experience, are noticeably individual. The one thing they have in common is that all of the participants clearly gained positive things from their involvement in the CF programme. All of them valued the time with other parents socialising and all mention their children.

They all also cite feelings of being RELAXED AND LESS STRESSED.

Timelines

Parent 1.

START — Depressed at the start of the programme,
meeting other parents,
worrying less about (son) talking,
when it finished more relaxed and not stressing.

POST — Remembering other people's stories and experiences,
went back to work but not enough hours,
still do activities,
did a *being a parent* course and did it because of CF.

More outgoing,
smile more,
my children used to being with other children,
confidence incl. understanding and relating to other people.

NOW — *Very happy* children at nursery, relaxed and things are good.

FUTURE — Would like a job in healthcare.

Parent 2.

START — Starting point creative family group,
when I started the group in May I was down,
feeling low in my spirit. I was always indoors,
not socialising in any way.

Children came, more outgoing
meeting new people & having fun with the group,
more relaxed with the kids,
learning new ways to do things and new activities to engage in.

NOW — We are more outgoing now,
we mix more now, we go to different places,
feeling more excited, more confident,
more time to think about me.

Parent 3.

START Meeting new parents,
children in crèche,
stress free,
busy in class, sharing experience with other parents
and what you do at home with your children.

Mum activities: drawing, big bubble, touch bubble,
children's activities: playing with Bob, playing with sand,
more fun to enjoy.

END Programme finished – *Mum is like no no, Mum don't want the programme is end because with the time mum spent she's stress free.*

NOW Looking forward for other programme with the children to relieve mum.

Parent 4.

START Feeling excited about joining a family group,
meeting other parents,
children interacting with other children,
children joined us in the South London Gallery,
having fun together,
making activities freely,

END Felt sad and lonely after finishing the group,
very excited to see my family after 13 years.
I travelled to Bolivia (South America),
very relaxed and happy with my family,
chronic headaches settled for a while.

Come back to London, having post travel depression
feeling sad and lonely and eager to find friends to socialise.

NOW My health visitor is supporting me with my chronic headaches,
which so far I cannot handle.

My 3 children are quite hard to look after.

Beyond *Creative Families* their experiences are varied:

Parent 1 gained the confidence to be more outgoing and get involved in other things including a job and a parenting course.

Parent 2 also mentions feeling more confident and outgoing and has moved from a place where she stayed in and didn't socialise to mixing more and going to different places.

Parent 3 reflects on her time during the programme as stress free and now wants to find another programme.

Parent 4 relates something of her health issues, depression and difficulties at being separated from her family in Bolivia. CF gave her the opportunity to meet other parents and children but when it came to an end she felt sad and lonely, so it seems that it offered her respite from the multiple connected issues she faces.

Parents completing the timelines also talked a lot as they did them, explaining in more detail their experiences and feelings at different points. The very fact that they came back to the reunion event, to see each other and the staff involved and were prepared to give feedback, was itself a testament to the CF programme. What seems striking about their brief accounts is not only the benefits to them as individuals (and their children) but the fact that this intervention came at very difficult points in their lives, and that in order to consolidate and build on what they learnt and gained it is vital to ensure that there are strategies for on-going support, sign-posting and follow up. For some, the intervention is perhaps enough to give them the boost and confidence they need to move forwards, whilst others have ongoing difficulties to contend with.

8. PROMISING PRACTICE

One of the tasks of the evaluation was to assess the extent to which the project provides indicators of good practice. In researching good practice within multi-disciplinary teams, Pirrie and Wilson[26] identify the following indicators of good practice which are useful here:

- Personal commitment
- A common goal
- Clarity of roles and communication
- Logistics (resources)
- Role of professional bodies (recognition of practice)
- Attitudes of team members.

The project does provide a transferable model of good practice that could be adapted to a 'social prescribing' or 'arts on prescription' model. The projects success is in part due to the commitment and hard work of the delivery team. This has arisen out of a commitment to the project, the participants and the dialogue and debate that emerged out of the evaluative process. The staff came from contrasting professional practices but they were jointly focused on a common purpose, whilst being clear about their varying roles and responsibilities.

While the project does demonstrate promising practice we also recognise that from the perspective of the PMH Team's service delivery, the project has been comparatively expensive when calculated as cost of session per head in comparison to other early mental health interventions. However it being well resourced, particularly in terms of staff, was crucial to the high quality of all aspects of the delivery. The positive outcomes of the project are testament to its efficacy as an early intervention and as an inter-sectoral collaboration. Key elements of the delivery in terms of good practice and areas that require consideration for furthering this model include:

- **The inter-sectoral partnership that provided an interdisciplinary professional team.**
  Here dialogical relationships were established, information was exchanged and professional expertise shared. This spirit of exchange and dialogue was fundamental to the success of the project. There is scope here for using the *Creative Families* model more formally as a means of continued professional development for staff from the arts and health sectors.

- **The workshop structure works well.**
  The support provided in the first five workshops allowed parents to maximise benefit from exploring their own creativity in a safe and supportive space. This also meant that children were separate from their parents (sometimes for the first time) playing with other children. Parents learnt to relax and take time

26 Wilson, V. and Pirrie, A. (2000) *Multidisciplinary Teamworking: Indicators of Good Practice*. Edinburgh SCR

separate from their children. The second series of five workshops with the children (and mutual childcare support) allowed parents to test out ways of exploring their creativity with their children present and transferring these skills into their parenting practice. The lunch provided after the art sessions provided a valuable opportunity for socialising and building friendships.

• Consideration should be given to providing **additional childcare support** during the second five sessions. While this model has clear benefits for the parents it comes with challenges. The presence of a group of between ten to twelve under-fives, in the studio sessions, especially when some of the children have behavioural difficulties, has been *draining* and very challenging for delivery team in general, and the artists in particular.

• **The make up of the delivery team**, composed of an artist, a gallery education team worker and a Mental Health Practitioner provided a complimentary and mutually supportive framework. Each of these team members makes a valuable contribution to the sessions and their *Quality Assurance*. It should be noted that, while this kind of commission could be attractive as a commission for *emerging* early career artists, thereby demanding a lower fee and therefore potentially reducing the artist costs, this is a very demanding and challenging role and employing a less experienced artist could have negative consequences and resource implications. This was trialled in the final workshops, and here the artist required more support and guidance in translating her ideas into workshops.

• During *Creative Families* the delivery team have taken part in **reflection and de-briefing sessions** after the workshops. Although these have been particularly for the purposes of the evaluation of the *Creative Families* pilot, this *action, reflection, planning,* and *action* cycle is integral to the success of the project as it provides a chance for the delivery team to discuss how the sessions went, identify and address difficulties and plan future action.

• **Closer links with the Children's Centres** in the planning and delivery period should be explored. Some of the aims of the project have been to provide referrals for Children's Centre users and to improve uptake of Universal Services. This point was raised in the Interim Report and there were improvements in this area: Children's Centre workers came to two of the final workshops to talk about their programmes. For the final project, they were unable to come. The SLG's Education Team collected information and materials from the Children's centres – a tote bag, key ring, and pen as well as their timetable of activities. This was given to all parents and options for future access were discussed.

The Children's Centre team also came to the Reunion event, and spoke about their activities there. Further integration could be achieved by allowing more time for participants to look around the Children's Centres during the first five sessions,

meeting staff and at the end of the each workshop period, exploring either having a final session there, clear signposting of participants and raising their awareness of family and creative services available.

- **The principle of voluntary attendance is integral to the project**. This is fundamental to the SLG's Education team's principles and the ethical understanding upon which that the artist's took part in the project. The project has operated through the Common Assessment Referral system. This has ensured that the parents who have accessed from the project have been those who have the most to gain. It has been a valuable intervention at points of distress and crisis. There is also scope for the project model to be transferred to less *acute* mental health settings whereby parents could attend by application rather than referral.

The project outcomes in regard to take up of universal services are positive, however, consideration should be give to a more systematic process of supporting and engaging with participants and partner organisations to ensure the continued engagement of participants and local parents with mental health problems more generally. The partnership should consider ways of jointly developing *signposting* and further support and development opportunities for participants in order to ensure that the positive impact of participation is sustained and evidenced effectively.

There were moments in *Creative Families* when this was explored. During the fourth series of workshops the group wanted continue to meet. SLG facilitated the group at the gallery for an additional session, but they then decided it was too demanding to initiate and sustain a group and decided to meet in more informal contexts.

The SLG's Education Manager has been proactive in inviting parents to family activities at SLG and other local activities. However, email wasn't very effective in maintaining contact and many of the *Creative Families* parents lacked the confidence to attend sessions at the gallery without support. One notable success in this area is the parent who approached the gallery and undertook a work placement to help her get back into paid employment. More signposting would allow participants and partners to build on the trust and social capital (and associated reduced isolation) that is characterising the ten-week engagement period.

9. CONCLUSION

Creative Families has been an experimental inter-sectoral project characterised by inter-subjective affective and somatic encounters, moments of exchange and interaction, some of which have been particularly fragile, ephemeral and fleeting. The opportunities it has created have offered all those involved – participants, children, staff and organisations, space to explore and learn. Similarly our aspiration is that this evaluation is not an end in itself but contributes to ongoing discussion and learning and to wider debates about how we value participatory arts.

The participative paradigm of much socially-engaged art practice exemplified through *Creative Families* presents challenges to the critical and evaluative frameworks of both the art world and health and wellbeing impact measures. This report hopes to have communicated the complexity of the project whilst simultaneously identifying its successes and emerging good practice. This evaluation has not attempted to systematically provide measures of impact, instead it has sought to make sense of the relational experience of collaboration, care and co-production which have characterised the project. It is hoped that this qualitative account of the project process communicates a qualitative sense of the partnership and the multi-level dialogue and commitment that made the project possible. It also communicates the participants' experience of taking part, the narrative and aesthetic forms that emerged out of the process, of participation. We also hope to have communicated the significance of the inter-subjective and deeply social processes and the affective encounters, moments of exchange and interaction that characterise the socially engaged practice. It is the care which has gone into providing a high quality encounter with art which has been a determinant in the projects impact on participants. Paradoxically these experiences can be easily lost in translation when turned into *impact*. When the interest is solely focused on the outcomes, the processes, exchanges and dialogue on which these are contingent, are overlooked.

10. APPENDIX 1: SESSION LOG

Creative Families Session Log

Who Was There?
Person running session:
Other practitioners present: Volunteers:

Participants (First Name? Age? Gender? Children?)

Date: Location:
How long was the session?

Session Aims:

Plans:

Any changes between the plan and the delivery?

Session Outcomes – Participants: What did they do?
What did they get out of the session?

Session Outcomes – Staff: What, if anything, did you learn?

Extra Observations/reflections (What went well? What was difficult?)

Any issues?

Lessons to build on? Recommendation for change?

THANKS

GUY'S & St THOMAS' CHARITY — A CATALYST FOR INNOVATION IN HEALTH

SLG

South London and Maudsley **NHS** NHS Foundation Trust

Southwark Council

Goldsmiths UNIVERSITY OF LONDON

CUCR Centre for Urban and Community Research

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